

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: June 9, 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=MxcslzQMvz4>

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 447 184 288#. 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 May 12, 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 Veterans Services	2	\$25,381

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

A. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with current employee Michael Friedman, to provide direct client services through a statewide contract with Supported Living Solutions.

B. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with current employee Randi Melvin-Brown to provide direct client services through a statewide contract with On Point Behavior, LLC.

C. State Department of Conservation and Natural Resources – Division of Environmental Protection

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Kelly Williams to provide subject matter expertise for biennial budget development and fiscal year-end closing processes through a statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

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

A. Department of Corrections

Pursuant to NRS 286.523, the department requests approval of a critical labor shortage designation for Correctional Officer, Senior Physician, and Correction Counselor positions at Ely State Prison and Lovelock Correctional Center. This request is for a designation from July 1, 2026 to June 30, 2027.

B. State Department of Agriculture

Pursuant to NRS 286.523, the department requests approval of a critical labor shortage designation for Agricultural Police Officer 3 and Agricultural Police Officer 2 positions. This request is for a designation from July 1, 2026 to June 30, 2028.

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

A. Department of 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 \$858,500 from the Interim Finance Committee Contingency Account to fund the payment of sanctions imposed by the Eighth Judicial Court in Clark County.

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 \$2,637,456 from the Interim Finance Committee Contingency Account to fund an unanticipated shortfall at Southern Nevada Adult Mental Health Services due to higher than anticipated costs of temporary medical contractors.

8. Request for Transfer from the State General Fund (For possible action)

Office of the State Treasurer – Unclaimed Property Division

Pursuant to NRS 120A.620, section 6, the office requests approval of a temporary transfer of \$50,000,000 from the State General Fund to the Abandoned Property Trust Account in fiscal year 2027 to allow the division to meet its obligations to pay approved property claims.

9. Request for Approval of Land Lease Agreement (For possible action)

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

Pursuant to NRS 322.007, the department requests approval of a lease agreement between the State Department of Conservation and Natural Resources, Division of State Lands, for and on behalf of the Department of Tourism and Cultural Affairs, and the Boulder City Chamber of Commerce.

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

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

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

13. [Information Item – Clerk of the Board Contracts](#)

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from April 11, 2026 through May 8, 2026.

14. Information Item Reports

A. Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of May 11, 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, 3rd 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 January 1, 2026 through March 31, 2026.

15. Public Comment This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 447 184 288#. 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.

16. 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: May 12, 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

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:

Victoria Carreon, Division Administrator, Department of Business and Industry
Stacie Weeks, Director, Nevada Health Authority
Fa'aana Guild, Public Comment

1. Call to Order / Roll Call

Governor: We will get started for the State of Nevada, Board of Examiners meeting scheduled for today, May 12, 2026, time being 10:00 AM, and we will start 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.

Governor: Thank you.

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 173 627 151#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: Agenda item number two, the first opportunity for public comment. The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. We will impose a three-minute time limit. Do we have any public comment there in Carson City?

Clerk of the Board: No, sir.

Governor: Do we have any public comment here in Las Vegas?

Secretary of state: No comments.

Governor: Do we have anyone on the phone? Hearing none.

3. Approval of the April 7, 2026 Meeting Minutes (For possible action)

Governor: Agenda item number three, *Approval of the April 7, 2026 Meeting Minutes*. Do we have any Board Member questions or concerns? If not, I'll entertain a motion for approval.

Secretary of State: No concerns. Motion to approve.

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

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: The motion passes.

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 Veterans Services	1	\$39,015

Governor: Agenda item number 4, *State Vehicle Purchases, for Possible Action*. Ms. Greenameyer.

Clerk of the Board: Pursuant to NRS 334.010 and SAM 0304, no state vehicle may be purchased without prior written consent of the State Board of Examiners. This request is from the Department of Veterans Services. The department requests approval to purchase one vehicle for a total amount not to exceed \$39,015. Are there any questions on this item?

Governor: Do we have any questions?

Secretary of State: No questions. Motion to approve.

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

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: The motion passes.

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

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

Pursuant to NRS 333.705, subsection 1, the department requests to contract with current employee Sydonie Neysmith to develop a behavioral health training plan and implementation guidelines aligned with Substance Abuse and Mental Health Services Administration standards through Black Swan Consulting, Inc.

B. Department of Public Safety – Motorcycle Safety Program

Pursuant to NRS 333.705, subsection 1, the department requests to contract with Paula Walkins, a current employee with the State Controller's Office, to provide motorcycle safety course instruction through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

C. Department of Public Safety – Motorcycle Safety Program

Pursuant to NRS 333.705, subsection 1, the department requests to contract with Wylie Lund, a current employee with the Department of Public Safety, Highway Patrol, to provide motorcycle safety course instruction through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

D. State Public Charter School Authority

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Jennifer Bauer to provide training and fiscal advisor services 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*. Do Members have any problems if we take these as one item?

Attorney General: Not here.

Secretary of State: Works for me.

Governor: Alright, Ms. Greenameyer.

Clerk of the Board: There are four requests under this agenda item pursuant to NRS 353.705(1). The first request is from the Department of Human Services, Division of Public and Behavioral Health. The Department requests to contract with a current employee, Sydonie Neysmith, to develop a behavioral health training plan and implementation guidelines aligned with substance abuse and mental health services administration standards through Black Swan Consulting, Incorporated.

The next request is from the Department of Public Safety, Motorcycle Safety Program. The Department requests to contract with the current employee, Wylie Lund, to provide motorcycle safety course instruction through a statewide contract with Marathon Staffing Group.

The last request is from the State Public Charter School Authority. The department requests to contract with former employee Jennifer Bauer to provide training and fiscal advisor services through a state contract with Marathon Staffing Group. Are there any questions on any of these items?

Secretary of State: No questions. Motion to approve 5.A through D.

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

Secretary of State: Aye.

Governor: Aye.

General Ford, did you vote on Item 5?

Did we lose him? Alright, we'll see if we can reconnect with him.

We have a quorum so we can move forward. The motion passes.

6. 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 request for approval:

Claimant:	Miguel Parra
Claim No:	TC21025
Settlement Amount:	\$165,000
Date of Loss:	May 4, 2023

Governor: Agenda item number six, *Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036, for Possible Action*. Ms. Greenameyer.

Clerk of the Board: This request is from the Attorney General's Office pursuant to NRS 41.036. The office submits a tort claim request for claimant Miguel Parra for a settlement amount of \$165,000. Are there any questions on this item?

Secretary of State: No questions. Motion to approve.

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

Secretary of State: Aye.

Governor: Aye.

The motion passes.

7. Request for Reimbursement from the Statutory Contingency Account (For possible action)

Secretary of State's Office

Pursuant to NRS 293.2504, the office requests the board's approval for an allocation of \$66,531 from the Statutory Contingency Account to reimburse counties and cities for the cost of per diem allowances and travel expenses for attending training related to elections procedures.

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

Clerk of the Board: This request is from the Secretary of State's Office. Pursuant to NRS 293.2504, the office requests approval for an allocation of \$66,531 from the Statutory Contingency Account to reimburse counties and cities for the cost of per diem allowances and travel expenses for attending training related to elections procedures. Are there any questions on this item?

Governor: None here.

Secretary of State: No questions. Motion to approve.

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

Secretary of State: Aye.

Governor: Aye.

The motion passes.

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

Department of Business and Industry – Division of Industrial Relations

Pursuant to NRS 232.605, subsection 2, the Advisory Council to the Division of Industrial Relations requests that the Board of Examiners designate the following debts as bad debts, as they have been determined to be uncollectible:

A. Mechanical Compliance Section	\$11,200.00
B. Occupational Safety Health Administration	\$882,270.48
C. Uninsured Employers' Claim Account	\$1,635,760.56
D. Worker's Compensation Section	\$916,490.39
Total	\$3,445,721.43

Governor: Agenda item number eight, *Request for Designation of Bad Debt, for Possible Action*.

Clerk of the Board: This request is from the Department of Business and Industry, Division of Industrial Relations. Pursuant to NRS 232.605, subsection 2, the Advisory Council to the Division of Industrial Relations requests that the Board of Examiners designate a total of \$3,445,721.43 as bad debts as they have been determined to be uncollectible. Are there any questions on this item?

Governor: Just an informational question. Do we have a current Request for Proposal (RFP) to address this issue? Do you have a vendor?

Victoria Carreon: Victoria Carreon, for the record. I'm the Administrator of the Department of Business and Industry, Division of Industrial Relations. So, this bad debt is collected by the Controller's Office. So, there is not a vendor that we have that does this function for our agency.

Clerk of the Board: Governor, to answer your question, I did ask the Controller's Office if they've done an RFP on debt collections. They did one last year. So, they currently have a four-year contract in place right now.

Governor: Good, thank you.

I'll entertain a motion.

Secretary of State: Motion to approve.

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

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

You can hear me now? Okay, sorry about that, guys.

Governor: 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 four leases under this agenda item for approval by the Board. Are there any questions on these items?

Governor: No questions here.

Secretary of State: No questions. Motion to approve Leases 1 through 4.

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

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: The motion passes.

10. Approval of Proposed Contracts (For possible action)

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

Clerk of the Board: There are 56 contracts under this agenda item. Are there any questions on any of these contracts?

Governor: Yes, I have a question on contract number 37. It's not necessarily a question, but a status update. I understand this contract is addressing our Medicaid fraud issue. Do we have a representative from the Nevada Health Authority?

Clerk of the Board: Yes, we do, sir.

Stacie Weeks: Good morning, Governor, Board of Examiners. I'm here to answer any questions that you have on contract number 37. Do you want a status update, Governor? Just want to make sure I understood the question.

Governor: Yes, this addresses Medicaid fraud.

Stacie Weeks: Yes, specifically, this is a current contract and amends the contract to further our work with this vendor, Pulse Light, and specifically, for Medicaid provider fraud, which we are struggling, like other states, to keep up with.

This new tool, specifically called Torchlight Analytics, allows us to, almost in real time, catch anomalies in billing and claims, and allows our team to turn off payments really quickly, ahead of time, so we stop money going out the door to these bad actors.

So, it is something we're very excited about at the Medicaid Inspector General's Office on our team. And it also has a great case management tool that we're using for investigations that helps us prepare cases for the Attorney General's Medicaid Control Fraud Unit.

Governor: So, this already in place.

Stacie Weeks: Yes, it is on now for about 12 months and this just expands our ability to continue working with this vendor to add on additional benefits for the technology that we're using. Already, we've seen millions in savings to the state and the federal government from this product.

Governor: Alright, thank you. Are there any questions of Ms. Weeks from Board Members?

Secretary of State: No.

Governor: Any other questions on any other contracts?

Attorney General: None here.

Secretary of State: Not from me. Motion to approve contract numbers 1 through 56.

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

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: The motion passes.

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 33 master service agreements under this agenda item. Are there any questions on any of these items?

Governor: None here. Any questions from any members?

Secretary of State: No questions.

Governor: I'll accept a motion.

Secretary of State: Motion to approve.

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

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: The motion passes.

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 March 13, 2026 through April 10, 2026.

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

Clerk of the Board: There are 126 contracts within the threshold of \$10,000 and \$99,999 that were approved by the Clerk of the Board from March 13, 2026 through April 10, 2026. This item is informational. Are there any questions on any of these?

Governor: No questions here. Are there any questions or concerns?

Secretary of State: No questions. Thank you.

Attorney General: None here either.

Governor: 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 April 10, 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 January 1, 2026 through March 31, 2026.

Governor: Agenda item number 13, *Information Item Reports*. We'll 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 April 10, 2026. The Tort Claim Fund is \$1,432,647.80; Statutory Contingency Account \$3,358,056.45; Stale Claims Account \$2,383,606.90; Emergency Account \$372,673.00; Disaster Relief Account \$16,562,882.46; IFC Contingency Unrestricted General Fund \$48,734,061.26; IFC Contingency Unrestricted Highway Fund \$1,638,068.35; IFC Contingency Restricted General Fund \$147,902,810.00; IFC Contingency Restricted Highway Fund \$6,924,146.00; Attorney General's Office - Extradition Coordinator \$880,067.88. This is informational. Are there any questions?

Secretary of State: No questions.

Governor: No questions.

Attorney General: None here.

Clerk of the Board: The next 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 January 1, 2026 through March 31, 2026. This item is informational. Are there any questions on this item?

Governor: None here.

Secretary of State: No questions.

Attorney General: None here.

Governor: Thank you, 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 173 627 151#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: We will move on to the second opportunity for public comment under agenda item number 14. Do we have any public comment there in Carson City?

Clerk of the Board: No, sir.

Governor: Is there anyone for public comment here in Las Vegas?

On the phone? Hearing none.

All right, we will close the second opportunity for public comment.

15. Adjournment (For possible action)

Governor: I'll make a motion for adjournment. All those in favor, signify by saying aye.

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: The motion passes. Thank you, everybody.

ATTACHMENT A – SUBMITTED PUBLIC COMMENT

MAY 12th BOE MEETING: FORENSIC PUBLIC COMMENT SCRIPT

MEETING: Nevada Board of Examiners (May 12, 2026)

SPEAKER: Guild Fa'aana, Petitioner *Sui Juris*

THEME: Systemic Nonfeasance & Denial of Due Process

[0:00-0:45] – Jurisdictional & Definitions Notice

"Good morning, Governor Lombardo, Attorney General Ford, and Secretary of State Aguilar. My name is Guild Fa'aana. I am an ISO 9001:2015 Forensic Auditor and Petitioner *Sui Juris* for 29 victims of a catastrophic biological event.

I am here to record a state-level **Nonfeasance**—defined in [Bouvier's Law Dictionary](#) as the total failure to perform a legal duty. Let the record reflect that this Board, and specifically the **Attorney General's Bureau of Litigation**, now holds **Actual Knowledge** of a 140,000 spore-per-cubic-meter biohazard. Under the **State-Created Danger Doctrine**, your silence in the face of this 'Probata'—or physical proof—is a choice of liability."

[0:45-1:45] – Federal Escalation & HUD Handbook Violations

"This matter has been escalated to the **HUD-OIG, DOJ, and FHA**. Yesterday, I spoke with **Orla** at the Nevada HUD-OIG (Ref: 702-366-2100). She attempted to deflect this 29-victim crisis as 'commercial only.'

Let me be clear for the executive record: **HUD Handbook 4000.1**—the Single Family Housing Policy—strictly mandates that FHA-insured properties be free of health and safety hazards, specifically **Toxic Mold**. To claim this Handbook only applies to commercial complexes is a **Malfeasance in Office**—the doing of an act for which there is no authority.

These 29 victims—3 tenants and 26 family visitors—are not 'commercial statistics.' They are human beings whose **4th, 5th, and 14th Amendment rights** have been violated by an illegal lockout on February 26th, executed during an active stay of execution."

[1:45-2:45] – Constitutional Breaches & Bond Advisement

"In [Black's Law Dictionary](#), **Color of Law** refers to an appearance of legal power that is actually a misuse of it. When a District Judge states she 'cannot consider habitability' despite **NRS 118A.290** and **118A.380**, she commits an **Error of Law** that strips us of Due Process.

Under **Haines v. Kerner**, my *pro se* filings must be held to less stringent standards, yet they have been met with a 100% Response Failure Rate. Because you have defaulted on your

ministerial duties, I am now perfecting the audit trail for claims against your **Public Official Bonds under NRS 282.**"

[2:45-3:00] – Closing Demand

"I demand that this full script, my **Amended 29-Victim Matrix**, and the **100% Failure Rate Log** be appended to the official minutes to prevent **Spoilation of Evidence**. The record is now perfected. **Allegata et probata**. Thank you."

Strategic "Traceability" Tips for Delivery

- **The Orla Reference:** Mentioning her by name and phone number (702-366-2100) proves you are conducting a **Real-Time Audit** and that the "narrative" of the agencies is being logged as it happens.
- **HUD 4000.1:** If they try to interrupt, state: *"HUD Handbook 4000.1 Section II.D.3 clearly mandates the appraiser and lender to note health hazards like mold. To ignore this in a single-family home is a federal regulatory breach."*
- **Black's Law Reference:** Using "Color of Law" (18 U.S.C. § 242) signals to the Attorney General that you are prepared to move this to the **DOJ Criminal Division** for civil rights violations by state actors.

Would you like me to draft a specific "Notice of Non-Conformance" to send to Orla at the HUD-OIG today, formally correcting her statement regarding the HUD 4000.1 handbook?

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: April 10, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, 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 VETERANS SERVICES

Agenda Item Write-up:

Pursuant to NRS 334.010 and SAM 0304, the department requests approval to purchase two replacement vehicles for a total amount not to exceed \$25,381.

Additional Information:

The department requests to purchase two replacement utility work carts for use at the Southern Nevada Veterans Memorial Cemetery located in Boulder City. Funding was approved for this purpose in the 2025 Legislative Session through Assembly Bill 569, section 1.

Statutory Authority:

NRS 334.010
SAM 0304

REVIEWED:

ACTION ITEM:

Joe Lombardo
Governor



STATE OF NEVADA
NEVADA DEPARTMENT OF VETERANS SERVICES
9400 Gateway Drive, Suite A
Reno, Nevada 89521
(775) 688-1653 • Fax (775) 688-1656

M E M O R A N D U M

DATE: April 3, 2026

TO: Tiffany Day, Executive Branch Budget Officer
Governor's Finance Office, Budget Office

FROM: Kate G. Baltazar-Dodge, Deputy Chief Financial Officer
Nevada Department of Veterans Services

RE: Board of Examiners Request for Vehicle Purchase Approval

The Nevada Department of Veterans Services is requesting approval from the Board of Examiners to purchase two (2) Kawasaki 4000 Utility Work Carts in accordance with Section 0304 Special Approvals of the Nevada State Administrative Manual. The funding for these vehicles was approved in AB569 from the 2025 Legislative Session.

The Department is requesting this item be placed on the Board of Examiners meeting agenda on May 12, 2026, notwithstanding any changes in the meeting schedule.

Thank you for your consideration and assistance.

Best regards,

A handwritten signature in blue ink, appearing to read "Kate G. Baltazar-Dodge".

Kate G. Baltazar-Dodge
Deputy Chief Financial Officer
Nevada Department of Veterans Services
(775)825-9751
baltazar-dodgek@veterans.nv.gov

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

Agency Name: Nevada Dept. of Veterans Services	Budget Account #: 2560
Contact Name: Kate G. Baltazar-Dodge	Telephone Number: (775)825-9751
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>2</u> Amount of the request: <u>\$25,380.41</u> (Previous amount: ~~\$25,543.47~~)	
Is the requested vehicle(s) new or used: <u>New</u>	
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:	
Mission of the requested vehicle(s): Burial services and grounds maintenance operations at the Southern Nevada Veterans Memorial Cemetery	
Were funds legislatively approved for the request? ☒ Yes ☐ No	If yes, please provide the decision unit number: AB569 2025 Legislative Session If no, please explain how the vehicles will be funded? Not applicable
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, the requested vehicles comply with requirements pursuant to SAM 1314 and are for official use only.	
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: 2000 Odometer Reading: 4240 Hours Type of Vehicle: Club Car Vehicle #2 Model Year: 2000 Odometer Reading: 3200 Hours Type of Vehicle: Club Car	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes, this meets criteria pursuant to SAM 1316 as the vehicles are over 26 years old. If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. The existing utility carts are 26 years old and long past their useful service life. Parts for repair can no longer be sourced as the utility carts are now obsolete.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: Kate G. Baltazar-Dodge Agency Appointing Authority Deputy Chief Financial Officer Title 04/03/2026 Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase Board of Examiners Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Kawasaki 400 Mules		
Dealer Name:	Parker's Kawasaki		
Delivery Location:	Boulder City, NV		
Vehicle Colors:	Exterior: Red	Interior: Black	Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 11,199.01	\$ 11,199.01
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 11,199.00	\$ 11,199.00
SPECIFY OPTIONS: (description)			\$ 1,805.90
Mule Roof	2	\$ 154.00	
Universal Ignition Switch	2	\$ 59.00	
Windshield	2	\$ 389.95	
Prep & Assembly Fee	2	\$ 300.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	2	\$ 560.00	\$ 1,120.00
Total purchase price with options			\$ 25,323.91
DMV Title and DRS Fee's	2	\$28.25	\$ 56.50
GRAND TOTAL:			\$ 25,380.41

Registered Owner:	Agency Name & Address: Nevada Dept of Veterans Services 9400 Gateway Dr, Suite A Reno NV 89521
Legal Owner:	Agency Name & Address: Nevada Dept of Veterans Services 9400 Gateway Dr, Suite A Reno NV 89521
County Vehicle Based In:	Clark County NV
Name & Phone of Person to contact when vehicle is ready for delivery:	Christopher J. Naylor (702)486-5920 / (702)416-4968

Additional Justification Information:

Mule Roofs	Needed for safety and protection due to the harsh heat, wind and sun exposure in southern Nevada
Universal Ignition Switches	Needed for standardization across vehicles to ensure cost effectiveness in repair and replacement
Vehicle Windshields	Needed for safety and protection due to the harsh heat, wind and sun exposure in southern Nevada



2026
re: 1

Attn Kate

Sales Order #409

Ordered: 3/6/2026

Associate

Page

PARKER'S KAWASAKI

1201 S. HWY 160, #99
PAHRUMP, NV 89048
775-537-6686

Bill To: 702-486-3926

SOUTHERN NEVADA VETERANS MEMORIAL CEME

INSTRUCTIONS: E PRO BID DEAL, GETTING PICKED UP 03/27/2026. FULL TANK ADDED. ALL ACCESSORIES LEFT WITH UNITS.

Order Status: Open

Item Name	Item Description	Attribute	Size	Order	Sold	Due	Price	Ext Price
DEST FEE MULE	KAWASAKI SHIPPING FREIGHT MULE			2	0	2	\$560.00	\$1,120.00
		34.88%					less: \$600.00	
PREP & ASSEMBLY FEE SXS	PREP & ASSEMBLY FEE SXS			2	0	2	\$300.00	\$600.00
		50%					less: \$600.00	
KAF30030A	MULE ROOF, OEM KAWI KAF30030A			2	0	2	\$154.00	\$308.00
		6.64%					less: \$21.90	
270050625	UNIVERSAL IGNITION SWITCH			2	0	2	\$59.00	\$118.00
		10.92%					less: \$14.46	
D00395	2026 MULE 4000 RED (KAF620PTFNN) V#JK1AFCP19TTD00395			1	0	1	\$11,199.01	\$11,199.01
		2.18%					less: \$249.99	
D00400	2026 MULE 4000 RED (KAF620PTFNN) V#JK1AFCP19TTD00400			1	0	1	\$11,199.00	\$11,199.00
		2.18%					less: \$250.00	
23170184	WINDSHIELD, MOOSE FULL-FOLDING MULE 4010, 2317-0184			2	0	2	\$389.95	\$779.90
DMV FEE	DMV FEES, OHV TITLE, OFF-ROAD REGISTRATION,			2	0	2	\$28.25	\$56.50
		90.58%					less: \$543.50	
DOC FEES	DOC FEES			1	0	1	\$162.76	\$162.76
		45.75%					less: \$137.24	
Total Qty Ordered:				15	0	15		

Percent Unfilled: 100

Subtotal: \$25,543.17
Local Sales Tax 0 % Tax: + \$0.00
TOTAL: \$25,543.17
Deposit Balance: \$0.00
Balance Due: \$25,543.17

Thank you for your order!

\$25,543.17

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: May 8, 2026

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

From: Venus B. Fajota, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with current employee Michael Friedman, to provide direct client services through a statewide contract with Supported Living Solutions.

Additional Information:

Michael Friedman is currently a Developmental Specialist III with Aging and Disability Services. Under the statewide contract, Mr. Friedman will provide ongoing adult daycare, applied behavioral analysis, autism treatment assistance program, behavioral support, case management, community-based living arrangement, community work experience, counseling, dietician-nutrition, disabilities support, educational tutoring and education support, employment support, job development, mental health, personal care, pre-employment, safe-housing, and supportive living arrangement services.

Statutory Authority:

NRS 353.705(1)

REVIEWED: VB
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

DATE: January 23, 2026
TO: Michael Friedman, Developmental Specialist III
FROM: Rique Robb, Administrator *Rique Robb*
SUBJECT: Supported Living Solutions Secondary Employment

The Aging and Disability Services Division (ADSD) is in receipt of your secondary employment form dated 1/21/2026 for Supported Living Solutions to provide Job Coaching services through the Department of Employment, Training and Rehabilitation / Rehabilitation Division. Upon review of this form, and the opinion of the State of Nevada Commission on Ethics in case no. 25-018A, ADSD has determined this secondary employment does not present a real or potential conflict of interest with the following guardrails:

- No Job Coaching services may be provided to individuals open to Desert Regional Center (DRC) while you are employed by DRC.
- NRS 281A.400(2) prohibits you from using your position at DRC to promote Supported Living Solutions or to obtain clients for Supported Living Solutions. This includes the prohibition of any services offered through Supported Living Solutions, including furniture sales and delivery, to be provided to people served by DRC.
- NRS 281A.400(5) prohibits you from using non-public information obtained through your employment with DRC to benefit Supported Living Solutions.
- NRS 281A.400(7) prohibits you from using any DRC or State resources, including work time, DRC email, letterhead, computers or other equipment, and any DRC staff, to benefit or do any work on behalf of Supported Living Solutions.



STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

SECONDARY EMPLOYMENT DISCLOSURE
(PRIVATE PRACTICE/OUTSIDE EMPLOYMENT/SELF-EMPLOYMENT)

Employees of the State of Nevada Department of Health and Human Services are required to devote their full time, attention, and efforts to their assigned duties during their established hours of duty. Employees wishing to engage in outside employment must provide notice of intent and ensure the activity does not conflict with State employment. For more information see the DHHS Secondary Employment Disclosure Policy Number DO-2411.

Employees are responsible for completing a Secondary Employment Disclosure form within 30 days of initiating secondary employment. While maintaining secondary employment, employees are responsible for updating and completing a Disclosure statement annually thereafter. Employees are also responsible for completing a Secondary Employment Disclosure form anytime their secondary employment status changes.

☒ INITIAL STATEMENT ☐ ANNUAL STATEMENT ☐ CHANGE STATEMENT

Michael Friedman

Developmental Specialist III 11/17/2016

Print: Employee Name

Title

Date of Hire

DHHS/ADSD/DRC

Jake Vogrich

Division/ Program/Budget Account

Supervisor Name

☐ I certify that I am NOT engaged in secondary employment. If I do engage in secondary employment, I will disclose this within 30 days of initiating the employment/practice and annually thereafter on July 1st on the designated form.

☒ I am engaged in outside employment. I certify that my outside employment, activities, or enterprise, including private practice, does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. I understand that I am prohibited from using State of Nevada addresses, telephone numbers, materials or equipment in connection with any secondary employment. If a potential conflict arises, I will notify my supervisor and agency head, within three business days. I agree to submit a new application for approval by July 1st of each year, or within 30 days of a change or termination in outside employment activities.

Employee Signature

1/21/26

Date

SECONDARY EMPLOYER INFORMATION - To be completed by employee engaged in outside employment

I am/will engage in secondary employment as of (Date): 12/10/24

Name of secondary employer: Supported Living Solutions

Address and phone number: 7380 S. Eastern Ave #124 Las Vegas, NV 89123

Self-employed? No

Describe the nature of the work performed in your current position with DHHS:

Service coordination to children's cases.

Describe the nature of the work performed by the secondary employer or self-employment business:

Job Coach

Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?

No Services will not be provided to DRC recipients.

List the specific duties, functions and activities that you personally will perform for the secondary employer or in the self-employment business:

Job placement, search, and training.

Document your work schedule with the secondary/self-employment; list days and times of the week you expect to work.

Evenings and Weekends.

What is your State work schedule?

Will this conflict with your State work hours? ☐ Yes ☒ No

7AM-330PM Mon-Fri

If applicable, list provider agreements, brief scope of services and associated State agencies. Attach copies of any contracts.

Job Coach and training. DETR/BVR

1. Do you have professional supervision responsibilities in any capacity outside of your primary employment with the State, through any licensing or educational entity? ☐ Yes ☒ No
- If so, you acknowledge these supervisory responsibilities do not conflict with your primary employment. This includes responsibilities to be available for consultation to the supervisee during your regular working hours. ☐ Yes ☒ No

Additional Information:

I HAVE BEEN GRANTED RELIEF UNDER RS 281A.430(6). MY SECONDARY EMPLOYMENT FORM WAS SUBMITTED 12/10/24 AND APPROVED BY MY SUPERVISOR. SERVICES WILL NOT BE PROVIDED TO DRC RECIPIENTS. BVR SERVES MANY WHO DO NOT QUALIFY FOR DRC SERVICES.

DIVISION ADMINISTRATION DECISION

I have reviewed the information provided on this form and determined that this secondary employment:

☐ Does ☒ Does not present a real or potential conflict of interest to the State of Nevada.

Supervisor Signature

Jake Vogued

Date 1/23/2026

☐ Does ☒ Does not present a real or potential conflict of interest to the State of Nevada.

No conflict pursuant to attached memo & Commission on Ethics opinion no. 25-018A

(if applicable) Bureau Chief/Agency Manager Signature

Jessie Alan

Date 1/23/2026

☐ Does ☒ Does not present a real or potential conflict of interest to the State of Nevada.

No conflict pursuant to attached memo & Commission on Ethics opinion no. 25-018A

Administrator/Designee Signature

Rique Ross

Date 1/23/2026

HR Date Received:

Distribution: Original to HR Employee personnel file; copy to employee; copy to supervisor



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information				
Employee Name:	Michael Friedman			
Employee ID Number:	61299			
Job Title:	Developmental Specialist III			
Current Employee Agency:	Aging and Disability Services Division			
Current Class and Grade:	Class:	10.140	Grade:	35
Employment Dates:	From:	11/07/2015	To:	Present
Requesting Agency:	Purchasing Division			
Vendor:	Supported Living Solutions			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
X	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Support adults and students with disabilities to prepare for, obtain, keep and advance in meaningful employment through a range of services based on their employment goals.
B	Document the employee's current job description. Provide service coordination and community based resources to children.
C	Explain how this differs from current State duties. My state duties do not include providing employment supports that a BVR contracted employment specialist performs. My state duties are primarily comprised of a caseload to support children who cannot gain community based employment, and/or are not eligible for BVR services based on their age.

D	Explain why existing State employees within your agency cannot perform these duties.
	This is a specialized service that requires specially trained individuals to provide these services.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.
	No
F	List contractors' hourly rate and employee's hourly rate.
	\$50/hr contractor rate. Employees hourly rate is n/a. Hiring agency(ies) does not have State employees (non-contracted staff) who perform those functions.
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.
	No state positions provide direct waiver services as it's a federal conflict of interest to both develop the plan including (authorization of services) and provide the service. Due to this, state FTE are not able to perform the services that DCS vendors perform."
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).
	Hiring agency(ies) does not have State employees (non-contracted staff) who perform those functions.
I	Document justification for hiring contractor.
	The agency does not have the personnel to perform these services.
J	Will the employee be collecting PERS at any time during the contract?
	Yes
K	What is the duration of the contract with the current employee? (Include start and end date)
	06/09/2026 – 05/31/2030
L	Will the current employee be working full time or part time? If part time, how many hours?
	Full time
M	Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

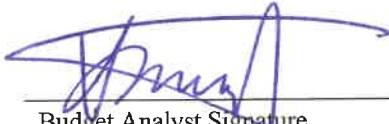
Approval for Authorization to Contract with a Current Employee:



Signature of Agency Head Authorizing Request

4.27.26

Date



Budget Analyst Signature

05/11/26

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: May 8, 2026

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

From: Venus B. Fajota, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with current employee Randi Melvin-Brown to provide direct client services through a statewide contract with On Point Behavior, LLC.

Additional Information:

Randi Melvin-Brown is currently a part-time faculty member at Truckee Meadows Community College teaching psychology courses. Under the statewide contract, Ms. Melvin-Brown will provide ongoing applied behavioral analysis, autism treatment assistance programs, behavioral support, case management, and respite care services.

Statutory Authority:

NRS 353.705(1)

REVIEWED:

ACTION ITEM:



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information				
Employee Name:	Randi Melvin-Brown			
Employee ID Number:	000363273			
Job Title:	Temporary Faculty- Teaching			
Current Employee Agency:	Truckee Meadows Community College (TMCC)			
Current Class and Grade:	Class:	N/A	Grade:	N/A
Employment Dates:	From:	08/18/2025	To:	Current
Requesting Agency:	Purchasing Division			
Vendor:	On Point Behavior LLC			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Type 38 provider, Applied Behavior Analysis (ABA) and behavioral intervention
B	Document the employee's current job description. Build course syllabus, provide live lectures, provide student feedback on coursework, grade student work, empower learners.
C	Explain how this differs from current State duties. The temporary faculty position is not a clinical or practitioner role. There are no clients receiving services. The role is to provide educational information to undergraduate students, it is purely academic.
D	Explain why existing State employees within your agency cannot perform these duties. This is a specialized service that requires specially trained individuals to provide these services.

E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.
	No
F	List contractors' hourly rate and employee's hourly rate.
	Contracted hourly rate is \$110 and is determined by Medicaid. The pay for temporary faculty is \$1050.00 per credit taught. Temporary faculty may not teach more than 9 credits in a semester. Randi teaches between 3-6 credits at a time.
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.
	No state positions provide direct waiver services as it's a federal conflict of interest to both develop the plan including (authorization of services) and provide the service. Due to this, state FTE are not able to perform the services that DCS vendors perform.
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).
	The agency does not have the personnel that perform these services.
I	Document justification for hiring contractor.
	The agency does not have the personnel that perform these services.
J	Will the employee be collecting PERS at any time during the contract?
	No
K	What is the duration of the contract with the current employee? (Include start and end date)
	06/09/2026 through 05/31/2030
L	Will the current employee be working full time or part time? If part time, how many hours?
	This is a temporary/ part-time position. Randi teaches between 3-6 credits in a semester, which is between 6-9 hours of week in a given week.
M	Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Current Employee:

Willie J. Lee 4.27.26
Signature of Agency Head Authorizing Request Date

Willie J. Lee 4.27.26
Purchasing Administrator Signature (if a Statewide Contract) Date

[Signature] 05/12/26
Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Secondary Employment Disclosure

Employee Name: Randi Melvin-Brown
Employee ID number: 000363273
Name of Secondary Employer: Truckee Meadows Community College (TMCC)
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: 7000 Dandini Blvd. Reno, NV 89512
Secondary Employer Phone Number: 775-673-7111

Describe the nature of the work performed by the secondary employer or self employment business.	This is a temporary teaching faculty position. I intermittently teach 1-2 courses within the psy. department.
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	No, this temporary position is not related to client services in my personal organization. No information is shared.
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	Develop classroom activities, exams, lectures, quizzes, provide student feedback, perform lectures & live class instruction.
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	TMCC is a temporary position. If I choose to teach, it is within a 15-16 week agreement (i.e., a semester). The shedules is typically Tues and Thurs for 75 min. per class. This changes based on the semester/availability.
If applicable, list provider agreements, brief scope of services, and associated State agencies.	NA

Comments:

^{DS}
Employee statement

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

^{Initial}
Employee's agency head shall check one of the following statements:

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

Randi Melvin-Brown

DocuSigned by:

Randi Melvin-Brown

5/8/2026

Employee's Signature and Date

Lauren Sanew

Lauren Sanew

5/8/2026

Agency Head's Signature and 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: May 11, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Rosa Rogula, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

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

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Kelly Williams to provide subject matter expertise for biennial budget development and fiscal year-end-closing processes through a statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Williams retired from the Department of Conservation and Natural Resources on July 8, 2025 and is receiving pension benefits. Her knowledge and experience in fiscal management, budget development, and year-end-closing processes will be beneficial to ensure budgets and closeout procedures are completed accurately and timely. Ms. Williams was previously under contract with the Office of Project Management from January 20, 2026 to May 14, 2026. The department requests approval to contract with Ms. Williams from June 10, 2026 through September 10, 2026.

Statutory Authority:
NRS 333.705(1)

REVIEWED: _____

ACTION ITEM: _____



NEVADA DIVISION OF
**ENVIRONMENTAL
PROTECTION**

A division of the
Nevada Department of Conservation & Natural Resources

STATE OF NEVADA
Joe Lombardo, Governor
Vinson Guthreau, Director
Jennifer L. Carr, Administrator

901 S. Stewart Street, Suite 4001
Carson City, Nevada 89701
p: 775-687-4670 f: 775-687-5856
ndep.nv.gov

Date: May 11, 2026

To: Rosa Rogula, Executive Branch Budget Officer 1
Governor's Office of Finance

From: Sheryl Fontaine, Chief, Bureau of Administrative Services
Nevada Division of Environmental Protection

Subject: Authorization to Contract with a Former Employee

On behalf of the Nevada Division of Environmental Protection (NDEP), I respectfully request approval to contract with a former Nevada Department of Conservation and Natural Resources employee, Kelly Williams, through Manpower Temporary Staffing.

We are requesting this contract with Ms. Williams due to her experience and expertise with Departmental and NDEP Fiscal Management branch and State of Nevada biennial budget build and fiscal year-end-closing processes. The NDEP Fiscal Management branch provides critical fiscal services and support to the entire Division and Ms. Williams' expertise and experience are needed to ensure that NDEP's budgets are built and submitted accurately and timely, and that fiscal year-end-close process are also completed accurately and on time. This request is due, in part, to current and pending vacancies within the Fiscal Management branch.

Thank you for your consideration. If you have any questions, please contact me at 7750687-9374 or sfontaine@ndep.nv.us.



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:	Kelly Williams		
Former Employee ID Number:	05974		
Former Job Title:	Administrative Services Officer IV		
Former Employee Agency:	State of Nevada, Department of Conservation and Natural Resources, Director's Office		
Former Class and Grade:	Class:	7.215	Grade: 44-10
Former Employment Dates:	From:	03/30/1998	To: 07/07/2025
Requesting Agency:	State of Nevada, Department of Conservation and Natural Resources, Nevada Division of Environmental Protection, Bureau of Administrative Services		
Vendor:	Manpower Temporary Services, Vendor Number: T81030068		

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. Work directly with Administrative Services Officer (ASO) IV within the DCNR NDEP Bureau of Administrative Services to ensure that the Division's biennial budget is coordinated, complete, well documented, and prepared in a timely manner that allows for management review prior to submission on September 1, 2026. This work is necessary due to several vacancies in the bureau. Duties will include (but are not limited to): a. Budget preparation b. Work program development c. Fiscal year-end-close processes and documents d. Contract development and management e. Federal grant oversight, including tracking, draws, fiscal reporting and SARFs f. Self-Assessment Questionnaires
B	Document former job description. The employee worked as an ASO IV in the DCNR Director's office, overseeing departmental fiscal staff and work products, including a through f above.

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, Ms. Williams has the specialized experience needed to perform the duties. During her 27 years working with the Department, Ms. Williams served as ASO IV, overseeing the departmental fiscal activities.
	NDEP's Bureau of Administrative Services (BAS), Office of Fiscal Management (OFM) is currently understaffed, with two of the eight positions vacant (a Budget Analyst III and an Accounting Assistant III), a pending retirement (July 3, 2026; Accounting Assistant III), and another staff member potentially beginning a period of extended medical leave (a Budget Analyst III). Of the remaining three team members, one, a Budget Analyst II, started with NDEP on March 30, 2026, and is still very much in training. Ms. Williams has received all the formal training needed to assist the NDEP BAS OFM ASO IV with their duties which will allow the NDEP BAS OFM ASO IV to help with the duties of the vacant positions as well as hire and train new staff in order to ensure that NDEP meets all the requirements for the current budget build session and year-end-close activities. Ms. Williams is aware of the situation and is willing and able to assist with these activities as well as train new staff, as needed. Ms. Williams will be engaging with the NDEP BAS OFM ASOIV as part of the contract work to ensure work products developed and expertise utilized is transferred.
D	Explain why existing State employees within your agency cannot perform this function.
	There is only one other ASO IV position within NDEP, and that staff member started with NDEP on April 27, 2026, as an ASOIII underfilling for the ASOIV. As such, she is still very much in training and learning her own complicated program. She works in a separate program with her own unique job duties. No other staff have the training or expertise required to help the OFM ASOIV. In addition, the vacant positions (Budget Analyst III, Accounting Assistant III) have proven unusually challenging to fill; several recruiting attempts in fall and winter 2025 resulted in no qualified and desirable candidates.
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: \$76.13 per hour / Employee's Hourly Rate: \$69.21 per hour
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.
	Administrative Services Officer IV, grade 44, step 10 plus 10% = \$76.13 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?
	The contract rate does not exceed the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). The contract term is limited to three months. The vendor will invoice Bureau of Administrative Services \$93.64 per hour, which includes their 23% markup under state contract. The contract term includes time to help ASOIV and NDEP navigate through the biennial budget building process and begin the fiscal year-end-close process.
I	Document justification for hiring contractor.
	The Fiscal Management branch in the Bureau of Administrative Services provides critical financial support for all eleven bureaus that comprise the Division of Environmental Protection. Staffing vacancies have resulted in a significant staff shortage in the Fiscal Management branch. The routine tasks normally performed by eight staff are currently being distributed among six, which will drop to five on July 3, and we anticipate this will drop by one more before then. Two of the remaining staff were hired within the past two years. In addition, we are in the middle of the biennial budget building process, which adds even more work. Recruiting is on-going to address the vacancies; however, training new staff also adds to the already increased workload. The Division does not currently have any staff qualified to conduct this training.
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)
	No longer than three months; 06/10/2026 – 09/10/2026. /
L	Will the former employee be working full time or part time? If part time, how many hours?
	Part time, estimated to average 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).
	N/A

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:



05/11/2026

Signature of Agency Head Authorizing Request

Date



Budget Analyst Signature

5/28/26

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: April 29, 2026

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

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 286.523, the department requests approval of a critical labor shortage designation for Correctional Officer, Senior Physician, and Correction Counselor positions at Ely State Prison and Lovelock Correctional Center. This request is for a designation from July 1, 2026 to June 30, 2027.

Additional Information:

The department continues to struggle with filling Correctional Officers, Senior Physicians and Correction Counselors resulting in mandatory overtime, employees working double shifts to meet security needs of the institutions and heightened security risks.

Statutory Authority:

NRS 286.523

REVIEWED:
ACTION ITEM:

Joe Lombardo
Governor

James Dzurenda
Director

William Quenga
Deputy Director Support
Services



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

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

STATE OF NEVADA
Department of Corrections

MEMORANDUM

Date: April 15, 2026

To: Vince Young-Brown, Executive Branch Budget Officer 1
Nevada Governor's Finance Office, Budget Division

Subject: **CRITICAL LABOR DESIGNATION CONTINUATION REQUEST –
JULY 1, 2026 – JUNE 30, 2027**

As NDOC must continue to ensure a safe and secure environment for its employees, offenders, and community through meeting all State and Federal standards, the agency has found success through the utilization of the critical labor designation. To make this commitment, the Department must sustain an appropriate overtime solution, as such, we are requesting approval for the reinstatement of the Critical Labor Designation for Correctional Officers, Senior Physicians, and Correction Counselors.

Historically, NDOC has confronted varying degrees of difficulty in recruiting for various Correctional Officer, Senior. Physician positions, and Correctional Counselors. This holds especially true for Ely State Prison (ESP), and the Lovelock Correctional Center (LCC). Due to that continuing reality, NDOC asked the Board of Examiners for a Critical Labor Shortage Designation for ESP and LCC. This measure is being taken in hopes of mitigating these challenges.

In 2016, the Nevada Board of Examiners originally approved the Department of Corrections' rural area camps and institutions for the requested Critical Labor Shortage designation for a two-year period. The continuation for this program was approved again in November 2022 for an additional two-years, which expired on November 30, 2024. The program was approved and continued December 1, 2024, until the expiration date of June 30, 2025, but did not seek renewal on July 1, 2025. We were approved again in December 30, 2025, through June 30, 2026. This has allowed the Department to continue to hire retired State employees on a temporary basis while still actively seeking full-time applicants to fill the vacancies. Today we are requesting the Board of Examiners to continue this designation.

The extension is requested for the following positions:

1. Correctional Officer (Ely State Prison 3751) – PCNs
248,254,255,319,322,394,422,473,474,478,479,480,481,494,495,499,500,501,505,
506,507,508,513,541,543,554,555,556,559,560,7003,7006
2. Correctional Officer (Lovelock Correctional Center 3759) – PCNs
206,244,258,262,264,266,270,276,278,280,286,290,292,296,
300,304,410,412,413,423,424,425,426,427,428,431,433,434,435,438,439,440,445,
446,447,448,449,450,451,452,453,454,455,458,459,460,461,463,464,466,467,469,
470,471,472,709,710,712,713,714,715,717,718,719,700000,700001,700002,700003,
700005,700006,700007,700008,700009
3. Senior Physicians (Lovelock and Ely locations Medical 3706) – PCNs
F223, E221, J221, J223
4. Correction Counselors (Lovelock and Ely locations Medical 3706)-PCN's
0026, 0013, 0017, 0033, 0313, 0452, 0453

NDOC at this time must sustain an appropriate overtime solution. This results in an increase in costs due to high vacancies, along with a high turnover, and a lack of housing available in these rural areas. The State has a substantial interest to ensure that the safety and security of our institutions and facilities are never compromised. With the rural areas at exceedingly high vacancy rates; the offenders, peace officers and non-custody staff, their community of residents, and the State of Nevada are at potential risk.

HRDW was used to devise the attached matrix. Based on the most current limited time report, this content is provided for informational purposes. The diagram reflects all positions within the agency.

Sincerely,

W. C. Quenga

William Quenga
Deputy Director of Support Services
Nevada Department of Corrections
775-977-5616

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: May 5, 2026

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

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

STATE DEPARTMENT OF AGRICULTURE

Agenda Item Write-up:

Pursuant to NRS 286.523, the department requests approval of a critical labor shortage designation for Agricultural Police Officer 3 and Agricultural Police Officer 2 positions. This request is for a designation from July 1, 2026 to June 30, 2028.

Additional Information:

The department continues to report difficulties in recruitment and retention of the Agricultural Police Officer 3 and Agricultural Police Officer 2 positions. The department will continue to pursue a long-term solution in recruiting and retaining these positions.

Statutory Authority:

NRS 286.523

REVIEWED:

ACTION ITEM:

JOE LOMBARDO
Governor

STATE OF NEVADA

J.J. GOICOECHEA, DVM
Director



Las Vegas Office:
2300 East St. Louis Ave.
Las Vegas, NV 89104-4211
(702) 668-4590
Fax (702) 668-4567

Elko Office:
4780 East Idaho Street
Elko, NV 89801-4672
(775) 753-1360
Fax (775) 738-2639

DEPARTMENT OF AGRICULTURE

405 South 21st Street
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
Website: <http://www.agri.nv.gov>

DATE: May 1, 2026
TO: Dustin Speed, Executive Branch Budget Officer I
FROM: Cathy Balcon, Administrator, Administrative Services
SUBJECT: Critical Labor Designation – Agricultural Police Officers II and III

The Nevada Department of Agriculture (NDA) respectfully requests the Board of Examiners' review and designation of Agricultural Police Officer (APO) positions as critical need positions. As outlined in NRS 286.523, this designation will allow the Department to reemploy retired public safety officers who require little or no training to perform specialized law enforcement duties with a focus on agriculture and public safety.

The Department has 5 Agricultural Police Officer positions, of which 2 are currently vacant. The Department continues to face challenges in filling these critical positions as a result of higher wages offered by other local law enforcement agencies, necessary and extensive background investigations, rigorous peace officer training, and rural duty station locations.

Positions requesting to designate as critical needs:

Agricultural Police Officer 3 Position
Agricultural Police Officer 2 Positions

Why these positions are critical to the department and public:

The Nevada Department of Agriculture's current Agricultural Police Officer staffing levels are critically low due to continued turnover and vacancies over the past several years. This historical issue leaves the Department with staffing levels of highly trained and skilled Agricultural Police Officers currently at a 40% vacancy rate. The criticality of this situation is emphasized by the fact that the supervisory position for the entire Agriculture Enforcement Unit is currently vacant. Continued difficulty in filling the positions due to special circumstances, such as required Category 1 POST certification and specialized experience in agricultural and livestock knowledge, identification, and agricultural crimes laws. The public and livestock producers across the state are dependent on these officers as they are often the only law enforcement officers that are readily available and hold the combined skillset and knowledge of agricultural laws and crimes. When a qualified officer is identified and hired, they are able to develop invaluable relationships within the communities they serve. These relationships are often leveraged to assist in other community related activities and in ensuring public safety. Due to the size of the geographical areas covered by the Department's

JOE LOMBARDO
Governor

STATE OF NEVADA
DEPARTMENT OF AGRICULTURE
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Sparks, Nevada 89431-5557
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Website: <http://www.agri.nv.gov>

J.J. GOICOECHEA, DVM
Director

Las Vegas Office:
2300 E. St. Louis Ave.
Las Vegas, NV 89104-4211
(702) 668-4590
Fax (702) 668-4567

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4780 E. Idaho Street
Elko, NV 89801-4672
(775) 738-8076
Fax (775) 738-2639

limited number of Agricultural Police Officers, it is currently unattainable to provide an adequate level of service to the public that is safe and serves the citizens of the state. In trying to ensure and maintain a minimum level of service to the public with the resources available, current officers are frequently asked to work varying schedules, extended or modified shifts, or to limit working hours during the week to ensure coverage after hours or on weekends. This practice leaves gaps of coverage during those modified shift and weeks.

Efforts made to recruit and maintain these positions:

Historically, these positions have been filled by leveraging existing relationships between NDA staff and potential candidates. This practice has had limited success at best, as the last APO 2 position made it as far as the interview process before just before the desired candidate rescinded their interest based on salary and duty location. The Department has attempted to offer these positions as an underfill APO1 as well, with the intention that the candidate would stay on after POST certification. Most recently this strategy failed as the candidate quit halfway through the POST training, severely diminishing the Departments ability or willingness to expend its limited Agriculture Enforcement budget on future attempts.

History on the vacancy rate:

Dept	Actvy	Posn NBR	Title	Grade	Status	Eff DT	Exp DT	Last Name	Effective_dt	Expiration_d	Years	Months	Days
550	4557	0012	13.101	39	ACTPM	7/10/2023		VACANT	4/14/2026		000	00	18
550	4557	0012	13.101	37	ACTPM	7/1/2018	4/5/2020	VACANT	8/10/2019	3/15/2020	000	07	06
550	4557	0021	13.102	37	ACTPM	7/10/2023		VACANT	5/18/2024		001	11	15
550	4557	0021	13.102	35	ACTPM	7/1/2018	7/11/2021	VACANT	12/8/2018	5/3/2020	001	04	27
550	4557	0021	13.102	35	ACTPM	7/1/2018	7/11/2021	VACANT	7/1/2018	11/4/2018	000	04	04
550	4557	0021	13.102	35	NEWPM	7/1/2017	6/30/2018	VACANT	12/5/2017	6/30/2018	000	06	26
550	4557	0021	13.102	35	NEWPM	7/1/2017	6/30/2018	VACANT	7/1/2017	8/28/2017	000	01	28
550	4557	0022	13.102	37	ACTPM	7/10/2023		VACANT	2/11/2025	3/29/2026	001	01	19
550	4557	0022	13.102	37	ACTPM	7/10/2023		VACANT	3/18/2024	1/5/2025	000	09	19
550	4557	0022	13.102	35	ACTPM	7/1/2018	7/9/2023	VACANT	4/2/2019	5/14/2023	004	01	13
550	4557	0023	13.102	37	ACTPM	7/10/2023		VACANT	10/21/2023	3/17/2024	000	04	28

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: May 13, 2026
To: Tiffany Greenameyer, Director
Governor's Finance Office
From: Philene O'Keefe, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HUMAN SERVICES –
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Agenda Item Write-up:

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$858,500 from the Interim Finance Committee Contingency Account to fund the payment of sanctions imposed by the Eighth Judicial Court in Clark County.

Additional Information:

In September of 2025, the Eighth Judicial Court in Clark County found the State of Nevada in contempt and imposed sanctions for failing to transport defendants for treatment in a timely manner. The State of Nevada was sanctioned \$500 for each day beyond 20 days that an individual was not admitted for treatment and \$5,000 per day beginning September 19, 2025, for each day that defendants are not transported for forensic restoration treatment. This request covers the period of January 8, 2026 through February 19, 2026. Relates to work program #C81823.

Statutory Authority:

NRS 353.268

REVIEWED:  _____

ACTION ITEM: _____

Joe Lombardo
Governor

Laura Rich
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: April 13, 2026
TO: Tiffany Greenameyer, Director, Governor's Finance Office
THROUGH: Laura Rich, Director, Department of Human Services *Laura Rich*
FROM: Andrea Rivers, Administrator, Division of Public and Behavioral Health *AR*
RE: IFC Contingency Funds Request- BA 3161 Southern Nevada Adult Mental Health Services - Operating

Southern Nevada Adult Mental Health Services (SNAMHS) seeks approval from the Board of Examiners to request funds in the amount \$858,500 from the Interim Finance Contingency Fund to fulfill Operating obligations.

In September 19, 2025, the Eighth Judicial District Court in Clark found the State of Nevada in contempt and imposed \$500 per day for every day without transport for treatment and the Division of Public and Behavioral Health (DPBH) shall pay \$5,000 per day beginning September 19, 2025, for each day for defendants are not transported for prompt restorative treatment. DPBH is to make payments weekly to Mojave Mental Health. At that time, there were thirty-two orders where sanctions are applicable. These sanctions were not anticipated and therefore not budgeted. Work Program C80735 requesting contingency funds was submitted and approved on the Interim Finance Committee on February 2026. On March 13, 2026, DPBH produced payment for those sanctions.

On April 08, 2026, DPBH received another thirty-two orders where sanctions are applicable.

This biennium, DPBH implemented multiple initiatives to mitigate the long-standing issue of the length of time individuals wait in detention centers for admission to inpatient forensic services, with some success.

These initiatives include the following:

- Jail Based Programing in Washoe and Clark detention centers to provide bridge mental health services to those waiting.
- Placement of screened long-term forensic individuals into community-based skilled nursing facilities.
- Jail liaisons to facilitate the diversion of individuals that are better served in settings other than the inpatient forensic hospital.

- Increasing capacity of forensic beds with the renovation of Building 3A in Southern Nevada. Operation started on July 2025.
- Pursuing design and construction of a new forensic facility in Southern Nevada. It is anticipated that the new facility will be ready of occupancy in August 2029.

DPBH will continue to explore all options to reduce wait times. However, SNAMHS is requesting \$858,500 in contingency funds from the IFC to meet the agency operating needs.

State of Nevada Work Program

WP Number: C81823

FY 2026

☐ Add Original Work Program

☒ XXX Modify Work Program

BUDGET DIVISION USE ONLY

DATE _____

APPROVED ON BEHALF OF
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
04/10/26	101	406	3161	DHS-DPBH - SO NV ADULT MENTAL HEALTH SERVICES

Funds Available

Funds Available							
Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	858,500	447,000	1,305,500
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		858,500		1,305,500
Total Budgetary & Revenue GLs					858,500		

Expenditures

CAT	Amount	CAT	Amount
04	858,500		
Sub Total Category Expenditures			858,500

Remarks

This work requests a transfer from the Interim Finance Contingency Fund to the Operating category to fund a projected shortfall due to unbudgeted sanctions imposed by the Eight Judicial District Court in Clark County.

Total Budgetary General Ledgers and Category Expenditures (AP)

858,500

slabranc

Authorized Signature

04/29/26

Date

Controller's Office Approval

Does not require Interim Finance approval since contingent upon approval of Interim Finance Committee action item.

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: May 13, 2026
To: Tiffany Greenameyer, Director
Governor's Finance Office
From: Philene O'Keefe, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HUMAN SERVICES –
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Agenda Item Write-up:

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$2,637,456 from the Interim Finance Committee Contingency Account to fund an unanticipated shortfall at Southern Nevada Adult Mental Health Services (SNAMHS) due to higher than anticipated costs of temporary medical contractors, which are needed to maintain staffing ratios.

Additional Information:

The SNAMHS facility is a 24-hour, 7-day per week, behavioral health facility that relies on temporary and contracted staff to meet the needs of its clients. These staff are essential to maintaining required ratios across both inpatient and outpatient programs. The projected shortfalls take into consideration any internal transfers among categories, transfers from other budget accounts in the department, and relief for costs related to collective bargaining agreements. Relates to work program #C80798.

Statutory Authority:

NRS 353.268

REVIEWED: 

ACTION ITEM: _____

Joe Lombardo
Governor

Laura Rich
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: May 06, 2026
TO: Tiffany Greenameyer, Director, Governor's Finance Office
THROUGH: Laura Rich, Director, Department of Human Services *Laura Rich*
FROM: Andrea R. Rivers, Administrator, Division of Public and Behavioral Health *AR*
RE: IFC Contingency Funds Request- BA 3161 Southern Nevada Adult Mental Health Services – Professional Services

Southern Nevada Adult Mental Health Services (SNAMHS) seeks approval from the Board of Examiners to request funds in the amount \$2,637,456 from the Interim Finance Contingency Fund to fulfill professional contract staff obligations.

The Professional Services and Mental Health Technician Services categories have a projected shortfall due to SNAMHS' reliance on temporary and contracted staff to provide direct services to clients.

Historically, SNAMHS transferred savings from the Personnel category to address such shortfalls. However, for FY26, SNAMHS does not have adequate savings in the Personnel category to offset this shortfall for contracted staff.

Therefore, SNAMHS is requesting \$2,637,456 in contingency funds from the IFC to meet the agency contract service needs.

State of Nevada Work Program

WP Number: C80798

FY 2026

☐ Add Original Work Program

☒ XXX Modify Work Program

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

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
01/26/26	101	406	3161	DHS-DPBH - SO NV ADULT MENTAL HEALTH SERVICES

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	2,637,456	447,000	3,084,456
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		2,637,456		3,084,456
Total Budgetary & Revenue GLs					2,637,456		

Expenditures

CAT	Amount	CAT	Amount
08	2,588,695		
09	48,761		
Sub Total Category Expenditures			2,637,456

Total Budgetary General Ledgers and Category Expenditures (AP) 2,637,456

Remarks This work program requests the transfer of funds from the Interim Finance Statutory Contingency Account to the Professional Services category and Mental Health Technician Services category to fund a projected shortfall through the end of the fiscal year.

slabranc
Authorized Signature

05/11/26
Date

Controller's Office Approval

Does not require Interim Finance approval since contingent upon approval of Interim Finance Committee action item.

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: April 6, 2026

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

From: Shauna Tilley, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**OFFICE OF THE STATE TREASURER -
UNCLAIMED PROPERTY DIVISION**

Agenda Item Write-up:

Pursuant to NRS 120A.620, section 6, the office requests approval of a temporary transfer of \$50,000,000 from the State General Fund to the Abandoned Property Trust Account in fiscal year 2027 to allow the division to meet its obligations to pay approved property claims.

Additional Information:

NRS 120A.640 requires that claimants be paid within 30 days of approval of a property claim. The ending balance of the account from which these claims are paid is reverted to the General Fund each year pursuant to NRS 120A.620, Subsection 5(e), and the account starts each fiscal year with zero realized funding. Funding for the account comes from businesses submitting abandoned financial assets to the state in October and November, but between July 1 and November, there is insufficient funding to pay approved claims. In the state's prior accounting system, the account was allowed to make the payments via an override during this period, but the new state accounting system does not allow this process. Accordingly, the office requests a temporary transfer pursuant to NRS 120A.620, Section 6, to provide realized funding for claims until receipts are sufficient to meet obligations. The office estimates this will occur in November, and that the State General Fund would be repaid by January 31, 2027.

Statutory Authority:

NRS 120A.620(6)

REVIEWED: AA
ACTION ITEM: _____

Zach Conine
State Treasurer



STATE OF NEVADA
OFFICE OF THE STATE TREASURER

TO: Tiffany Greenameyer
Director, Governor's Finance Office

FROM: Lori Hoover *LH*
Chief Deputy Treasurer

DATE: 6/1/2026

SUBJECT: Budget Account 6150 Request for General Fund Loan

Budget Account 6150 – Abandoned Property is opened in each new fiscal year with no cash resulting in a zero-balance realized funding available. Limited revenue is received until October and November when businesses are required to submit financial assets that are considered abandoned by statute to the State. From July to mid-November, Budget Account 6150 operates with negative realized funding available.

The automatic approval (BOVR) functionality to allow certain budget accounts to operate with a negative realized funding available no longer exists with the implementation of the CORE.NV (ADV4) financial system in January 2025. While the BOVR functionality was re-created for manual transactions, the Office of Project Management has stated that an automatic BOVR approval cannot be created for transactions uploaded through an interface. All claimant payments are uploaded to CORE.NV via an interface.

This lack of functionality has impeded our ability to return unclaimed property funds to their rightful owners and puts the Treasurer's Office in jeopardy of violating NRS 120A.640 which states that claims must be paid within thirty days of approval.

Section 3. Except as otherwise provided in subsection 5, within 30 days after a claim is allowed, the property or the net proceeds of a sale of the property must be delivered or paid by the Administrator to the claimant, together with any dividend, interest or other increment to which the claimant is entitled under NRS 120A.600 and 120A.610.

NRS 120A.620 section 6 authorizes General Fund transfers if the budget has insufficient funds to operate. Due to the inability to apply a BOVR automatically to interface transactions, this budget now has insufficient funds to operate.

Section 6. If there is an insufficient amount of money in the Account to pay any cost or charge pursuant to subsection 4 or NRS 120A.525, the State Board of Examiners may, upon the application of the Administrator, authorize a temporary transfer from the State General Fund to the Account of an amount

CARSON CITY OFFICE
101 N. Carson Street, Suite 4
Carson City, Nevada 89701-4786
(775) 684-5600 Telephone
(775) 684-5623 Fax

STATE TREASURER PROGRAMS

Unclaimed Property
Financial Security
Millennium Scholarship
Nevada Prepaid Tuition
College Savings Plans of Nevada
Nevada College Kick Start

LAS VEGAS OFFICE
1 State of Nevada Way, 4th Floor
Las Vegas, Nevada 89119
(702) 486-2025 Telephone
(702) 486-3246 Fax

necessary to pay those costs or charges. The Administrator shall repay the amount of the transfer as soon as sufficient money is available in the Account.

We will be in violation of NRS 120A.640 section 3 if we do not receive funding at the beginning of fiscal year 2027. As we did in fiscal year 2026, we respectfully request a \$50,000,000 transfer from the General Fund to maintain a positive realized funding available until sufficient funds are received. Our Office would expect to repay this transfer by January 31, 2027 to the General Fund.

Nevada Treasury
General Fund Transfer Request to fund Budget Account 6150 - Abandoned Property
May 2026 Board of Examiner's Meeting

Estimated Claims being paid out in FY27 - July 2026 through October 2026

Claims currently waiting on claimant (1/3 of total amount as of 4/1/2026)	24,137,408
Claims ready to process - pay out estimated in early FY27	22,978,721
Claims ready for re-review - pay out estimated in early FY27	331,769
Claims requiring research or awaiting initial approvals/verifications - pay out estimated in early FY27	401,067
Total Claims Costs	47,848,965

Administrative Costs Approved Budget (Budget Account 3815)

Category		FY27 Budget	Q1+Q2 Budget	
01	Personnel Services	1,506,291	753,146	
02	Out of State Travel	11,596	5,798	
03	In State Travel	6,349	3,175	
04	Operating	1,376,614	688,307	
13	Intra-Agency Cost Allocation	339,373	169,687	
14	Audit Services	959,355	479,678	
15	Securities Custodial Services	186,172	93,086	
26	Information Services	382,109	191,055	
88	Statewide Cost Allocation	45,891	22,946	
Total Administrative Costs		4,813,750	2,406,875	2,406,875

Estimated total need supporting General Fund Advance Request	50,255,840

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: April 22, 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 –
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 322.007, the department requests approval of a lease agreement between the State Department of Conservation and Natural Resources, Division of State Lands, for and on behalf of the Department of Tourism and Cultural Affairs, and the Boulder City Chamber of Commerce. The property includes the Boulder City Chamber of Commerce Visitor's Center and a newly constructed Adventure Center.

Additional Information:

Pursuant to NRS 322.050 and NRS 322.060, the Administrator has the authority to enter into leases of state lands. This lease is for state property located at 100 Nevada Way, Boulder City. The lease will have an initial term of 10 years at a cost of \$10,011 per month plus two 5-year options to extend for a maximum term of 20 years. The Boulder City Chamber of Commerce will sublease Adventure Center kiosks to vendors, according to the state lease terms.

Statutory Authority:

NRS 322.007

REVIEWED: 

ACTION ITEM: _____



Nevada Division of
STATE LANDS

STATE OF NEVADA
Department of Conservation & Natural Resources

Joe Lombardo, *Governor*
Vince Guthreau, *Director*
Charles Donohue, *Administrator*

MEMORANDUM

Date: April 21, 2026
To: Rosa Rogula, Executive Branch Budget Officer, Governor's Finance Office
From: Ellery Foster, Deputy Administrator
Subject: **BOE and IFC Agenda Item for June 2026: Boulder City Chamber of Commerce – Visitor Center and Adventure Center Lease**

Please find enclosed an executed Lease between the State of Nevada, Division of State Lands, for and on behalf of the Department of Tourism and Cultural Affairs, and the Boulder City Chamber of Commerce. The Lease is executed pursuant to NRS 322.050 and NRS 322.060.

Please include this Lease as an agenda item for the June BOE and June IFC meetings.

The Lease is of state property located at 100 Nevada Way, Boulder City, NV. The property includes the Boulder City Chamber of Commerce Visitor's Center and a newly-constructed Adventure Center.

Led by the Department of Tourism and Cultural Affairs in coordination with the State Public Works Division and the federal Economic Development Administration, the Adventure Center is a collection of vendor kiosks designed to serve customers interested in recreation and visitor amenities in Boulder City and Southern Nevada. Adventure Center operations will be overseen by the Boulder City Chamber of Commerce whose mission aligns with the economic development and outdoor tourism goals of the Adventure Center project.

With BOE and IFC approval, the Lease would have an initial term of 10 years with two 5-year options to extend for a maximum term of 20 years. The rent is \$10,011 per month, and will be reassessed at five-year intervals. The Boulder City Chamber of Commerce will sublease the Adventure Center kiosks to participating vendors; the sublease agreement template is included as Exhibit D to the Lease.

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

**REAL PROPERTY LEASE SUMMARY
(FOR BOARDS - COMMISSIONS - STORAGE)**

1. Tenant:	Boulder City Chamber of Commerce 100 Nevada Way Boulder City, NV 89005						
Remarks:	This is a Lease to the Boulder City Chamber of Commerce of state property located at 100 Nevada Way, Boulder City, NV.						
Exceptions/Special notes:							
2. Name of Lessor:	Nevada Division of State Lands						
3. Address of Lessor:	901 S. Stewart St. Suite 5003 Carson City, NV 89701						
4. Property Contact:	Ellery Foster, NDSL (775) 684-2711						
5. Address of Lease property:	100 Nevada Way, Boulder City Nevada 89005						
a. Square Footage:	☒ Rentable ☒ Usable 2.51 acres						
b. Cost:	cost per month	# of months in time frame	revenue per term	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Actual or Approximate cost per square foot
	\$ 10,011.00	120	\$ 1,201,320.00	July 1, 2026 - June 30, 2036			
	\$ 10,011.00	60	\$ 600,660.00	July 1, 2036 - June 30, 2041			
	\$ 10,011.00	60	\$ 600,660.00	July 1, 2041 - June 30, 2046			
			\$ -				
			\$ -				
			\$ -				
			\$ -				
			\$ -				
			\$ -				
c. Total Lease Consideration:		240	\$2,402,640.00				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	☒ Yes ☐ No		Renewal terms: 10 year initial term; two 5-year renewal options				
f. Holdover notice:	# of Days required 90		Holdover terms: Double monthly rent				
g. Term:	20 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:	Based on B&G market analysis						
m. Specific termination clause in lease:	Breach						
n. Lease will be paid for by Agency Budget Account Number:	N/A - revenue lease						
6. This lease constitutes:	☐ An extension of an existing lease ☐ An addition to current facilities (requires estimated expenses) ☐ A relocation (requires estimated expenses) ☐ A new location (requires estimated expenses) ☒ Other						
a. Estimated Expenses:	Moving: N/A		Furnishings: N/A		Data/Phones: N/A		

REAL PROPERTY LEASE SUMMARY
(FOR BOARDS - COMMISSIONS - STORAGE)

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 _____ N/A _____

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

 4/21/26
Authorized Agency Signature Date
staff count

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☐ YES	☒ NO
b. Is the Lessor Exempt from obtaining a Business License?	☒ YES	☐ NO
*If Yes, explain.... <u>Lessor is the State. Lessee is a Chamber of Commerce</u>		
c. Does the Lessor have a current Nevada State Business License?	☐ YES	☒ NO
**If No, explain.... <u>Lessor is the State.</u>		
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.):	<u>N/A</u>	
f. Nevada Business ID Number:	<u>N/A</u>	Exp: _____
g. Is the Lessor's Name the same as the Legal Entity Name?	☐ YES	☐ NO
**If No, explain.... <u>N/A</u>		
h. Is this an Arms Length Transaction (No Conflict of Interest)	☒ YES	☐ NO
**If No, explain.... _____		

8. 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

For Board of Examiners ☒ YES ☐ NO

LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
1.	BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION - OBO THE UNIVERSITY OF NEVADA, RENO		DEPARTMENT OF ADMINISTRATION, PUBLIC WORKS DIVISION, BUILDINGS AND GROUNDS	\$105,656
	This is a new location.			
		Term of Lease: 07/01/2026 – 06/30/2029	Located in Las Vegas	
2.	DEPARTMENT OF ADMINISTRATION – HEARINGS AND APPEALS DIVISION		ABH1, LLC	\$134,850
	This is an amendment to modify the lessor.			
		Term of Lease: 09/01/2025 – 07/31/2027	Located in Carson City	
3.	DEPARTMENT OF ADMINISTRATION – HEARINGS AND APPEALS DIVISION		ABH1, LLC	\$95,700
	This is an amendment to modify the lessor.			
		Term of Lease: 09/01/2025 – 07/31/2027	Located in Carson City	
4.	DEPARTMENT OF HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION		NYE COMMUNITIES COALITION	\$12,492
	This is an extension of an existing lease.			
		Term of Lease: 07/01/2026 – 12/31/2027	Located in Pahrump	
5.	DEPARTMENT OF HUMAN SERVICES – DIVISION OF SOCIAL SERVICES		ROTER INVESTMENTS OF NEVADA LIMITED PARTNERSHIP	\$1,763,349
	This is an extension of an existing lease.			
		Term of Lease: 08/01/2026 – 07/31/2031	Located in Reno	

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:	7/12
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno 1664 N Virginia Street/ Mail Stop 243 Reno, Nevada 89557-0243 Contact: Property Manager T: 775.784.4180 E: realestatedept@unr.edu						
Remarks:	Lease Agreement for Office Space						
2. Name of Lessor:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Address of Lessor:	406 E. Second Street Carson City, Nevada 89701						
4. Property contact:	Leasing Services T: 775.684.1815 E: LeasingServices@admin.nv.gov						
5. Address of Lease property:	500 Warm Springs Road, Suite 270, Las Vegas, Nevada 89119						
a. Square Footage:	☒ Rentable 1,768 ☐ Usable						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	\$ 2,934.88	12	\$ 35,218.56	July 1, 2026 to June 30, 2029	\$0.00	\$0.00	\$1.68
c. Total Lease Consideration:	36			\$ 105,655.68			
d. Total Improvement Cost:					\$0.00		
g. Term:	3-year term with one option to renew for 2 additional years						
h. Pass-thrus/CAM/Taxes	☒ Lessor ☐ Tenant						
i. Utilities:	☒ Lessor ☐ Tenant						
j. Janitorial:	☒ Lessor ☐ Tenant ☐ 3 day ☒ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)						
k. Repairs:	Major: ☒ Lessor ☐ Tenant Minor: ☒ Lessor ☐ Tenant						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	PG07755 - Government Relations						
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						

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 5/14/2026 

For Official State Public Works Review/Approval:

Authorized Signature _____ Date _____
 Public Works Division
 Initials _____

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

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

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Administration Appeals Division 1050 East William Street, Suite 450 Carson City, Nevada 89701 Lino Jasso T: 702.486.3409 E: ljasso@admin.nv.gov						
Remarks:	This first lease amendment is to reflect the change of ownership from Sierra Medical Complex, LP to ABH1, LLC. Sierra Medical Complex, LP sold the leased premises to Carson City NV I SGF, LLC July 23, 2021. The leased premises was sold again on August 25, 2025 from Carson City NV I SGF, LLC to ABH1, LLC. This first lease amendment retroactively commences September 1, 2025.						
Exceptions/Special notes:							
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	ABH1, LLC						
4. Address of Lessor:	P.O. Box 49626 Los Angeles, California 90049						
5. Property contact:	Nicolette Dixon T: 775.313.3472 E: nicolette.dixon@cushwake.com						
6. Address of Lease property:	1050 East William Street, Suite 450 Carson City, Nevada 89701						
a. Square Footage:	☐ Rentable ☒ Usable 3,720						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	\$ 5,766.00	11	\$ 63,426.00	September 1, 2025 - July 31, 2026	\$0.00	\$0.00	\$1.55
3%	\$ 5,952.00	12	\$ 71,424.00	August 1, 2026 - July 31, 2027	\$0.00	\$0.00	\$1.60
		23	\$ 134,850.00				
c. Total Lease Consideration:						\$0.00	
d. Total Improvement Cost:							
e. Option to renew:	☒ Yes ☐ No	90	Renewal terms:	One Identical Term			
f. Holdover notice:	# of Days required	30	Holdover terms:	5%/90			
g. Term:	Twenty - Three 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:	\$1.74						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	1015						
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

DP McKay 4/21/26

Authorized Agency Signature
staff count here 6

Date

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.):	Foreign Limited Liability Company		
f. Nevada Business ID Number:	NV20253418694	Exp:	8/31/2026
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	☒ YES	☐ NO	
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States	☒ YES	☐ NO	
i. State of Nevada Vendor number:	T29051318		
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

Authorized Signature
Public Works Division

Date

for

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: April 23, 2026
To: Bridgette Garrison, Executive Branch Budget Officer
From: Jamie Wiest, Public Works Division, Leasing Services
Subject: Retroactive Memo for placement on June's 2026 BOE agenda

Projected BOE Date: June 9, 2026

BOE Deadline Date: May 1, 2026

Lessor: ABH1, LLC
Tenant: Department of Administration, Appeals Division
Property Location: 1050 East William Street, Suite 450, Carson City, Nevada 89701

This memo is a clarification for a retroactive start date of September 1, 2025, for the lease referenced above, which houses the Department of Administration, Appeals Division.

An urgent Project Authorization Request affecting the IT/Data closet at this location had to be completed immediately to prevent loss of connectivity for the agencies onsite. As a result, submission to BOE was delayed and could not be completed prior to the September 1, 2025 start date.

This lease is for placement on the June 9th, 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:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Administration Hearings Division 1050 East William Street, Suite 400 Carson City, Nevada 89701 Lino Jasso T: 702.486.3409 E: ljasso@admin.nv.gov						
Remarks:	This first lease amendment is to reflect the change of ownership from Sierra Medical Complex, LP to ABH1, LLC. Sierra Medical Complex, LP sold the leased premises to Carson City NV I SGF, LLC July 23, 2021. The leased premises was sold again on August 25, 2025 from Carson City NV I SGF, LLC to ABH1, LLC. This first lease amendment retroactively commences September 1, 2025.						
Exceptions/Special notes:							
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	ABH1, LLC						
4. Address of Lessor:	P.O. Box 49626 Los Angeles, California 90049						
5. Property contact:	Nicolette Dixon T: 775.313.3472 E: nicolette.dixon@cushwake.com						
6. Address of Lease property:	1050 East William Street, Suite 400 Carson City, Nevada 89701						
a. Square Footage:	☐ Rentable ☒ Usable 2,640						
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
	\$ 4,092.00	11	\$ 45,012.00	September 1, 2025 - July 31, 2026	\$0.00	\$0.00	\$1.55
3%	\$ 4,224.00	12	\$ 50,688.00	August 1, 2026 - July 31, 2027	\$0.00	\$0.00	\$1.60
c. Total Lease Consideration:		23	\$ 95,700.00				
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 - Three 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:	\$1.62						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	1015						
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

DP McKay 4/21/26
Authorized Agency Signature Date
staff count here 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....			
c. Does the Lessor have a current Nevada State Business License?	☒ YES	☐ NO	
**If No, explain....			
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☒ INC ☐ CORP ☐ LP ☐		
e. Ownership Type (Domestic, Foreign, Government, etc.):	Foreign Limited Liability Company		
f. Nevada Business ID Number:	NV20253418694	Exp:	8/31/2026
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	☒ YES	☐ NO	
i. State of Nevada Vendor number:	T29051318		
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

4/22/26
Authorized Signature
Public Works Division

Date

your initials here 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

Date: April 23, 2026
To: Bridgette Garrison, Executive Branch Budget Officer
From: Jamie Wiest, Public Works Division, Leasing Services
Subject: Retroactive Memo for placement on June's 2026 BOE agenda

Projected BOE Date: June 9, 2026

BOE Deadline Date: May 1, 2026

Lessor: ABH1, LLC
Tenant: Department of Administration, Hearings Division
Property Location: 1050 East William Street, Suite 400, Carson City, Nevada 89701

This memo is a clarification for a retroactive start date of September 1, 2025, for the lease referenced above, which houses the Department of Administration, Hearings Division.

An urgent Project Authorization Request affecting the IT/Data closet at this location had to be completed immediately to prevent loss of connectivity for the agencies onsite. As a result, submission to BOE was delayed and could not be completed prior to the September 1, 2025 start date.

This lease is for placement on the June 9th, 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:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Human Services Aging and Disability Services Division 1550 College Parkway Carson City, Nevada 89706 Mariana Acevedo T: 775.687.0545 E: macevedo@adsd.nv.gov						
Remarks:	This is an eighteen month renewal of a current sublease for the Department of Human Services, Aging and Disability Services Division. There are no tenant improvements being requested at this time. Lease terms approved by Director Grimmer.						
Exceptions/Special notes:							
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	Nye Communities Coalition						
4. Address of Lessor:	1020 East Wilson Road Pahrump, Nevada 89048						
5. Property contact:	Tammi Odegard T: 775.727.9970 E: tammi@nyeccc.org						
6. Address of Lease property:	1020 East Wilson Road, Room 1 Pahrump, Nevada 89048						
a. Square Footage:	☐ Rentable ☒ Usable 334						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	0%	\$ 694.00	12	\$ 8,328.00	July 1, 2026 - June 30, 2027	\$0.00	\$2.08
	0%	\$ 694.00	6	\$ 4,164.00	July 1, 2027 - December 31, 2027	\$0.00	\$2.08
c. Total Lease Consideration:		18	\$ 12,492.00				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	☒ Yes ☐ No Renewal terms:						
f. Holdover notice:	# of Days required: Holdover terms:						
g. Term:	Eighteen (18) Months						
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant						
i. Utilities:	☒ Landlord ☐ Tenant						
j. Janitorial:	☒ Landlord ☐ Tenant ☐ 3 day ☐ 5 day ☐ Rural 3 day ☒ Rural 5 day ☐ Other (see special notes)						
k. Repairs:	Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant						
l. Comparable Area Market Rate Average:	N/A Rural Area						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	3167						
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, Buildings and Grounds / 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

 for Rique Robb 4/17/2026

Authorized Agency Signature Date
staff count here 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 Nonprofit		
f. Nevada Business ID Number:	NV20021504003	Exp: 12/31/2026	
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	☒ YES	☐ NO	
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States	☒ YES	☐ NO	
i. State of Nevada Vendor number:	T27003317		
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

 4.21.26

Authorized Signature Date
Public Works Division
your initials here 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:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>
Reviewed by:	<i>[Signature]</i>

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Human Services
Division of Social Services
1470 College Parkway
Carson City, Nevada 89706
Karen Killian
T: 702.631.2367 E: kkillian@dwss.nv.gov

Remarks:

This is a five (5) year lease renewal for Department of Human Services, Division of Social Services. Lease approved by Director Grimmer.
Lessor has agreed to cover the cost of these tenant improvements -
- Add additional upper and lower cabinets and countertop in breakroom
- Refresh all bathrooms with touchless faucets, and strip, wax, and reseal floor
- Install two water bottle filling stations
- Supply power to existing outlet in server room making a live usable 30AMP circuit
- Add cypher lock to door in lobby if allowable by fire code
- Flip door and add cypher lock to hallway door if allowable by fire code
- Touch up paint throughout space as needed (tenant is responsible for relocating and storing furniture as needed)
- Replace damaged tiles as needed and strip, wax, and reseal floor
- Update pylon sign to reflect the agency's new name

Exceptions/Special notes:

2. Lessee:

Department of Administration, Public Works Division, Buildings and Grounds

3. Name of Lessor:

Roter Investments of Nevada Limited Partnership

4. Address of Lessor:

3000 Northrup Way, Suite 101
Bellevue, Washington 98004

5. Property contact:

Eilish Rothe
T: 775.827.1571 E: eilish@cmsreno.com

6. Address of Lease property:

4055 South Virginia Street
Reno, Nevada 89502

a. Square Footage:

☐ Rentable
☒ Usable 18,450

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
3%	\$ 28,695.29	12	\$ 344,343.48	August 1, 2026 - July 31, 2027	\$0.00	\$0.00	\$1.56
0%	\$ 28,695.29	12	\$ 344,343.48	August 1, 2027 - July 31, 2028	\$0.00	\$0.00	\$1.56
3%	\$ 29,556.15	12	\$ 354,673.80	August 1, 2028 - July 31, 2029	\$0.00	\$0.00	\$1.60
0%	\$ 29,556.15	12	\$ 354,673.80	August 1, 2029 - July 31, 2030	\$0.00	\$0.00	\$1.60
3%	\$ 30,442.83	12	\$ 365,313.96	August 1, 2030 - July 31, 2031	\$0.00	\$0.00	\$1.65

c. Total Lease Consideration:

60 \$1,763,348.52

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:

\$2.25

m. Specific termination clause in lease:

Breach/Default lack of funding

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

BA3267 - 782 SF
BA3288 - 261 SF
BA3233 - 17,407 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

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
145

4/29/2026

Date

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.):	Foreign Limited Partnership		
f.	Nevada Business ID Number:	NV19911006342	Exp:	8/31/2026
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	☒ YES	☐ NO	
i.	State of Nevada Vendor number:	T29011915		
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
Public Works Division

04/29/2026

Date

For Board of Examiners

☒ YES

☐ NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE - OFFICE OF FEDERAL ASSISTANCE	NOBLE SUPPLY & LOGISTICS, LLC	FEDERAL	\$372,871	Sole Source
	Contract Description:	This is a new contract to provide authorized hazardous materials response system training to first responders.				
		Term of Contract:	03/01/2026 - 06/30/2028	Contract # 32236		
2.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	ANDERSEN BEEDE WEISENMILLER LLC	OTHER: STATUTORY CONTINGENCY	\$795,918	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing outside counsel services. This amendment extends the termination date from June 30, 2027 to December 31, 2028 and increases the maximum amount from \$175,000 to \$970,918 due to an increase of rates, attorney's responsibilities, and the increased need for these services.				
		Term of Contract:	10/06/2025 - 12/31/2028	Contract # 31224		
3.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	GARRETT GROUP REGULATORY CONSULTING LLC	OTHER: REGULATORY ASSESSMENTS	\$200,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing expert witness services.				
		Term of Contract:	06/11/2026 - 06/10/2028	Contract # 32352		
4.	060	CONTROLLER'S OFFICE	GCR, INC. DBA TADERA	GENERAL	\$223,657	
	Contract Description:	This is the third amendment to the original contract which provides a cloud-based lease accounting software application. This amendment extends the termination date from June 30, 2026 to June 30, 2029 and increases the maximum amount from \$416,384 to \$640,041 due to the continued need for these services.				
		Term of Contract:	03/08/2022 - 06/30/2029	Contract # 25343		
5.	060	CONTROLLER'S OFFICE	PLANTE & MORAN, LLC	FEDERAL	\$845,745	Professional Service
	Contract Description:	This is a new contract to provide support in preparing the Annual Comprehensive Financial Report.				
		Term of Contract:	07/01/2026 - 12/31/2026	Contract # 32476		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DIVERSIFIED THERMAL SERVICES, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$115,927	
	Contract Description:	This is the first amendment to the original contract which provides heating, ventilation, and air conditioning preventative maintenance and inspection services at the McCarran Center located in Las Vegas. This amendment increases the maximum amount from \$423,880.00 to \$539,807.25 due the addition of the Walker, Mead, Tahoe, Ormsby MC41, Ormsby MC42, and Pyramid MC43 buildings.				
		Term of Contract:	09/09/2025 - 09/30/2029	Contract # 31012		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ECLIPSE WASTE MANAGEMENT LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$503,940	
	Contract Description:	This is a new contract to provide ongoing parking lot sweeping services at the Campos building, Decatur Department of Motor Vehicles (DMV), Flamingo DMV, and the McCarran Center to include Nevada building parking garage.				
		Term of Contract:	Upon Approval - 06/09/2030	Contract # 32065		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$237,784	
	Contract Description:	This is the first amendment to the original contract which provides ongoing janitorial services for the Bryan Building located in Carson City. This amendment extends the termination date from July 31, 2026 to July 31, 2027 and increases the maximum amount from \$953,887.20 to \$1,191,671.50 to allow services to continue while a solicitation is completed.				
		Term of Contract:	08/01/2022 - 07/31/2027	Contract # 26421		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$26,716	
	Contract Description:	This is the first amendment to the original contract which provides ongoing janitorial services for the Wildlife building located in Reno. This amendment extends the termination date from July 31, 2026 to July 31, 2027 and increases the maximum amount from \$99,996.16 to \$126,712.20 to allow services to continue while a solicitation is completed.				
		Term of Contract:	08/01/2022 - 07/31/2027	Contract # 26459		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	UES PROFESSIONAL SOLUTIONS 30, LLC	BONDS	\$2,033,680	Professional Service
	Contract Description:	This is a new contract to provide professional materials testing and inspection services for the Southern Nevada Forensic Facility CIP Project to include observations with laboratory testing, construction, grading and observation of earthwork required for pads, backfill report(s), pavement design verification, field density testing, reinforced-concrete inspections, and structural material services for the construction of a 298 bed, four story psychiatric facility on the Division of Public and Behavioral Health campus located in Las Vegas: CIP Project No. 25-C01; SPWD Contract No. 118784.				
	Term of Contract:	Upon Approval - 06/30/2029	Contract # 32380			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	AZTECH INSPECTIONS & TESTING, LLC	BONDS	\$174,743	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional materials testing and inspection services for the Department of Motor Vehicles (DMV) - Silverado Ranch Facility CIP Project: CIP Project No. 23-C02; SPWD Contract No. 116152. This amendment increases the maximum amount from \$634,980 to \$809,723 due to additional services required to provide inspections and testing for the extended project duration.				
	Term of Contract:	02/13/2024 - 06/30/2027	Contract # 28644			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD.	BONDS	\$245,514	Professional Service
	Contract Description:	This is the fifth amendment to the original contract which provides professional architectural/engineering services for the Department of Motor Vehicles - Silverado Ranch Facility CIP Project: CIP Project No. 23-C02; SPWD Contract No. 115808. This amendment increases the maximum amount from \$1,211,777.16 to \$1,457,291.16 due to additional construction administration, civil engineering support, and technical support services.				
	Term of Contract:	01/09/2024 - 06/30/2027	Contract # 28577			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	WEST YOST & ASSOCIATES, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: CIP Contract No. 118718.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 32346		
14.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	CANUCKIWI LTD.	OTHER: LODGING TAX	\$800,000	
	Contract Description:	This is a new contract to provide ongoing international representation in Australia and New Zealand to promote tourism in Nevada.				
		Term of Contract:	Upon Approval - 06/30/2028	Contract # 32359		
15.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$4,530,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing support services for placement of undergraduate and graduate students within high growth industries in Nevada.				
		Term of Contract:	Upon Approval - 06/30/2031	Contract # 32263		
16.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	LIFELIQU, INC.	FEDERAL	\$422,620	Sole Source
	Contract Description:	This is a new contract to provide content development, designing, and programming for the Individual Career Mapping 3D Classroom Project, a skills development platform for citizens interested in employment within Nevada's lithium industry.				
		Term of Contract:	Upon Approval - 08/31/2029	Contract # 32376		
17.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	DMSLAW L.L.C.	GENERAL	\$500,000	Professional Service
	Contract Description:	This is the fourth amendment to the original contract which provides ongoing reporting of indigent defense services as required by the Stipulated Consent Judgement, Davis v. State of Nevada. This amendment increases the maximum amount from \$350,000 to \$850,000 due to an increased need for these services.				
		Term of Contract:	02/13/2024 - 06/30/2027	Contract # 28737		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	NATIONAL ASSOCIATION FOR PUBLIC DEFENSE, INC.	GENERAL	\$203,000	Professional Service
	Contract Description:	This is a new contract to provide assistance and guidance in the development of quality, equitable, and sustainable indigent defense systems as required by the Stipulated Consent Judgment, Davis vs State of Nevada, and recommended by the Court Monitor and agreed to by the state.				
		Term of Contract:	Upon Approval - 06/30/2028	Contract # 32384		
19.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	WESTCARE MANAGEMENT, INC.	OTHER: PRIVATE PAY, HOSPICE, INSURANCE PAYMENTS 35% FEDERAL 65%	\$460,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing accounting services for billing, collection, audit, and compliance reporting for complex Medicaid and Medicare programs.				
		Term of Contract:	06/01/2026 - 05/31/2028	Contract # 32281		
20.	300	DEPARTMENT OF EDUCATION - EDUCATOR EFFECTIVENESS	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	GENERAL	\$900,000	
	Contract Description:	This is the third amendment to the original service agreement under statewide contract #99SWC-NV22-10132 which provides grant-related professional services for evaluation and technical assistance. This service agreement provides a statewide educator climate survey. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$1,100,000 to \$2,000,000 due to the continued need for educator climate surveys.				
		Term of Contract:	11/12/2025 - 06/30/2026	Contract # 31075		
21.	300	DEPARTMENT OF EDUCATION - INDIVIDUALS WITH DISABILITIES ACT (IDEA)	ANLAR, LLC	FEDERAL	\$1,499,625	
	Contract Description:	This is the fifth amendment to the original contract which provides information technology improvements, enhancements, and maintenance support services for the Nevada Special Education Accountability and Reporting System. This amendment increases the maximum amount from \$2,273,406.52 to \$3,773,031.52 due to the continued need for these services.				
		Term of Contract:	04/09/2019 - 03/31/2029	Contract # 21505		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	300	DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	GENERAL	\$252,000	
	Contract Description:	This is the second amendment to the original service agreement under statewide contract #99SWC-NV22-10132 which provides grant-related professional services for evaluation and technical assistance. This service agreement provides a statewide school climate survey. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$150,000 to \$402,000 due to the continued need for services.				
	Term of Contract:	11/12/2025 - 06/30/2027	Contract # 31065			
23.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	NATIONAL CHARTER SCHOOLS INSTITUTE, INC.	FEE: SPONSORSHIP	\$85,200	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides software solutions to collect data and documents from the agency's sponsored charter schools in accordance with federal, state, and agency reporting requirements. This amendment increases the maximum amount from \$475,760 to \$560,960 to provide additional enterprise services, scorecards and consulting services.				
	Term of Contract:	10/10/2023 - 06/30/2027	Contract # 27856			
24.	400	DEPARTMENT OF HUMAN SERVICES - FUND FOR A RESILIENT NEVADA	CAMPUS FOR HOPE FOUNDATION	GENERAL 43% OTHER: FUND FOR A RESILIENT NEVADA 31% FEDERAL 26%	\$17,500,000	
	Contract Description:	This is a new contract to provide the design and construction of two fully operational Intermediate Care Facility single story cottages.				
	Term of Contract:	05/11/2026 - 05/28/2028	Contract # 32434			
25.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	E2O HEALTH, INC. DBA COMPLIANCE WATCHDOG	GENERAL	\$673,296	
	Contract Description:	This is a new contract to provide credentialing services for medical staff.				
	Term of Contract:	Upon Approval - 06/30/2030	Contract # 32363			

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 - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	ATTORNEY GENERAL'S OFFICE	FEDERAL	\$390,944	Exempt
	Contract Description:	This is a new interlocal agreement to provide coordination and administrative support for the Statewide Substance Use Response Working Group and its subcommittees under the Nevada Office of the Attorney General.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32016		
27.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT, AND CHILDREN FOOD SUPPLEMENT	FIDELITY INFORMATION SERVICES, LLC	FEDERAL	\$441,545	
	Contract Description:	This is the first amendment to the original contract which provides electronic benefit transfer services and payments to Women, Infants, and Children participants and vendors. This amendment extends the termination date from June 30, 2026 to June 30, 2028 and increases the maximum amount from \$2,389,142.40 to \$2,830,687.38 due to the continued need for these services.				
		Term of Contract:	07/01/2018 - 06/30/2028	Contract # 20085		
28.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - EMERGENCY MEDICAL SERVICES	IMAGETREND, LLC	GENERAL	\$1,997,974	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance and support for the National Emergency Medical Services Information System. This amendment extends the termination date from June 30, 2026 to June 30, 2030 and increases the maximum amount from \$1,417,268.48 to \$3,415,242.84 due to the continued need for these services.				
		Term of Contract:	07/01/2022 - 06/30/2030	Contract # 27320		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ADMINISTRATION	CDW GOVERNMENT, LLC	FEDERAL	\$141,700	Exempt
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV25-27248 which provides IBM hardware, software, and services. This service agreement provides implementation of a compliance database to track action plans and milestones, manage security controls, track federal findings and remediation steps, and corrective action plans to align with the division's mainframe modernization objectives.				
		Term of Contract:	Upon Approval - 09/30/2026	Contract # 32126		
30.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ADMINISTRATION	DATA BUILDERS INC.	GENERAL 30% FEDERAL 70%	\$138,879	Sole Source
	Contract Description:	This is a new contract to provide ongoing support, licensing, maintenance, and modifications for the quality assurance hearings database.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32205		
31.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES	REGIONAL TRANSPORTATION COMMISSION	FEDERAL	\$134,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing bus passes to eligible Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program Employment and Training participants who must participate in work activities as a condition of receiving benefits.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31870		
32.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	FOURTH JUDICIAL DISTRICT FAMILY COURT	OTHER: COUNTY 34% FEDERAL 66%	\$254,501	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Judicial Officer and court services to enforce child support obligations owed by non-custodial parents to their children and locate non-custodial parents, establish paternity and adjust support orders.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31744		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	WASHOE COUNTY	OTHER: COUNTY 34% FEDERAL 66%	\$1,654,818	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Judicial Officer and court services to enforce child support obligations owed by non-custodial parents to their children and locate non-custodial parents, establish paternity and adjust support orders.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31742		
34.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - CHILD CARE ASSISTANCE AND DEVELOPMENT	WATERFORD RESEARCH INSTITUTE L.L.C.	GENERAL	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing services for programs to help low-income individuals and families including parents, guardians, foster parents, and qualifying children in the Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families program, Medicaid program, and the Energy Assistance Program, with developmental and routine experience opportunities for school-entry transition.				
		Term of Contract:	Upon Approval - 06/30/2028	Contract # 32368		
35.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - CLARK COUNTY CHILD WELFARE	VIMO, INC.	GENERAL	\$1,209,600	
	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 support in executing the Comprehensive Child Welfare Information System transformation.				
		Term of Contract:	Upon Approval - 07/31/2027	Contract # 32378		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	CIVIC INITIATIVES, LLC	FEDERAL	\$2,458,790	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV26-28444 which provides procurement assistance and information technology support services. This service agreement provides project management tasks and duties for the Comprehensive Child Welfare Information System transformation.				
		Term of Contract:	05/12/2026 - 12/31/2027	Contract # 32361		
37.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	NETSMART TECHNOLOGIES, INC.	GENERAL 50% FEDERAL 50%	\$558,219	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides ongoing services for the maintenance and annual hosting of the myAVATAR system. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$1,793,396.68 to \$2,351,615.69 to allow services to continue while a solicitation is completed.				
		Term of Contract:	07/01/2022 - 06/30/2027	Contract # 26319		
38.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - CALIENTE YOUTH CENTER	LINCOLN COUNTY HOSPITAL DISTRICT DBA GROVER CR. DILS MEDICAL CENTER	GENERAL	\$282,628	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing weekly medical services to youth in residence and to review infection control procedures, quality assurance programs, in-house pharmacy needs, and health education programs.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32023		
39.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	SHI INTERNATIONAL CORP.	FEDERAL	\$141,468	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV25-25461 which provides cloud services. This service agreement provides ongoing services for a cloud-based foster care database.				
		Term of Contract:	07/01/2026 - 06/30/2028	Contract # 32161		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	NETSMART TECHNOLOGIES, INC.	GENERAL 42.4% FEDERAL 57.6%	\$169,600	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides a medication management system including electronic order entry and electronic medication administration records to improve patient safety and prescribing practices. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$458,960.82 to \$628,560.76 to allow services to continue while a solicitation is completed.				
	Term of Contract:	12/13/2022 - 06/30/2027	Contract # 26968			
41.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	DEPARTMENT OF ADMINISTRATION, APPEALS OFFICE	GENERAL 50% FEDERAL 50%	\$347,792	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing appeal process services that ensures those entitled are afforded the right to appeal when refused Medicaid benefits.				
	Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32302			
42.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	ESTIPONA GROUP	GENERAL 10% FEDERAL 90%	\$500,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This agreement provides a statewide Nevada Medicaid community engagement campaign.				
	Term of Contract:	07/06/2026 - 06/30/2027	Contract # 32395			
43.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	MERCER HEALTH & BENEFITS LLC	OTHER: HOSPITAL TAX AND PROVIDER FEE TRANSFER 50% FEDERAL 50%	\$608,197	
	Contract Description:	This is the second amendment to the original service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides program evaluation, technical assistance, and consulting related to Medicaid Financing Arrangements. This amendment increases the maximum amount from \$4,059,466.10 to \$4,667,662.85 due to additional hours needed to support Medicaid Financing Arrangements.				
	Term of Contract:	07/01/2025 - 06/30/2027	Contract # 30520			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	OREGON HEALTH & SCIENCE UNIVERSITY	FEDERAL	\$495,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide evidence-based strategies to enhance the Medicaid program.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 32212		
45.	412	NEVADA HEALTH AUTHORITY - DIVISION OF PURCHASING AND COMPLIANCE - HEALTH CARE FACILITY REGULATION	IA, LLC	FEE: HEALTH FACILITY LICENSES	\$224,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides maintenance and support for the Nevada Automated Background Checks System. This amendment increases the maximum amount from \$309,121 to \$533,120 due to additional integration requirements.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27859		
46.	412	NEVADA HEALTH AUTHORITY - DIVISION OF PURCHASING AND COMPLIANCE - HEALTH CARE FACILITY REGULATION	VIMO INC.	FEE: HEALTH FACILITY LICENSES	\$460,000	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17897 which provides consulting, marketing, and education services. This service agreement provides assessment services to improve health facility licensing and complaint investigation processes. This amendment increases the maximum amount from \$95,000 to \$555,000 due to phase 2 project implementation.				
		Term of Contract:	03/16/2026 - 06/30/2027	Contract # 31892		
47.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF TRUSTEES OF THE FUND FOR HOSPITAL CARE FOR INDIGENT PERSONS	OTHER: REVENUE	\$116,033,096	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide inpatient hospital care funds for the non-federal share of the Upper Payment Limit supplemental payment program.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32078		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF TRUSTEES OF THE FUND FOR HOSPITAL CARE FOR INDIGENT PERSONS	OTHER: REVENUE	\$944,472	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the voluntary contribution funds for the non-federal share of the Upper Payment Limit supplemental payment program.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32082		
49.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD AND FAMILY SERVICES	OTHER: REVENUE	\$465,012	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Child and Family Services, Children, Youth and Family Administration account to the Nevada Health Authority, Office of Analytics for four positions.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32322		
50.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$123,631	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Chronic Disease account to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32320		
51.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$106,894	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Office of Vital Records to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32321		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$119,049	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Communicable Diseases account to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32325		
53.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$102,864	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Immunization Program account to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32327		
54.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$222,580	Exempt
	Contract Description:	This is a new revenue interlocal agreement which provides transfer of funds from the Division of Public and Behavioral Health, Maternal and Child Health Program to the Nevada Health Authority, Office of Analytics for two positions.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32328		
55.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$123,631	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Nevada Central Cancer Registry to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32329		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
56.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$119,049	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32330		
57.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$123,631	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Office of State Epidemiology to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32331		
58.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$156,583	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Crisis Response account to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32335		
59.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$119,049	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, WIC Food Supplement account to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	10/01/2026 - 09/30/2027	Contract # 32344		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
60.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF SOCIAL SERVICES	OTHER: REVENUE	\$274,154	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Division of Social Services, Administration account to the Nevada Health Authority, Office of Analytics for two positions.				
	Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32323			
61.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	NEVADA HEALTH AUTHORITY, HEALTH CARE PURCHASING AND COMPLIANCE	OTHER: REVENUE	\$138,809	Exempt
	Contract Description:	This is a new revenue interlocal agreement which provides transfer of funds from the Nevada Health Authority, Health Care Facilities Regulation account to the Nevada Health Authority, Office of Analytics for one position.				
	Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32332			
62.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	NEVADA HEALTH AUTHORITY, HEALTH CARE PURCHASING AND COMPLIANCE	OTHER: REVENUE	\$141,617	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide transfer of funds from the Nevada Health Authority, Health Care Facilities Regulation account to the Nevada Health Authority, Office of Analytics to pay for one part time position.				
	Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32334			
63.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	CITY OF NORTH LAS VEGAS	FEDERAL	\$62,750,938	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
	Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31773			
64.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	CITY OF SPARKS	FEDERAL	\$2,682,425	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
	Term of Contract:	07/01/2024 - 06/30/2028	Contract # 31684			
65.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	PYRAMID LAKE PAIUTE TRIBE -OBO PYRAMID LAKE FIRE RESCUE/ EMS	FEDERAL	\$1,179,675	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
	Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31785			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
66.	416	NEVADA HEALTH AUTHORITY - PUBLIC EMPLOYEES' BENEFITS PROGRAM	EXPRESS SCRIPTS, INC.	OTHER: STATE SUBSIDY AND PARTICIPANT PREMIUM	\$237,878,788	
	Contract Description:	This is the fourth amendment to the original contract which provides Pharmacy Benefit Manager Services. This amendment extends the termination date from June 30, 2026 to June 30, 2028 and increases the maximum amount from \$387,109,496 to \$624,988,284 due to the continued need for these services.				
		Term of Contract:	07/01/2022 - 06/30/2028	Contract # 25582		
67.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.	GENERAL	\$697,692	
	Contract Description:	This is the third amendment to the original contract which provides ongoing third-party administration services to manage the payment of medical and dental claims to providers not employed by the Department of Corrections. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$2,047,977.29 to \$2,745,669.29 due to the continued need for these services.				
		Term of Contract:	07/13/2021 - 06/30/2027	Contract # 24442		
68.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.	GENERAL	\$263,280	
	Contract Description:	This is the third amendment to the original contract which provides access to discounted health care services through a Preferred Provider Organization network for inmates. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$846,349.86 to \$1,109,629.86 due to the continued need for these services.				
		Term of Contract:	07/13/2021 - 06/30/2027	Contract # 24435		
69.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	WEST COAST X-RAY, INC.	GENERAL	\$500,743	
	Contract Description:	This is a new contract to provide medical equipment and x-ray machine preventative maintenance and electric safety checks.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32280		
70.	440	DEPARTMENT OF CORRECTIONS - TRAINING ACADEMY	AXON ENTERPRISE, INC.	GENERAL	\$584,982	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-16662 which provides conducted energy weapons, taser hardware and software, training, and certification. This amendment provides additional taser warranties and licenses.				
		Term of Contract:	02/10/2026 - 12/31/2030	Contract # 31558		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
71.	440	DEPARTMENT OF CORRECTIONS	EMPIRE SOUTHWEST LLC	GENERAL	\$351,071	
	Contract Description:	This is a new contract to provide generator and preventative maintenance services.				
		Term of Contract:	Upon Approval - 06/30/2030	Contract # 32093		
72.	550	STATE DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	SCHWAN'S SALES CO., INC.	FEDERAL	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing processed end products utilizing United States Department of Agriculture foods for pizza.				
		Term of Contract:	Upon Approval - 06/30/2028	Contract # 32176		
73.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	TRANSCONTINENTAL EDUCATION LTD	FEDERAL	\$210,000	
	Contract Description:	This is a new contract to provide consultative support focused on organizational effectiveness, workforce development, and succession readiness.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 32309		
74.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL	DONOVAN CONTRACTING, INC.	OTHER: TRANSFER 50% FROM EMERGENCY RESPONSE COMMISSION, 50% STATE ENVIRONMENTAL PROTECTION	\$322,200	
	Contract Description:	This is a new contract to provide demolition, debris removal, disposal, and rebuilding burn cells.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 32358		
75.	702	DEPARTMENT OF WILDLIFE - BIODIVERSITY DIVISION	ENVIRONMENTAL PROTECTION SERVICES, LLC	FEDERAL	\$170,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-20572 which provides Bat Gate Construction in abandoned mine sites. This service agreement provides construction of new, and restoration of existing, bat-compatible closures at open abandoned mine sites.				
		Term of Contract:	Upon Approval - 09/18/2026	Contract # 32273		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
76.	705	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	HOLDS WATER LLC	GENERAL	\$182,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides consultation services to evaluate permit processes, provide recommendations on permitting decisions, and review candidate information. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$73,500 to \$255,500 due to the continued need for these services. This amendment is contingent upon IFC approval of work program #C82299.				
	Term of Contract:	01/28/2026 - 06/30/2027	Contract # 31735			
77.	709	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	SGS SILVER STATE ANALYTICAL LABORATORIES, INC.	FEDERAL	\$554,720	
	Contract Description:	This is the third amendment to the original contract which provides continued water analysis of surface water samples to characterize the chemical, physical, and biological conditions of surface waters in support of the statewide surface water quality program. This amendment extends the termination date from June 30, 2026 to June 30, 2028 and increases maximum amount from \$927,000 to \$1,481,720 due to the continued need for these services.				
	Term of Contract:	07/01/2022 - 06/30/2028	Contract # 25891			
78.	710	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - DIVISION OF OUTDOOR RECREATION	DESIGN WORKSHOP, INC.	OTHER: TRANSFER FROM TOURISM	\$178,465	
	Contract Description:	This is a new contract to provide a Tahoe Meadows Winter Safety Management strategic plan.				
	Term of Contract:	Upon Approval - 12/31/2026	Contract # 32196			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
79.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	THE LAW OFFICES OF CHARLES R. ZEH, ESQ., LLC	OTHER: WORKERS' COMPENSATION & SAFETY FUND 50% FEDERAL 50%	\$192,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 32341		
80.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - SAFETY CONSULTATION AND TRAINING	KPS/3	OTHER: WORKERS COMPENSATION ASSESSMENT FUND 83.5% FEDERAL 16.5%	\$295,642	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides ongoing strategic planning, account management, creative development, media buying, public relations, website, and digital services.				
		Term of Contract:	Upon Approval - 06/30/2028	Contract # 32269		
81.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	GARTNER, INC.	HIGHWAY	\$113,621	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides research and advisory services related to information technology. This service agreement provides access to technical professionals for research and advice related to overall information technology needs.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32162		
82.	810	DEPARTMENT OF MOTOR VEHICLES - SYSTEM TECHNOLOGY APPLICATION REDESIGN	MANAGEMENT TECHNOLOGY GROUP, L.L.C.	HIGHWAY	\$2,135,235	
	Contract Description:	This is the second amendment to the original contract which provides quality assurance, senior advisory, program management, and change management services. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$9,377,716 to \$11,512,951 due to the continued need for these services.				
		Term of Contract:	12/08/2020 - 06/30/2027	Contract # 23732		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
83.	810	DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES	INTELLECTUAL TECHNOLOGY, INC.	HIGHWAY	\$2,542,057	
	Contract Description:	This is the third amendment to the original contract which provides design, development, installation, and maintenance of a replacement system for Nevada's automated driver's license system. This amendment extends the termination date from June 29, 2026 to June 29, 2032 and increases the maximum amount from \$1,506,240 to \$4,048,297 due to the continued need for these services.				
		Term of Contract:	06/30/2022 - 06/29/2032	Contract # 25286		
84.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION - VOCATIONAL REHABILITATION	ALLIANCE ENTERPRISES, INC. OF WASHINGTON	GENERAL 21.3% FEDERAL 78.7%	\$3,010,875	Sole Source
	Contract Description:	This is a new contract to provide licensing and professional services for the AWARE case management system.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32240		
85.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	ESTIPONA GROUP	OTHER: CAREER ENHANCEMENT PROGRAM 15% FEDERAL 85%	\$165,000	
	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 development and project management for an interactive game that introduces students to foundational healthcare tasks.				
		Term of Contract:	Upon Approval - 07/30/2027	Contract # 32258		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
86.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	GARTNER, INC.	OTHER: COST ALLOCATION	\$148,325	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides information technology research and advisory services. This service agreement provides access Gartner products for Executive Programs Member Services and IT Leaders Individual Access Advisor.				
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32209		
87.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	RICH WIGHTMAN & CO, CPAS, LLC	GENERAL	\$306,240	
	Contract Description:	This is a new contract to provide certified public accountant bookkeeping services.				
		Term of Contract:	Upon Approval - 06/08/2028	Contract # 32377		
88.	B022	LICENSING BOARDS AND COMMISSIONS - PHARMACY	BAMBOO HEALTH, INC.	FEE: LICENSING 11% FEDERAL 89%	\$305,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides licensing, support, and training for a prescription drug monitoring program. This amendment increases the maximum amount from \$3,060,710 to \$3,365,710 due to the addition of opioid medication activity to the data collected.				
		Term of Contract:	11/19/2024 - 11/18/2028	Contract # 29862		
89.	B023	LICENSING BOARDS AND COMMISSIONS - PHYSICAL THERAPY EXAMINERS	TRI-STRATEGIES LTD	FEE: LICENSURE	\$36,000	
	Contract Description:	This is the second amendment to the original contract which provides legislative services. This amendment extends the termination date from June 30, 2026 to September 30, 2026 and increases the maximum amount from \$88,000 to \$124,000 to allow services to continue while a solicitation is completed.				
		Term of Contract:	04/01/2024 - 09/30/2026	Contract # 29147		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32236**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **1341-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NOBLE SUPPLY & LOGISTICS, LLC**Contractor Name: **NOBLE SUPPLY & LOGISTICS, LLC**Address: **One Marina Park Drive
Suite 220**City/State/Zip: **Boston, MA 02210**Contact/Phone: **Cara Vaughn 41-630-8435**Vendor No.: **T29046601 A**NV Business ID: **NV20212261453**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 %

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 **06/2026**Retroactive? **Yes**

If "Yes", please explain

The agency requests approval of the above-referenced Office of Federal Assistance (OFA) contract with Noble Supply & Logistics, LLC, including authorization for a retroactive start date of March 1, 2026. A retroactive start date is necessary because the contract experienced delays in the signature process, which extended the execution timeline beyond the intended start date.

3. Termination Date: **06/30/2028**Contract term: **2 years and 121 days**4. Type of contract: **Contract**Contract description: **HazMat Training**

5. Purpose of contract:

This is a new contract to provide authorized hazardous materials response system training to first responders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$372,871.00**

Other basis for payment: Hazardous Materials Emergency Preparedness (HMEP) grant

II. JUSTIFICATION

7. What conditions require that this work be done?

The work is required due to the transfer of fiscal responsibility for the Hazardous Materials Emergency Preparedness (HMEP) grant to the Office of Federal Assistance (OFA) from the State Fire Marshal - State Emergency Response Commission. OFA has assumed responsibility for processing payments to NOBLE for services performed under the grant. As such, OFA must be designated as the contracting entity to ensure proper fiscal administration and alignment with current grant oversight responsibilities.

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

NOBLE HazMatIQ has sole proprietary rights and copyright protected this specialized response system training. State Fire Marshal currently has HazMatIQ's equipment. OFA will need to continue to support State Fire Marshal - SERC in the management of this grant. The agency will need this equipment indefinitely or until it reaches its "end of life". We are asking for the appropriate term to align with the shelf life of the equipment.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

Approval #: 260402

Approval Date: 04/07/2026

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:

Since 2024 two other agencies have used this company, 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:

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	05/01/2026 13:36:36 PM
Division Approval	rmill30	05/01/2026 13:41:38 PM
Department Approval	rmill30	05/01/2026 13:41:41 PM
Contract Manager Approval	ssands	05/08/2026 07:23:32 AM
Budget Analyst Approval	tday2	05/12/2026 12:05:06 PM
BOE Agenda Approval	bmacke1	05/15/2026 11:29:52 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Purchasing Use Only:	
Approval#:	2604020

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	ENTER YOUR STATE AGENCY NAME:		Office of Federal Assistance
	Contact Name and Title	Phone Number	Email Address
	A'Kela Sanders	775-684-0156	a.sanders@ofa.nv.gov
	Phoebe McKnight	775-684-0156	p.mcknight@ofa.nv.gov

1b	Vendor Information:	
	Vendor Name:	NOBLE Supply & Logistics, LLC
	Contact Name:	Cara Vaughn
	Complete Address: City, State, and Zip Code	Boston, MA 02210
	Telephone Number:	410-630-8494
	Email Address:	cvaughn@noble.com

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	☒
	Professional Service Exemption:	☐

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	☒	No:
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:	☐	No:
	Contract:	Start Date:	Upon Approval	End Date: 12/31/2029

1f	Funding:	
	State Appropriated:	
	Federal Funds:	DOT HMEP Grant
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:

Approval #:

260402②

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$ 372,871

2	Provide a description of work/services to be performed or services with goods to be purchased:
	To provide Hazardous Materials training to firefighters and law enforcement personnel that streamlines the size-up process and enables responders to maximize their response efficiency and effectiveness at Hazardous Material incidents. The goals of the courses are the provide the student the skill and knowledge necessary to make immediate critical decisions.

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
	NOBLE HazMatIQ developed training using a patented (US 61/088,658 & US 12/349,384) hazard and risk assessment system. NOBLE HazMat IQ has sole proprietary rights to the response system, the "Smart Charts" used and all other information presented during training. HazMatIQ is the only company allowed to award technical certificates upon completion of their training courses.

4	Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:
	NOBLE HazMatIQ has solely proprietary rights and copyright protected this specialized response system training. State Fire Marshall currently has HazMatIQ's equipment. OFA will need to continue to support State Fire Marshall - SERC in the management of this grant. The agency will need this equipment indefinitely or until it reaches its "end of life". We are asking for the appropriate term to align with the shelf life of the equipment.

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			XX
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
	b. <i>If not, why were alternatives not evaluated?</i>	NOBLE HazMatIQ had sole proprietary rights and copyright protected this specialized response system training.	

Purchasing Use Only:

Approval #:

260402 (2)

6	Has the agency purchased these services/services with goods in the past? Check One:					Yes	No
	NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u>						X
	a. If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information must be provided along with the <u>CETS contract number(s)</u> associated with each:						
	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #	
	Start Date	End Date					
			\$				
			\$				
			\$				
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	The NOBLE HazMat/Q training has been identified by Nevada's Hazardous Materials Response Teams and the State Emergency Response Commission as a valuable component of the statewide training program; however, it was not included in the original grant scope and similar services are available from other providers, though NOBLE was already delivering training under an existing DPS contract. When OFA assumed administration of the HMEP grant, it was offered a previously approved contract from the State Fire Marshal's Office that was initially believed to be allowable but was later determined to not meet procurement requirements. If the waiver is denied and the services must be competitively bid, it will delay training delivery and limit the State's ability to respond to Local Emergency Response Team needs, which could impact the ability of the State Fire Marshal Division, State Emergency Response Commission, and OFA to fully expend funds and meet federal expectations before the September 30, 2026 grant deadline.

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?
	Due to the State Fire Marshal's Office already possessing this equipment and continuing to utilize it through the end of its useful life (shelf life), continuing use of the existing equipment represents the most fiscally responsible approach. This avoids unnecessary duplication of cost and supports the determination that the overall price remains fair and reasonable while ensuring responsible stewardship of public funds.

9	Will this purchase obligate the State to this vendor for future purchases? Check One:					Yes	No
	NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.						
	a. If yes, please provide details regarding future obligations or needs.						
This purchase does not obligate the State to this vendor for future purchases. The use of this equipment is limited to its remaining useful life, and any continuation would be based solely on operational need and compliance with applicable procurement requirements. Should the equipment remain serviceable, OFA may consider requesting an extension to the existing contract; however, any future purchases or services will be evaluated independently and conducted in accordance with State and federal procurement standards.							

Purchasing Use Only:

Approval #:

260452

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.

Phoebe McKnight

Signature of Agency Representative Initiating Request

Phoebe McKnight, Deputy Director, OFA

3/17/2026

Print Name of Agency Representative Initiating Request

Date

A'Keia Sanders

Signature of Agency Head Authorizing Request

A'Keia Sanders, Director, OFA

3/17/2026

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.

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.

This signature does not exempt your agency from any other processes that may be required.

Approved by:

AN [Signature]

Administrator, Purchasing Division or Designee

4.7.2026

Date

April 30, 2026

TO: Tiffany Greenameyer, Director
Governor's Finance Office

FROM: A'Keia Sanders, Director
Office of Federal Assistance

SUBJECT: Request for Approval for Retroactive March 1st, 2026, Start Date for Noble Supply & Logistics, LLC. for HazMat Training

This memorandum requests approval of the above referenced Office of Federal Assistance (OFA) contract with Noble Supply & Logistics, LLC for a retroactive start date of March 1, 2026. This contract requires a retroactive start date to ensure the State is able to fulfill its obligation to provide Hazardous Materials (HazMat) training for first responders in accordance with the U.S. Department of Transportation Hazardous Materials Emergency Preparedness (HMEP) Grant.

Additionally, the Nevada Department of Public Safety State Fire Marshal Division had initially anticipated reassigning its existing contract for these services; however, that was ultimately determined not to be permissible. As a result, OFA was required to establish a new contract to ensure continuity of HMEP grant deliverables after assuming fiscal agent responsibilities for the grant on behalf of the State Emergency Response Commission. This action was necessary to avoid delays in training delivery and to maintain compliance with federal grant requirements and timelines.

Respectfully,



A'Keia Sanders

Director

Email: a.sanders@ofa.nv.gov

O : 775-684-0156 | C : 775-684-9249

View grant resources:
<https://ofa.nv.gov/>

[Fulfill federal SPOC requirements and
submit your grant activity to OFA today](#)

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31224**Amendment Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity Name: **Andersen Beede Weisenmiller LLC**Agency Code: **030**Contractor Name: **Andersen Beede Weisenmiller LLC**Appropriation Unit: **1030-04**Address: **3199 E Warm Springs Road,
Suite 400**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89120**

If "No" please explain: Not Applicable

Contact/Phone: **Mark M. Weisenmiller 702-522-1992**Vendor No.: **T29047325**NV Business ID: **NV20222618736**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 % Statutory Contingency

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2025**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **3 years and 87 days**4. Type of contract: **Contract**Contract description: **Special Counsel**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing outside counsel services. This amendment extends the termination date from June 30, 2027 to December 31, 2028 and increases the maximum amount from \$175,000 to \$970,918 due to an increase of rates, attorney's responsibilities, and the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$175,000.00	\$175,000.00	\$175,000.00	Yes - Action
2. Amount of current amendment (#1):	\$795,918.00	\$795,918.00	\$795,918.00	Yes - Action
3. New maximum contract amount:	\$970,918.00			
and/or the termination date of the original contract has changed to:	12/31/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide outside legal counsel expertise.

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

The Attorney General and the deputies of the Attorney General lack requisite qualifications or experience to provide legal services to Clients in this matter.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Office of Attorney General contracts. Services provided have been satisfactory.
C27659 07/07/2023 - 12/31/2023
C29336 05/21/2024 - 12/31/2025

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

No If "Yes", please provide details of the litigation 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	jhoba2	05/04/2026 13:44:14 PM
Division Approval	jhoba2	05/04/2026 13:44:19 PM
Department Approval	jhoba2	05/04/2026 13:44:24 PM
Contract Manager Approval	cthorso1	05/04/2026 15:06:24 PM

Budget Analyst Approval
BOE Agenda Approval

vmilazz1
vmilazz1

05/15/2026 17:44:36 PM
05/15/2026 17:44:39 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32352**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1038-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARRETT GROUP REGULATORY CONSULTING LLC**Contractor Name: **GARRETT GROUP REGULATORY CONSULTING LLC**Address: **DBA GARRET GROUP REG CNSLT LLC****4028 OAKDALE FARM CIR**City/State/Zip: **EDMOND, OK 73013-7495**Contact/Phone: **HEATHER GARRETT 405/239-2226**Vendor No.: **T27042775**NV Business ID: **NV20181314419**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 % Regulatory Assessments

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/10/2028**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide ongoing expert witness services.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$195.00 per hour maximum

Other basis for payment: Presentation of invoices to agency and agency approval of monthly invoices that itemize work performed by time and date of services rendered.

II. JUSTIFICATION

7. What conditions require that this work be done?

Statutory requirement to represent consumers' interests in matters before the Public Utilities Commission and any legislature, board or commission with jurisdiction over Nevada regulated public utilities.

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

Specialized expertise is required by our division to adequately protect the public interest.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

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

Garrett Group Consulting was chosen in preference to others for their specialized expertise, availability, and reasonable rate.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Michael Saunders, Senior Deputy Attorney General Ph: (702) 486-3793

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knowicki	04/29/2026 09:08:19 AM
Division Approval	rjon21	04/29/2026 11:13:00 AM
Department Approval	rjon21	04/29/2026 11:13:02 AM
Contract Manager Approval	knowicki	04/29/2026 11:18:11 AM
Budget Analyst Approval	vmilazz1	05/15/2026 17:34:07 PM
BOE Agenda Approval	vmilazz1	05/15/2026 17:34:09 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25343**Amendment
Number: **3**Agency Name: **CONTROLLER'S OFFICE**Agency Code: **060**Appropriation Unit: **1130-26**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **GCR, INC. DBA TADERA**Contractor Name: **GCR, INC. DBA TADERA**
Address: **1001 HIGHWAY 190 EAST SVC RD
SUITE 201**City/State/Zip: **COVINGTON, LA 70433**Contact/Phone: **Klaas Fokkema 580-220-0063**Vendor No.: **T29047793**NV Business ID: **NV20181832110**To what State Fiscal Year(s) will the contract be charged? **2022-2029**

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

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **03/08/2022**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2026**Contract term: **7 years and 115 days**4. Type of contract: **Contract**Contract description: **GASB-87 Lease**

5. Purpose of contract:

This is the third amendment to the original contract which provides a cloud-based lease accounting software application. This amendment extends the termination date from June 30, 2026 to June 30, 2029 and increases the maximum amount from \$416,384 to \$640,041 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:	\$255,197.00	\$255,197.00	\$255,197.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$161,187.00	\$161,187.00	\$161,187.00	Yes - Action
2. Amount of current amendment (#3):	\$223,657.00	\$223,657.00	\$223,657.00	Yes - Action
3. New maximum contract amount:	\$640,041.00			
and/or the termination date of the original contract has changed to:	06/30/2029			

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jsmack	04/27/2026 14:09:59 PM
Division Approval	jsmack	04/27/2026 14:10:02 PM
Department Approval	jsmack	04/27/2026 14:10:07 PM
Contract Manager Approval	hcernigl	04/27/2026 14:10:37 PM
EITS Approval	ljea	04/28/2026 08:45:02 AM
Budget Analyst Approval	nrezaie	04/30/2026 08:51:18 AM
BOE Agenda Approval	nrezaie	05/07/2026 08:57:06 AM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

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

Purchasing Use Only:	
Approval #:	724 (C)

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<u>ENTER YOUR STATE AGENCY NAME:</u> State of Nevada, Controller's Office		
	Contact Name and Title	Phone Number	Email Address
	Heather Cerniglia Management Analyst II	775-684-5679	hcerniglia@sco.nv.gov
	James Smack Chief Deputy Controller	775-684-5658	jsmack@sco.nv.gov

2	Contractor Information:	
	Contractor Name:	GCR, Inc. DBA Tadera
	Contact Name:	Manny Bonilla
	Complete Address: City, State and Zip Code	1001 Highway 190 East Service Road, Suite 201 Covington, LA 70433
	Phone Number:	321-273-5251
	Email Address:	emmanuel.bonilla@tadera.com

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:	RFP	#:	06CO-S1784
	Enter CETS Number:	#25343		
	Contract Amount:	\$255,197.00		
	Contract Term:	Start Date:	03/08/2022	End Date:

Resubmission
Rec'd 04/08/26

Purchasing Use Only:	
Approval #:	7240

4	Current Contract Information:				
	Solicitation Type, if applicable:		RFP	#:	06CO-S1784
	Enter CETS Number:		#25343		
	Initial Contract Amount:		\$416,384.00		
	Contract Term:		Start Date:	03/08/2022	End Date:

Amendment Information – List <u>all previously</u> approved amendments:			
<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
5	1	This amendment changed the contract assignment from GCR, Inc. DBA Civix to GCR, Inc. DBA Tadera.	N/A
	2	This amendment will extend the contract and add authority to provide lease application software compliant with financial reporting requirements for state leases while the CGI module is developed.	\$161,187

<u>Proposed</u> Amendment Information:			
<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
6	3	This amendment will extend the contract and add authority to provide lease application software compliant with financial reporting requirements for state leases while the CGI module is developed.	\$223,657.00

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	The State is required to prepare the Annual Comprehensive Financial Report (ACFR) in compliance with Governmental Accounting Standards Board (GASB). Recently GASB established standards for lease reporting. GCR currently provides applications that assist with calculating over 2,000 leases for the State based on a multitude of factors in compliance with GASB standards. Due to complexity of calculations and risk for error the GASB reporting cannot reasonably be done manually and requires application. The CGI module which should replace the need for GCR will not be available for use before the current contract terms in June. This is anticipated to be the last amendment to this contract.

#724 @

8	What are the potential consequences to the State if the contract extension request is denied?
	Not extending our current contract with GCR will cause The State to be out of compliance with the Governmental Accounting Standards Board (GASB) standards.

Purchasing Use Only:	
Approval #:	724 (2)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 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.*

Heather Cerniglia

Signature of Agency Representative Initiating Request

Heather Cerniglia

Print Name of Agency Representative Initiating Request

Apr 7, 2026

Date

[Signature]

James Smack (Apr 7, 2026 15:02:33 PDT)

Signature of Agency Head Authorizing Request

James Smack

Print Name of Agency Head Authorizing Request

Apr 7, 2026

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.



This approval does not exempt an agency from any other contracting process.

Signed:

[Signature]

Administrator, Purchasing Division or Designee

4.13.2026

Date

Joe Lombardo
Governor



#7240
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

M E M O R A N D U M

TO: Andy Matthews, State Controller, SCO
James Smack, Chief Deputy Controller, SCO
Nielsine Sherk, Deputy Controller, SCO
Kevin Law, TI Manager, SCO
Amadou Ba, IT Supervisor, SCO
Christina Martino, Management Analyst II, SCO
Heather Cerniglia, Management Analyst II, SCO

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 – SCO – *GCR TADERA - GASB 87* – TIE 54,
Revision 2 – BA(s) 1130

DATE: April 7, 2026

We have completed our review of the State Controller's Office (SCO) investment which has an estimated total value of \$640,041.00, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
⊗ Ongoing Cost	\$ 27,520.00	\$ 86,689.00	\$ 92,757.00	\$ 99,250.00	\$ 306,216.00
Software - License/Maintenance		\$ 86,689.00	\$ 92,757.00	\$ 99,250.00	\$ 278,696.00
Software - License/Maintenance Cont	\$ 27,520.00				\$ 27,520.00
Grand Total	\$ 27,520.00	\$ 86,689.00	\$ 92,757.00	\$ 99,250.00	\$ 306,216.00

Funding source(s): 100% Geral Fund.

This investment is a cost update to maintain a cloud-based lease accounting application that supports the State's Annual Comprehensive Financial Report (ACFR) and related financial reporting obligations. The application does not interface with other systems, but it serves an important standalone function by maintaining a centralized database of State lease information and performing the specialized calculations required for lease accounting and disclosure.

The business need for this investment is substantial. The State is required to prepare the ACFR in accordance with Governmental Accounting Standards Board (GASB) requirements, and that report is critical not only for public transparency, but also for the Single Audit process, continued access to federal funding, credit ratings, and bond issuance. GASB Statement No. 87 significantly expanded the State's lease accounting responsibilities by requiring recognition of lease liabilities, right-to-use assets, lease receivables, deferred inflows, amortization schedules, and future lease payment disclosures. Given that the State may have well over 2,000 leases subject to review and calculation, manual processing would create a high risk of error, consume significant staff time, and increase audit complexity and cost.

The application supports a mandatory statewide financial reporting function and helps ensure the Controller's Office can produce accurate, auditable lease calculations and disclosures. It also provides broader administrative value by creating a centralized repository of lease data and improving visibility into agency lease obligations across the State. Because the solution is narrowly focused, does not integrate with other applications, and is already positioned as an established cloud service, GTO approves the investment as continuation of an existing business-critical capability.

The combined GTO investment and implementation risk, and technology risk scores indicate a low 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 CONTRACT1. Contract Number: **32476**Agency Name: **CONTROLLER'S OFFICE**Agency Code: **060**Appropriation Unit: **1130-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Plante & Moran, LLC**Contractor Name: **Plante & Moran, LLC**Address: **3000 Town Center, Suite 100**City/State/Zip: **Southfield, MI 48075**Contact/Phone: **Mark Richards 512-689-7737**Vendor No.: **T29045586**NV Business ID: **NV20121431685**To what State Fiscal Year(s) will the contract be charged? **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 #: **060**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2026**Contract term: **183 days**4. Type of contract: **Contract**Contract description: **Plante Moran, LLC**

5. Purpose of contract:

This is a new contract to provide support in preparing the Annual Comprehensive Financial Report.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$845,745.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Plante & Moran will provide support in the Annual Comprehensive Financial Report (ACFR) preparation. This contract is needed due to limitations within the States new financial system and the resulting impact on the preparation of the FY 2025 ACFR. For the FY 2025 reporting cycle, financial data will be split between two separate platforms: Advantage 2 and Advantage 4. Additional support is necessary to bridge this gap.

The contracted services will provide the tools and technical expertise needed to integrate, reconcile, and compile financial data from both systems into a single, accurate, and compliant ACFR. Without this contract, the State would not have the viable method to consolidate the required financial information, which would jeopardize ability to accurately report for FY2025.

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

There is no single state resource at this point who understand both the CORE.NV/Advantage 4 and the Legacy/Advantage 2 systems. This team from Plante Moran will provide the necessary bridge of communication and technical expertise to consolidate the reporting and get accurate information required for completing the FY 2025 ACFR, and set up the state for future ACFR preparation reporting.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

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

Plante Moran brings a unique perspective to assist in building the necessary ACFR reports as they were the selected IVV vendor for the state for CORE.NV, giving them inside knowledge on how the system was designed, along with extensive Snowflake and Oracle experience required to read the data and set up the reporting.

d. Last bid date:

Anticipated re-bid date:

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

No

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

No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	05/28/2026 10:51:48 AM
Division Approval	jsmack	05/28/2026 10:51:51 AM
Department Approval	jsmack	05/28/2026 10:51:54 AM
Contract Manager Approval	hcernigl	05/28/2026 10:52:57 AM
Budget Analyst Approval	nrezaie	05/28/2026 12:44:37 PM
BOE Agenda Approval	dlenzner	05/28/2026 17:47:50 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31012**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **Diversified Thermal Services, LLC**Agency Code: **082**Contractor Name: **Diversified Thermal Services, LLC**Appropriation Unit: **1349-12**Is budget authority
available?: **Yes**City/State/Zip **Las Vegas, NV 89032**

If "No" please explain: Not Applicable

Contact/Phone: **Shane Reed, Account Manager 702-595-9733**Vendor No.: **T29045838**NV Business ID: **NV20232689856**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 % Buildings and Grounds Rental Income

Agency Reference #: **08DOA-S3284 JS**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **09/09/2025**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **09/30/2029**Contract term: **4 years and 22 days**4. Type of contract: **Contract**Contract description: **HVAC Preventive Main**

5. Purpose of contract:

This is the first amendment to the original contract which provides heating, ventilation, and air conditioning preventative maintenance and inspection services at the McCarran Center located in Las Vegas. This amendment increases the maximum amount from \$423,880.00 to \$539,807.25 due the addition of the Walker, Mead, Tahoe, Ormsby MC41, Ormsby MC42, and Pyramid MC43 buildings.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$423,880.00	\$423,880.00	\$423,880.00	Yes - Action
2. Amount of current amendment (#1):	\$115,927.25	\$115,927.25	\$115,927.25	Yes - Action
3. New maximum contract amount:	\$539,807.25			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is an HVAC preventive maintenance and inspection services contract for the McCarran Center.

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

Buildings and Grounds does not have the manpower to facilitate this service

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S3284, 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: 07/11/2025 Anticipated re-bid date: 03/01/2029

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:

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	04/20/2026 13:49:55 PM
Division Approval	rmill30	04/22/2026 10:28:13 AM
Department Approval	rmill30	04/22/2026 10:28:15 AM
Contract Manager Approval	ssands	04/27/2026 08:28:48 AM
Budget Analyst Approval	bmacke1	05/13/2026 14:27:42 PM
BOE Agenda Approval	bmacke1	05/13/2026 14:27:45 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32065**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	ECLIPSE WASTE MANAGEMENT LLC
Agency Code:	082	Contractor Name:	ECLIPSE WASTE MANAGEMENT LLC
Appropriation Unit:	1349-12	Address:	6401 W Ann Rd 89130
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89130
If "No" please explain:	Not Applicable		
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 % Buildings and Grounds Rental Income

2. Contract start date:

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

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/09/2030**Contract term: **4 years and 9 days**4. Type of contract: **Contract**Contract description: **Parking Lot Sweeping**

5. Purpose of contract:

This is a new contract to provide ongoing parking lot sweeping services at the Campos building, Decatur Department of Motor Vehicles (DMV), Flamingo DMV, and the McCarran Center to include Nevada building parking garage.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$503,940.33****II. JUSTIFICATION**

7. What conditions require that this work be done?

This contract will provide twice monthly parking lot sweeping services at the Campos, Decatur DMV, Flamingo DMV, and McCarran Center to include Nevada building parking garage.

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 equipment to cover the parking lot sweeping of Campos, Decatur DMV, Flamingo DMV and McCarran Center and Nevada building parking garage.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

No

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	04/15/2026 16:12:22 PM
Division Approval	rmill30	04/17/2026 15:00:50 PM
Department Approval	rmill30	04/17/2026 15:00:52 PM
Contract Manager Approval	ssands	04/17/2026 15:18:41 PM
Budget Analyst Approval	bmacke1	05/13/2026 14:14:03 PM
BOE Agenda Approval	bmacke1	05/13/2026 14:14:07 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: **26421** Amendment Number: **1**

Legal Entity Name: **ENTERPRISE JANITORIAL, INC.**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **ENTERPRISE JANITORIAL, INC.**

Agency Code: **082** Address: **PO BOX 19913**

Appropriation Unit: **1349-12** City/State/Zip: **RENO, NV 89511-2559**

Is budget authority available?: **Yes** Contact/Phone: **775-691-2939**

If "No" please explain: **Not Applicable** Vendor No.: **T32003728A**

NV Business ID: **NV20141642364**

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 %	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-S2004 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**

Anticipated BOE meeting date **06/2026**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2026**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Janitorial contract**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing janitorial services for the Bryan Building located in Carson City. This amendment extends the termination date from July 31, 2026 to July 31, 2027 and increases the maximum amount from \$953,887.20 to \$1,191,671.50 to allow services to continue while a solicitation is completed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$953,887.20	\$953,887.20	\$953,887.20	Yes - Action
2. Amount of current amendment (#1):	\$237,784.30	\$237,784.30	\$237,784.30	Yes - Action
3. New maximum contract amount:	\$1,191,671.50			
and/or the termination date of the original contract has changed to:	07/31/2027			

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 do not have the manpower needed to maintain the integrity of additional properties.

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

Best price for the building

d. Last bid date: 05/09/2022 Anticipated re-bid date: 04/09/2026

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

No

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

No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

vendor since 2001 with various agencies using, 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

tbeaureg

03/09/2026 08:13:29 AM

Division Approval

rmill30

03/12/2026 13:57:39 PM

Department Approval	rmill30	03/12/2026 13:57:43 PM
Contract Manager Approval	ssands	04/30/2026 09:46:22 AM
Budget Analyst Approval	bmacke1	05/04/2026 08:48:33 AM
BOE Agenda Approval	bmacke1	05/04/2026 08:48:38 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 #:	7020

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<u>ENTER YOUR STATE AGENCY NAME:</u> SPWD Buildings and Grounds		
	Contact Name and Title	Phone Number	Email Address
	Cheryl Warren, Custodial Manager	775-684-1809	cwarren@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:	Enterprise Janitorial Inc
	Contact Name:	Ana Arroyo
	Complete Address: City, State and Zip Code	PO Box 19913, Reno, NV 89511
	Phone Number:	775-691-2939
	Email Address:	ana@enterprisejanitorial.com

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		RFP	#:	08DOA-S2004
	Enter CETS Number:	#26421			
	Contract Amount:	\$953,887.20			
	Contract Term:	Start Date:	8/1/2022	End Date:	7/31/2026

Rec'd 02/26/26

Purchasing Use Only:	
Approval #:	702 (C)

4	Current Contract Information:			
	Solicitation Type, if applicable:	<i>Extension adding time and funds</i>		#:
	Enter CETS Number:	#26421		
	Initial Contract Amount:	\$953,887.20		
	Contract Term:	Start Date:	8/1/2022	End Date:

5	Amendment Information – List <u>all previously</u> approved amendments:			
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>

6	<u>Proposed</u> Amendment Information:			
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	Extend expiration date and increase contract authority	\$237,784.30	7/31/2027

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	The justification to extend CETS 26421, Enterprise Janitorial, is to continue janitorial services for twelve months, 7/31/2026 to 7/31/2027 for the Bryan Building, adding funds of \$237,784.30 while the new RFP solicitation is being completed. This would ensure no lapse in services. This will give Buildings and Grounds the opportunity to consolidate numerous janitorial contracts into one. The total amended contract would be \$1,191,671.50

8	What are the potential consequences to the State if the contract extension request is denied?
	If this request is denied, there would be no janitorial services for the Bryan building. Buildings and Grounds does not have the manpower to facilitate this service

Purchasing Use Only:	
Approval #:	CA 102

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 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.*

Cheryl Warren
Cheryl Warren (Feb 25, 2026 07:04:26 PST)

 Signature of Agency Representative Initiating Request

Cheryl Warren 2/25/2026

 Print Name of Agency Representative Initiating Request Date

Kent Choma
Kent Choma (Feb 25, 2026 07:08:55 PST)

 Signature of Agency Head Authorizing Request

Kent Choma 02/25/2026

 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.	☐

This approval does not exempt an agency from any other contracting process.

Signed:

William J. H. 3.3.2026

 Administrator, Purchasing Division or Designee Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26459** Amendment Number: **1**

Legal Entity Name: **ENTERPRISE JANITORIAL, INC.**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **ENTERPRISE JANITORIAL, INC.**

Agency Code: **082** Address: **PO BOX 19913**

Appropriation Unit: **1349-12** City/State/Zip: **RENO, NV 89511-2559**

Is budget authority available?: **Yes** Contact/Phone: **775-691-2939**

If "No" please explain: **Not Applicable** Vendor No.: **T32003728A**

NV Business ID: **NV20141642364**

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2026**

Contract term: **5 years**

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 Wildlife building located in Reno. This amendment extends the termination date from July 31, 2026 to July 31, 2027 and increases the maximum amount from \$99,996.16 to \$126,712.20 to allow services to continue while a solicitation is completed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$99,996.16	\$99,996.16	\$99,996.16	Yes - Info
2. Amount of current amendment (#1):	\$26,716.04	\$26,716.04	\$126,712.20	Yes - Action
3. New maximum contract amount:	\$126,712.20			
and/or the termination date of the original contract has changed to:	07/31/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is to provide ongoing janitorial services to the Wildlife building on Valley Road in Reno.

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 the needs of another property to ensure a clean, healthy, sanitized environment for the occupants.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

The best quote for building.

d. Last bid date: 05/26/2022 Anticipated re-bid date: 05/26/2026

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Buildings and Grounds since 2015, service is satisfactory.

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

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

Not Applicable

15. The contractor is 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	03/19/2026 11:51:19 AM
Division Approval	rmill30	03/23/2026 13:23:50 PM
Department Approval	rmill30	03/23/2026 13:23:53 PM
Contract Manager Approval	ssands	05/06/2026 13:02:05 PM
Budget Analyst Approval	bmacke1	05/14/2026 16:09:42 PM



**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 #:	699②

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<u>ENTER YOUR STATE AGENCY NAME:</u>		<i>SPWD Buildings and Grounds</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Cheryl Warren, Custodial Manager</i>	<i>775-684-1809</i>	<i><u>cwarren@admin.nv.gov</u></i>
	<i>Sue Sands, Program Officer II</i>	<i>775-531-3173</i>	<i><u>sasands@admin.nv.gov</u></i>
	<i>Stephanie Kerry, MAIV</i>	<i>775-684-4135</i>	<i><u>skerry@admin.nv.gov</u></i>

2	Contractor Information:	
	Contractor Name:	<i>Enterprise Janitorial Inc</i>
	Contact Name:	<i>Ana Arroyo</i>
	Complete Address: City, State and Zip Code	<i>PO Box 19913, Reno, NV 89511</i>
	Phone Number:	<i>775-691-2939</i>
	Email Address:	<i>ana@enterprisejanitorial.com</i>

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:		<i>Agency Bid</i>	#:
	Enter CETS Number:	<i>#26459</i>		
	Contract Amount:	<i>\$99,996.16</i>		
	Contract Term:	Start Date:	<i>8/1/2022</i>	End Date:

Rec'd 02/23/26

Purchasing Use Only:

Approval #:

6990

4	Current Contract Information:				
	Solicitation Type, if applicable:		<i>Extension adding time and funds</i>		#:
	Enter CETS Number:	#26459			
	Initial Contract Amount:	\$99,996.16			
	Contract Term:	Start Date:	8/1/2022	End Date:	7/31/2026

5	Amendment Information – List <u>all previously</u> approved amendments:			
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>

6	<u>Proposed</u> Amendment Information:			
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	<i>Extend expiration date and increase contract authority</i>	\$26,716.04	7/31/2027

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	The justification to extend CETS 26459, Enterprise Janitorial, is to continue janitorial services for twelve months, 7/31/2026 to 7/31/2027 for the Wildlife Building, adding funds of \$26,716.04 while the new RFP solicitation is being completed. This would ensure no lapse in services. This will give Buildings and Grounds the opportunity to consolidate numerous janitorial contracts into one. The total amended contract would be \$126,712.20

8	What are the potential consequences to the State if the contract extension request is denied?
	If this request is denied, there would be no janitorial services for the Wildlife building. Buildings and Grounds does not have the manpower to facilitate this service

Purchasing Use Only:	
Approval #:	699②

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 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.*

Cheryl Warren

Cheryl Warren (Feb 23, 2026 11:49:13 PST)

Signature of Agency Representative Initiating Request

Cheryl Warren

2/23/2026

Print Name of Agency Representative Initiating Request

Date

Kent Choma

Kent Choma (Feb 23, 2026 12:09:54 PST)

Signature of Agency Head Authorizing Request

Kent Choma

02/23/2026

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.

This approval does not exempt an agency from any other contracting process.

Signed:

Will J. IV

Administrator, Purchasing Division or Designee

2.24.2026

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32380**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1535-56**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **UES PROFESSIONAL SOLUTIONS 30, LLC**Contractor Name: **UES PROFESSIONAL SOLUTIONS 30, LLC**Address: **4480 W. HACIENDA AVE. STE. 104**City/State/Zip: **LAS VEGAS, NV 89118-4908**Contact/Phone: **702-873-3478**Vendor No.: **T32004745**NV Business ID: **NV20121001299**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 #: 118784

2. Contract start date:

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

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 30 days**4. Type of contract: **Contract**Contract description: **Mat Test**

5. Purpose of contract:

This is a new contract to provide professional materials testing and inspection services for the Southern Nevada Forensic Facility CIP Project to include observations with laboratory testing, construction, grading and observation of earthwork required for pads, backfill report(s), pavement design verification, field density testing, reinforced-concrete inspections, and structural material services for the construction of a 298 bed, four story psychiatric facility on the Division of Public and Behavioral Health campus located in Las Vegas: CIP Project No. 25-C01; SPWD Contract No. 118784.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,033,680.00**

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and 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:

Heather Holstrom, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	05/07/2026 15:09:09 PM
Division Approval	nmann	05/07/2026 15:09:11 PM
Department Approval	nmann	05/07/2026 15:09:13 PM
Contract Manager Approval	lwildes	05/07/2026 15:10:23 PM
Budget Analyst Approval	tday2	05/15/2026 12:50:25 PM
BOE Agenda Approval	bmacke1	05/15/2026 12:55:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28644** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **AZTECH INSPECTIONS & TESTING, LLC**

Agency Code: **082** Contractor Name: **AZTECH INSPECTIONS & TESTING, LLC**

Appropriation Unit: **1593-24** Address: **4700 COPPER SAGE ST.**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89115-0906**

If "No" please explain: Not Applicable Contact/Phone: **702-247-7645**

Vendor No.: **T27036634**

NV Business ID: **NV20091455548**

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 #: **116152**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2024**

Anticipated BOE meeting date **06/2026**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 137 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional materials testing and inspection services for the Department of Motor Vehicles (DMV) - Silverado Ranch Facility CIP Project: CIP Project No. 23-C02; SPWD Contract No. 116152. This amendment increases the maximum amount from \$634,980 to \$809,723 due to additional services required to provide inspections and testing for the extended project duration.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$634,980.00	\$634,980.00	\$634,980.00	Yes - Action
2. Amount of current amendment (#1):	\$174,743.00	\$174,743.00	\$174,743.00	Yes - Action
3. New maximum contract amount:	\$809,723.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP projects

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mreissma	04/16/2026 15:53:48 PM
Division Approval	mreissma	04/16/2026 16:08:07 PM
Department Approval	mreissma	04/16/2026 16:08:09 PM
Contract Manager Approval	lwildes	04/17/2026 08:15:17 AM
Budget Analyst Approval	bmacke1	04/24/2026 08:12:44 AM
BOE Agenda Approval	bmacke1	04/24/2026 08:12:53 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **28577**Amendment
Number: **5**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **TATE SNYDER KIMSEY ARCHITECTS,
LTD.**Agency Code: **082**Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS,
LTD.**Appropriation Unit: **1593-24**Address: **314 S. WATER ST.**Is budget authority
available?: **Yes**City/State/Zip **HENDERSON, NV 89015-7311**

If "No" please explain: Not Applicable

Contact/Phone: **702-456-3000**Vendor No.: **T80883470**NV Business ID: **NV20212004081**To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

Agency Reference #: **115808**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **01/09/2024**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2027**Contract term: **3 years and 172 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides professional architectural/engineering services for the Department of Motor Vehicles - Silverado Ranch Facility CIP Project: CIP Project No. 23-C02; SPWD Contract No. 115808. This amendment increases the maximum amount from \$1,211,777.16 to \$1,457,291.16 due to additional construction administration, civil engineering support, and technical support services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,087,394.00	\$1,087,394.00	\$1,087,394.00	Yes - Action
a. Amendment 1:	\$33,598.00	\$33,598.00	\$33,598.00	Yes - Info
b. Amendment 2:	\$28,080.00	\$28,080.00	\$61,678.00	Yes - Info
c. Amendment 3:	\$44,915.00	\$44,915.00	\$106,593.00	Yes - Action
d. Amendment 4:	\$17,790.16	\$17,790.16	\$17,790.16	Yes - Info
2. Amount of current amendment (#5):	\$245,514.00	\$245,514.00	\$263,304.16	Yes - Action
3. New maximum contract amount:	\$1,457,291.16			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

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

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

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

No

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

No

III. OTHER INFORMATION

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

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No

If "Yes", please explain

Not Applicable

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

Yes

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

Yes. SPWD, and currently with satisfactory results.

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

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

mreissma

04/28/2026 12:42:58 PM

Division Approval

mreissma

04/30/2026 07:44:41 AM

Department Approval	mreissma	04/30/2026 07:44:44 AM
Contract Manager Approval	lwildes	05/12/2026 12:08:07 PM
Budget Analyst Approval	tday2	05/15/2026 08:10:24 AM
BOE Agenda Approval	bmacke1	05/15/2026 08:36:39 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32346**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WEST YOST & ASSOCIATES, INC.**Contractor Name: **WEST YOST & ASSOCIATES, INC.**Address: **2020 RESEARCH PARK DR. STE 100**City/State/Zip: **DAVIS, CA 95618**Contact/Phone: **530-792-3279**Vendor No.: **T29052405**NV Business ID: **NV20191597919**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 #: **118718**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **Civil Pln Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: CIP Contract No. 118718.

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?

Civil 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:

Professional Third-Party Commissioning 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. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and 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:

Mikayla Miller, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mreissma	04/30/2026 07:57:29 AM
Division Approval	mreissma	04/30/2026 07:57:49 AM
Department Approval	mreissma	04/30/2026 07:57:51 AM
Contract Manager Approval	lwildes	04/30/2026 08:08:37 AM
Budget Analyst Approval	bmacke1	05/13/2026 14:51:39 PM
BOE Agenda Approval	bmacke1	05/13/2026 14:51:42 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32359**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CANUCKIWI LTD.**Contractor Name: **CANUCKIWI LTD.**Address: **1/5 Hastings Road**City/State/Zip: **Auckland, NZ 0630**Contact/Phone: **Corey Marshall 64 21 555 46**Vendor No.: **F00000336**NV Business ID: **NV20151564947**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 % Lodging Tax

Agency Reference #: **10TCA-S3686 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Australia Rep Office**

5. Purpose of contract:

This is a new contract to provide ongoing international representation in Australia and New Zealand to promote tourism in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

Other basis for payment: Invoices will be submitted by the contracted vendor and will be paid within 30 days.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 231.8151 outlines that the Division of Tourism: Develop a comprehensive program of marketing and advertising, for both domestic and international markets, which publicizes travel and tourism in Nevada in order to attract more visitors to this State or lengthen their stay. The selected agency will operate as an extension of the Travel Nevada team and will: 1) Represent Nevada at the in-market travel trade and media marketplace, 2) Provide real-time market intelligence and insights, 3) Advocate for Nevada's tourism products and experiences, and 4) Execute integrated sales and PR programs aligned with Travel Nevada's brand.

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

State employees do not have the resources or expertise to complete 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):

Linkd Tourism
GTI Tourism
GTI Tourism

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 10TCA-S3686, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/25/2026 Anticipated re-bid date: 01/01/2028

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Nevada Division of Tourism for the past 10 years, they are the current contracted vendor and have been verified as satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Irosas	04/30/2026 08:56:51 AM
Division Approval	Irosas	04/30/2026 08:56:56 AM
Department Approval	sterr2	05/04/2026 08:04:17 AM
Contract Manager Approval	sterr2	05/04/2026 08:04:20 AM
Budget Analyst Approval	tday2	05/15/2026 09:41:54 AM
BOE Agenda Approval	bmacke1	05/15/2026 09:43:23 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 CONTRACT1. Contract Number: **32263**

Agency Name:	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS
Agency Code:	102	Contractor Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS
Appropriation Unit:	1526-32	Address:	CONTROLLER-LV 4505 MARYLAND PKWY BOX 453004
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89154-3004
If "No" please explain:	Not Applicable	Contact/Phone:	LORI CICCONE 702-895-3779
		Vendor No.:	D35000813
		NV Business ID:	GOVERNMENT ENTITY

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 %

2. Contract start date:

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

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2031**Contract term: **5 years and 30 days**4. Type of contract: **Interlocal Agreement**Contract description: **Internship Program**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing support services for placement of undergraduate and graduate students within high growth industries in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,530,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Startup and entrepreneurial communities have experienced a severe talent shortage jeopardizing the growth of early-stage companies. This internship program will spring a support structure for placement of Nevada students from UNLV with high growth areas in Nevada, leveraging growth and retention of the Southern Nevada technology and the start-up sector.

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

This work requires specialized skills and abilities the agency does not possess. By partnering with Nevada universities, this will connect students to quality technical internships with employers that meet the industry criteria.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

NRS 277.180 Interlocal

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	05/04/2026 12:00:44 PM
Division Approval	amathies	05/04/2026 12:00:46 PM
Department Approval	amathies	05/04/2026 12:00:48 PM
Contract Manager Approval	amathies	05/04/2026 12:00:50 PM
Budget Analyst Approval	spowel3	05/05/2026 10:54:00 AM
BOE Agenda Approval	khawkin1	05/06/2026 15:45:52 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 CONTRACT1. Contract Number: **32376**Agency Name: **GOVERNOR'S OFFICE OF
ECONOMIC DEVELOPMENT**Agency Code: **102**Appropriation Unit: **1526-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LIFELIQU, INC.**Contractor Name: **LIFELIQU, INC.**Address: **75 PALM AVENUE #5**City/State/Zip: **SAN FRANCISCO, CA 94118**Contact/Phone: **MARK ANDERSEN 415-601-0474**Vendor No.: **TBD**NV Business ID: **NV20191375717**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: **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2029**Contract term: **3 years and 92 days**4. Type of contract: **Contract**Contract description: **ICM 3D Class Project**

5. Purpose of contract:

This is a new contract to provide content development, designing, and programming for the Individual Career Mapping 3D Classroom Project, a skills development platform for citizens interested in employment within Nevada's lithium industry.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$422,620.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Governor's Office of Economic Development (GOED) is committed to building a vibrant, innovative, and sustainable economy that creates high-paying jobs for Nevadans. The ICM 3D Classroom Project is an innovative, employer-driven workforce training program designed to expand access to careers in Nevada's lithium economy. This initiative directly addresses the critical workforce shortages in lithium mining, processing, battery manufacturing, and recycling by reaching populations who are often overlooked by traditional recruiting and training systems. This project will serve as a specialized career and skills development hub, providing virtual reality (VR) career exploration, STEM training, workforce credentialing, and employer-led job training to help participants develop the competencies needed for long-term success in the lithium sector.

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

The agency does not have the staff with the expertise to provide these services in-house.

9. Were quotes or proposals solicited?

No

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

Yes

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

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

Approval #: 260101

Approval Date: 01/13/2026

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

This vendor possesses exclusive content ownership and unique technical capability.

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	amathies	04/30/2026 16:13:41 PM
Division Approval	amathies	04/30/2026 16:13:43 PM
Department Approval	amathies	04/30/2026 16:13:45 PM
Contract Manager Approval	amathies	04/30/2026 16:13:47 PM
EITS Approval	ljea	05/01/2026 07:10:29 AM
Budget Analyst Approval	spowel3	05/05/2026 10:15:54 AM
BOE Agenda Approval	khawkin1	05/06/2026 14:38:06 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Purchasing Use Only:	
Approval#:	260101@

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:					
	ENTER STATE AGENCY NAME:		Governor's Office of Economic Development			
	Contact Name and Title		Phone Number	Email Address		
	Tammy Westergard, Senior Workforce Librarian		775-687-9933	tawestergard@goed.nv.gov		
1b	Vendor Information:					
	Vendor Name:		Lifeliqe, Inc.			
	Contact Name:		Mark Andersen			
	Complete Address:		75 Palm Avenue #5			
	City, State, and Zip Code		San Francisco, CA 94118			
	Telephone Number:		415 601-0474			
1c	Email Address:		mark@lifeliqe.com			
	Type of Waiver Requested – Check the appropriate type:					
	Sole or Single Source:		X			
1d	Professional Service Exemption:					
	Contract Information:					
	Is this a new Contract? Check One:		Yes:	X	No:	
	If 'No' Enter Amendment Number:		#			
1e	Enter CETS Number:		#			
	Term:					
	One (1) Time Purchase? Check One:		Yes:		No:	X
	Contract:		Start Date:	10-16-2025	End Date:	8-31-2029
1f	Funding:					
	State Appropriated:					
	Federal Funds:					
	Grant Funds:		EDA-TECHHUBSPHASE2-2023 Lithium Battery: Governance and Workforce PTE Federal Award No: ED24HDQ0G0575 Subaward No: UNR-26-01			
	Other (Explain):					

Resub 01/04/25

Solicitation Waiver

Revised: July 2025

Page 1

Rec'd 11/04/25 // auto ✓

Purchasing Use Only:

Approval #:

260101 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$ 422,620.00
2	Provide a description of work/services to be performed or services with goods to be purchased: The 3D Classroom provides the core technology to build and operate the "ICM 3D Classroom Project". The services align by providing the tools to create a "specialized career and skills development hub". Specifically, the service allows for the integration of "Lifelique field trips" and "VR content" to meet the project's "VR career exploration" goal. It directly enables the "employer-integrated approach" by providing "Course Creation Tools" that allow companies to "import their own workforce training materials". The functions also include tools to create "interactive quizzes", which supports the project's goal of integrating "career readiness assessments".
3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor? What makes this project unique is its modular, employer-integrated approach. The 3D Classroom will not only introduce participants to lithium battery and EV material -related careers but will also offer customized employer-led training. Lithium battery and EV material companies will have the ability to import their own workforce training materials into the 3D Classroom, allowing for hands-on instruction that aligns with their specific operational needs. The program will also integrate industry-recognized credentials, such as the National Career Readiness Certificate (NCRC), career readiness assessments, and job-matching technology, ensuring that the talent pipeline remains aligned with real-time industry demands. Additionally, the program fosters strong collaboration with consortium members, bridging the gap between academia, workforce agencies, and employers to create a more streamlined and effective hiring and training ecosystem for Nevada's lithium industry.
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 vendor presents a unique, proprietary solution that qualifies as a sole source procurement for two primary reasons: exclusive content ownership and unique technical capability. <u>1. Exclusive Publisher of Proprietary Content</u> This vendor is the exclusive 3D publisher and copyright holder for the existing collection of "Lifelique field trips". These field trips are a foundational component of the project's "VR career exploration" goal, developed in collaboration with key industry partners. To ensure seamless integration, compatibility, and continuity with this required proprietary content, the platform must be sourced from its original publisher. <u>2. Unique, Integrated Technology Platform</u> The vendor offers a unique hybrid platform that combines features not available from other single suppliers. It functions as a 3D Content Management System (CMS) that uniquely merges: <u>A "Canva-like" Authoring Tool:</u> A simplified, non-technical interface for "Course Creation" that empowers non-expert users (e.g., employers, navigators) to build "interactive documents & interactive presentations". <u>Specialized Content Integration:</u> The platform is uniquely designed to integrate both its own proprietary "Lifelique 3D models" and the high-end industrial "CAD (like AutoCad & Solid Works etc) files" from employers. This proprietary combination of an easy-to-use authoring tool with the ability to manage and integrate both pre-built VR content and specialized industrial CAD files is a unique technical capability. This

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	unified system, where the content library and the delivery platform are created and guaranteed to be compatible by the same vendor, is not available from other suppliers, who may offer only a content library or a complex authoring tool, but not an integrated solution.					
	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?					
5	Based on the project's defined scope, alternatives were not considered because the required services and content are proprietary and available from only one source. The decision is based on two key factors: <u>Proprietary Content</u>: The "ICM 3D Classroom Project" is being developed to expand the use of "Virtual Reality (VR) career field trips". The vendor, as the 3D publisher, is the exclusive owner and sole supplier of the "Lifelique field trips" and "Lifelique 3D models" that are a foundational requirement of the project. No other vendor can legally supply this proprietary content. <u>Unique, Integrated System</u>: The vendor provides the 3D Content Management System (CMS) that is uniquely designed to host its own proprietary content ("Lifelique field trips") and meet the project's other key requirement: allowing employers to "import their own workforce training materials," including "CAD (like AutoCad & Solid Works etc) files". A competitive bid was not feasible because no alternative vendor could provide the required proprietary "Lifelique" content. The project is to procure a single, integrated system where the required content and the unique delivery platform are inextricably linked and available from only this vendor.					
				Purchasing Use Only:		
				Approval #:		
	Has the agency purchased these services/services with goods in the past? Check One:				Yes	No
	NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u>				X	
6	a. <u>If yes</u> , 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				
	3-9-2021	9/30/2023	\$5,308,000.00	Project SANDI	Waiver# 210104	23907

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 is denied, the "ICM 3D Classroom Project" will fail as currently scoped. The primary consequences are: Loss of Required Content: The state would lose access to the vendor's exclusive, proprietary "Lifelique field trips". Since these are foundational to the project and cannot be supplied by another vendor, the "VR career exploration" goal would be impossible to deliver. Loss of Unique Technology: The project would lose the only platform designed to integrate this proprietary content and allow employers to import their own "CAD (like AutoCad & Solid Works etc) files". This would nullify the project's core "employer-integrated approach". Massive Cost Duplication: A competitive bid would force the state to pay a new vendor to re-create the entire 17 VR field trip library from scratch and custom-build a new, high-risk 3D platform, resulting in significant project delays and costs.

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? Efforts to substantiate the fact that no competition exists are based on a technical analysis of the project's unique requirements. The "ICM 3D Classroom Project" is not a standard, off-the-shelf product but an expansion of a specialized system built on proprietary content and technology. Proprietary Content Requirement: The project's scope requires the use of the "Lifelique field trips" and "Lifelique 3D models". This vendor, as the 3D publisher, is the exclusive owner and sole supplier of this copyrighted content. No other vendor can legally supply these assets, making a competitive bid for the required content impossible. Proprietary Integrated Platform: The project requires a specific 3D Content Management System (CMS), which is uniquely designed to host and deploy its own proprietary "Lifelique" content. Unique Technical Capability: Market analysis confirms that no other vendor provides a single, integrated platform that combines all of the project's requirements: - A "simplified version of Canva" authoring tool for non-technical users. - Seamless integration of its own "Lifelique" VR content library. - The specialized capability to import employer-owned "CAD (like AutoCad & Solid Works etc) files" for training. A competitive bid was not feasible because no alternative vendor could provide the required proprietary content or the unique, integrated platform necessary to deliver the project as scoped. The price of \$422,620.00 is determined to be fair and reasonable based on the significant cost avoidance achieved by procuring a pre-existing, proprietary system rather than attempting a high-risk, custom-built solution. Avoids Duplication of Content Costs: The price is economical because it leverages the vendor's existing, proprietary library of VR field trips. A new vendor would have to be paid to re-create all 17 VR field trips from scratch, resulting in massive cost duplication and project delays. Avoids Custom Development Costs: The price provides an "already live," scalable platform. This avoids the significant, and likely much higher, costs of paying a new vendor to custom-develop, test, and deploy a comparable 3D CMS from the ground up.

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	Leverage Existing Investment: The "ICM 3D Classroom Project" builds upon the foundation and methodologies of the federally funded SANDI grant. The proposed price is an economic investment to expand a proven, existing technology infrastructure, rather than a new, speculative purchase. The price is reasonable because it provides a unique, integrated solution that is "already live" and avoids the substantial costs and risks of custom software development and content creation.

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
			X
	a. If yes, please provide details regarding future obligations or needs.		

Purchasing Use Only?	
Approval #:	

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. NOTE: The same individual cannot provide approval signatures in both sections.

Angie Mathiesen

Signature of Agency Representative Initiating Request

Angie Mathiesen, Director of Administration

Print Name of Agency Representative Initiating Request

11/04/2025

Date

Thomas J. Burns

Signature of Agency Head Authorizing Request

11/4/2025

Thomas J. Burns, Director

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

#260101(4)

Print Name of Representative Providing Review

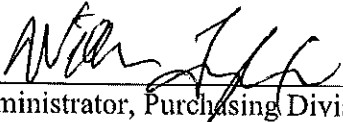
Date

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

1.13.2026

Date

Joe Lombardo
Governor



#2601010
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: Thomas Burns, Executive Director, GOED
Angie Mathiesen, Director of Administration, GOED

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
Michael D. Smith, Support Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – GOED – *UNR Award No. AWD-01-00004887*
Grant No. GR22378 - Request for Proposal – TIE 1479, Revision 0 – BA(s)
1526

DATE: January 2, 2026

We have completed our review of the Governor's Office of Economic Development (GOED) investment, which has an estimated total value of \$422,620.00, allocated to FY2026.

Funding source(s): 100% Federal Grant.

This memo supports the ICM 3D Classroom Project Request for Proposal. The project is an employer-driven workforce development initiative designed to expand access to careers within Nevada's rapidly growing lithium and electric vehicle materials economy. The project responds directly to persistent labor shortages across lithium mining, processing, battery manufacturing, and recycling by engaging populations that are traditionally underrepresented in workforce pipelines, including rural youth, unsheltered individuals, and reentry job seekers. By combining virtual reality career exploration, STEM-

focused instruction, workforce credentialing, and employer-led training, the ICM 3D Classroom functions as a centralized skills and career development hub. Participants are guided through immersive, technology-enabled learning experiences that build both technical competencies and career readiness, positioning them for long-term employment in high-demand sectors critical to Nevada's economic strategy.

The solution builds on the outcomes of prior, time-limited workforce investments while avoiding duplication. The project draws from the methodologies developed under the federally funded Supporting and Advancing Nevada's Dislocated Individuals Grant, which focused on workforce recovery and skills training for individuals displaced during the COVID-19 pandemic that led to the creation of the Individual Career Mapping process. Building on this foundation, GOED launched the Individual Career Mapping and Training Delivery Model to expand career navigation and training access for underrepresented populations through technology and partnerships.

This effort is also associated with the Nevada Tech Hub Workforce Development Award, which narrows the focus to the lithium battery and EV materials industry. Rather than replicating earlier initiatives, the project refines and scales the ICM framework into a targeted workforce pipeline aligned with documented employer demand. The integration of virtual reality field experiences, industry-recognized credentials, AI-enabled job matching, and direct employer participation strengthens alignment between training outcomes and real-world labor needs. The project demonstrates strong continuity, leverages prior public funding responsibly, and applies emerging technologies in a way that enhances access, reduces training friction, and supports Nevada's broader goals for economic diversification and workforce resilience.

The GTO TIE investment and implementation risk score indicates a low 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 CONTRACT1. Contract Number: **28737**Amendment Number: **4**Agency Name: **INDIGENT DEFENSE**Legal Entity Name: **DMSLAW L.L.C.**Agency Code: **111**Contractor Name: **DMSLAW L.L.C.**Appropriation Unit: **1008-36**Address: **7121 W Craig Road # 113-23**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89129**

If "No" please explain: Not Applicable

Contact/Phone: **David M. Schieck 702-303-4251**Vendor No.: **T32014305**NV Business ID: **NV20171497056**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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2024**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **3 years and 137 days**4. Type of contract: **Contract**Contract description: **DIDS Oversight**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides ongoing reporting of indigent defense services as required by the Stipulated Consent Judgement, Davis v. State of Nevada. This amendment increases the maximum amount from \$350,000 to \$850,000 due to an increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$173,333.00	\$173,333.00	\$173,333.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$176,667.00	\$176,667.00	\$176,667.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$850,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 180.440 and the Davis v. State (Nev. First Jud. Dist. Ct. Case No. 170C002271B (Aug. 11, 2020)) consent judgment require systematic review on an annual basis of public defense counsel for quality and efficiency according to nationally and locally adopted standards, including, but not limited to, the ABA Criminal Justice Standards.

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

The Department has insufficient staff to cover the expected oversight duties of the consent judgment

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vsheldon	04/22/2026 15:27:14 PM
Division Approval	rmill30	04/24/2026 11:28:24 AM
Department Approval	rmill30	04/24/2026 11:28:27 AM
Contract Manager Approval	ssands	04/27/2026 09:14:34 AM
Budget Analyst Approval	vmilazz1	05/15/2026 17:10:26 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32384**Agency Name: **INDIGENT DEFENSE**Agency Code: **111**Appropriation Unit: **1008-51**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: National Association for Public Defense, Inc.

Contractor Name: **National Association for Public Defense, Inc.**Address: **7310 Ritchie Highway Suite 200 #1091**City/State/Zip: **Glen Burnie, MD 21061**

Contact/Phone: Lori James 443-756-9177

Vendor No.: T27043374

NV Business ID: NV20263572783

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 %

2. Contract start date:

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

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Indigent Defense**

5. Purpose of contract:

This is a new contract to provide assistance and guidance in the development of quality, equitable, and sustainable indigent defense systems as required by the Stipulated Consent Judgment, Davis vs State of Nevada, and recommended by the Court Monitor and agreed to by the state.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$203,000.00**

Other basis for payment: FY26- \$100,000; FY27- \$103,000;

II. JUSTIFICATION

7. What conditions require that this work be done?

The Monitor supervising the Davis v. State Consent Judgment has recommended and the Department has agreed to secure Technical Assistance to ensure compliance with the Consent Judgment. Such Technical Assistance will allow the Department to continue to develop quality, equitable, and sustainable indigent defense systems by utilizing National Associations Public Defenders expertise

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

State employees lack the interdisciplinary specialized knowledge, training, and experience that the NAPD can provide.

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

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

Not Applicable

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

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

Required per the Davis vs. State of Nevada Federal Stipulated Consent Judgement

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	05/05/2026 11:36:54 AM
Division Approval	nmann	05/05/2026 16:50:55 PM
Department Approval	nmann	05/05/2026 16:50:57 PM
Contract Manager Approval	ssands	05/06/2026 07:57:42 AM
Budget Analyst Approval	vmilazz1	05/15/2026 13:34:31 PM
BOE Agenda Approval	vmilazz1	05/15/2026 13:34:34 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32281**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Agency Code: **240**Appropriation Unit: **2561-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WESTCARE MANAGEMENT, INC.**Contractor Name: **WESTCARE MANAGEMENT, INC.**Address: **3155 River Rd. S. Ste 100**City/State/Zip: **Salem, OR 97302**Contact/Phone: **Jason McArthur 503-362-5235**Vendor No.: **T27007546**NV Business ID: **NV20101384894**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 % Private Pay, Hospice, Insurance Payments

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2026**Anticipated BOE meeting date **06/2026**Retroactive? **Yes**

If "Yes", please explain

This contract requires retroactive approval to ensure there is no gap in providing accounting and billing services for residents and their family members for the Southern Nevada State Veterans Home. The request for a retroactive start date is due to a change in leadership at Westcare causing delays in procurement of signatures. The request for a retroactive start date ensures continuity of billing, and there is no disruption of services offered to veterans and their family members.

3. Termination Date: **05/31/2028**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Westcare Manag**

5. Purpose of contract:

This is a new contract to provide ongoing accounting services for billing, collection, audit, and compliance reporting for complex Medicaid and Medicare programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$460,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Agency needs accounting firm to assist with complex Medicaid, Medicare, and VA billing and other complex accounting needs to include cost reporting

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

Agency employees are not trained to handle complexity of Medicaid, Medicare, and VA specific billing, and cost reporting requirements.

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

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

Not Applicable

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

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

Current vendor with proven track record and quality of work.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently engaged by NDVS. Services provided by vendor are verified as satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	05/01/2026 10:29:45 AM
Division Approval	jtheil1	05/01/2026 10:29:49 AM
Department Approval	jtheil1	05/01/2026 10:29:53 AM
Contract Manager Approval	jclodfel	05/01/2026 11:54:44 AM
Budget Analyst Approval	bmacke1	05/13/2026 14:43:04 PM
BOE Agenda Approval	bmacke1	05/13/2026 14:43:19 PM
BOE Final Approval	Pending	

Joe Lombardo
Governor



STATE OF NEVADA
NEVADA DEPARTMENT OF VETERANS SERVICES
9400 Gateway Dr. Suite A
Reno, Nevada 89521
(775) 688-1653 • Fax (775) 688-1656

May 6, 2026

To: Tiffany Greenameyer, Director
Governor's Finance Office

Through: Mary Devine, Director
Department of Veterans Services

From: Jacob Clodfelter, Management Analyst III/Contract Manager
Nevada Department of Veterans Services

Subject: Request for Approval for Retroactive June 1st, 2026, Start Date for Westcare Management Inc. for accounting and billing services.

This memorandum requests that the above-mentioned Veterans Services (NDVS) contract with Westcare Management Inc. be approved for a retroactive start date effective June 1st, 2026. This contract requires this retroactive start date for ongoing accounting and billing services for the Southern Nevada State Veterans Home.

This contract provides accounting and billing services including Medicaid, Medicare, and Federal Department of Veterans Affairs for the Southern Nevada State Veterans Home. The request for a retroactive start date is due to a change in leadership at Westcare causing delays in procurement of signatures. The request for a retroactive start date ensures continuity of billing, and there is no disruption of services offered to veterans and their family members.

Thank you for your consideration.



Jacob Clodfelter
Management Analyst III
Nevada Department of Veterans Services
(775) 825-9762
www.veterans.nv.gov
"Serving Nevada's Heroes"

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31075**Amendment
Number: **3**Agency Name: **NDE - DEPARTMENT OF
EDUCATION**Legal Entity
Name: **American Institutes for Research in the
Behavioral Sciences**Agency Code: **300**Contractor Name: **American Institutes for Research in
the Behavioral Sciences**Appropriation Unit: **2612-13**Address: **PO BOX 28126**Is budget authority
available?: **Yes**City/State/Zip **New York , NY 10087-81**

If "No" please explain: Not Applicable

Contact/Phone: **Kyosin Kang 202/403-5139**Vendor No.: **T81077847A**NV Business ID: **NV20121141774**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 **11/12/2025**

Anticipated BOE meeting date 06/2027

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **229 days**4. Type of contract: **Contract**Contract description: **Educator Survey**

5. Purpose of contract:

This is the third amendment to the original service agreement under statewide contract #99SWC-NV22-10132 which provides grant-related professional services for evaluation and technical assistance. This service agreement provides a statewide educator climate survey. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$1,100,000 to \$2,000,000 due to the continued need for educator climate surveys.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$520,000.00	\$520,000.00	\$520,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$580,000.00	\$580,000.00	\$580,000.00	Yes - Action
2. Amount of current amendment (#3):	\$900,000.00	\$900,000.00	\$900,000.00	Yes - Action
3. New maximum contract amount:	\$2,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Educator Staff Surveys contract continues AIR's long-standing collaboration with Department of Education to collect, analyze, and report on educator perceptions of school climate, building on the student School Climate Surveys work to advance the statewide understanding and measurement of school climate from various perspectives (e.g., students, staff), strengthen educator recruitment and retention by collecting insights into working conditions and the reasons educators transfer or exit the profession, including factors that would influence decisions to remain in the profession.

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 staff or expertise to complete this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

- b. Solicitation Waiver: **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:

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 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	05/13/2026 12:22:14 PM
Division Approval	psmorr1	05/13/2026 12:22:16 PM

Department Approval	psmorr1	05/13/2026 12:22:19 PM
Contract Manager Approval	khoy1	05/13/2026 12:30:51 PM
Budget Analyst Approval	vfajota	05/13/2026 13:22:15 PM
BOE Agenda Approval	mranks1	05/13/2026 15:10:09 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **21505**Amendment Number: **5**Legal Entity Name: **AnLar, LLC**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Contractor Name: **AnLar, LLC**Agency Code: **300**Address: **4040 N FAIRFAX DR STE 525**Appropriation Unit: **2715-14**Is budget authority available?: **Yes**City/State/Zip: **ARLINGTON, VA 22203**If "No" please explain: **Not Applicable**Contact/Phone: **855/962-652**Vendor No.: **T27043228**NV Business ID: **NV20191600451**To what State Fiscal Year(s) will the contract be charged? **2019-2029**

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

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

Agency Reference #: **RFP#30DOE-S236**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/09/2019**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **03/31/2029**Contract term: **9 years and 359 days**4. Type of contract: **Contract**Contract description: **Computer Related Ser**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides information technology improvements, enhancements, and maintenance support services for the Nevada Special Education Accountability and Reporting System. This amendment increases the maximum amount from \$2,273,406.52 to \$3,773,031.52 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:	\$909,606.52	\$909,606.52	\$909,606.52	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
c. Amendment 3:	\$1,163,800.00	\$1,163,800.00	\$1,163,800.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#5):	\$1,499,625.00	\$1,499,625.00	\$1,499,625.00	Yes - Action
3. New maximum contract amount:	\$3,773,031.52			

II. JUSTIFICATION

7. What conditions require that this work be done?

The current data collection methods for acquiring these federally required data are inefficient and result in data that does not meet desired levels of validity and reliability.

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

This is a specialized system that requires an outside company

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #30DOE-S236, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/09/2018 Anticipated re-bid date: 10/01/2020

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current contracts 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:

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

05/04/2026 16:34:08 PM

Division Approval

psmorr1

05/04/2026 16:34:10 PM

Department Approval	psmorr1	05/04/2026 16:34:13 PM
Contract Manager Approval	khoy1	05/05/2026 08:13:48 AM
EITS Approval	ljean	05/05/2026 09:32:02 AM
Budget Analyst Approval	vfajota	05/06/2026 08:37:18 AM
BOE Agenda Approval	mranks1	05/19/2026 12:31:33 PM



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: Julie Bowers, Director's Office of Inclusive Education, NDE
Peter Zutz, Administrator ADAM, NDE
Megan Peterson, Deputy Superintendent of Admin/Fiscal Svs., NDE
Kaylene Hoyt, Contract Manager, NDE
Connie Torres, Administrative Assistant IV, NDE
Cameron Carey, IT Manager, NDE

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 – NDE – *NV SEARS – Access NV* – TIE 239,
Revision 2 – BA(s) 2715

DATE: March 10, 2026

We have completed our review of the Nevada Department of Education (NDE) investment which has an estimated total value of \$4,723,299.00, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
☑ One-Time Cost	\$ 499,875.00	\$ 499,875.00	\$ 499,875.00	\$ 499,875.00	\$ 1,999,500.00
Services Contracts - Anlar LLC	\$ 499,875.00	\$ 499,875.00	\$ 499,875.00	\$ 499,875.00	\$ 1,999,500.00
Grand Total	\$ 499,875.00	\$ 499,875.00	\$ 499,875.00	\$ 499,875.00	\$ 1,999,500.00

Funding source(s): 100% Federal Grant.

This TIE revision is to extend the AnLar, LLC agreement and to update cost information. The amendment supports the continued operation and enhancement of ACCESS NV, a custom cloud-based platform hosted in Microsoft Azure that serves as the primary system used to implement Nevada's General Supervision System (NVGSS). The system manages and reports special education data for more than 71,000 students statewide and supports regulatory compliance under the Individuals with Disabilities Education Act and Nevada Administrative Code.

The investment includes Azure hosting, routine maintenance, security patching, and annual accessibility scans required to maintain WCAG 2.0 Level AA compliance. A portion of the funding also supports targeted system improvements, including enhancements to user permissions, dispute resolution processing, training materials, and the development of a public-facing Annual Performance Report dashboard.

Extending the existing contract ensures operational continuity for a system that is fully integrated across all Nevada school districts. Allowing the contract to lapse or transitioning to a new vendor would likely result in an extended service disruption while a new provider becomes familiar with the system's codebase and operational requirements, creating potential risk to federal reporting obligations and oversight of services for students with disabilities.

Continuing with the current vendor protects the State's existing \$2.8 million investment in the platform and avoids the cost and disruption associated with a full system replacement. Maintaining the solution within the Azure environment supports ongoing security maintenance and protection of sensitive student data.

The combined GTO investment and implementation risk, and technology risk scores indicate a moderate level of business and cybersecurity risk largely due to dependency on key suppliers and adaptability limitations.

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

Purchasing Use Only:

Approval #:

710 @



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

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

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	ENTER STATE AGENCY NAME:		<i>Department of Education</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Kaylene Hoyt, Contracts Manager</i>	<i>775-687-9101</i>	<i><u>ndecontracts@doe.nv.gov</u></i>

2	Contractor Information:	
	Contractor Name:	<i>AnLar, LLC.</i>
	Contact Name:	<i>Ken Wagner</i>
	Complete Address: City, State and Zip Code	<i>4040 N. Fairfax Drive, Suite 525 Arlington, VA 22203</i>
	Phone Number:	<i>855-962-6527</i>
	Email Address:	<i>contracts@anlar.com</i>

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:		#:	
	Enter CETS Number:	#		
	Contract Amount:	\$		
	Contract Term:	Start Date:		End Date:

Purchasing Use Only:	
Approval #:	710 (2)

Current Contract Information:					
4	Solicitation Type, if applicable:	<i>Request for Proposal</i>		#:	30DOE-S236
	Enter CETS Number:	#21505			
	Initial Contract Amount:	\$909,606.52			
	Contract Term:	Start Date:	04/09/2019	End Date:	03/31/2021

Amendment Information – List <u>all previously</u> approved amendments:				
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
5	1	<i>This is a first amendment to the original contract which provides improvements, enhancements and maintenance for the Nevada Special Education Accountability and Reporting System. This amendment assigns the contract from SPEDSIS, LLC to AnLar, LLC. due to a change in ownership.</i>	\$0.00	N/A
	2	<i>This is the second amendment to the original contract which provides improvements, enhancements and maintenance for the Nevada Special Education Accountability and Reporting System. This amendment extends the termination date from March 31, 2021, to March 31, 2023, and increases the maximum amount from \$909,606.52 to \$1,109,606.52 due to the continued need for these services.</i>	<i>Adding: \$200,000.00 Total Do Not Exceed Amount: \$1,109,606.52</i>	03/31/2023
	3	<i>This is the third amendment to the original contract which provides information technology improvements, enhancements and maintenance support services for the Nevada Special Education Accountability and Reporting System. This amendment extends the termination date from March 31, 2023, to March 31, 2026, and increases the maximum amount from \$1,109,606.52 to \$2,273,406.52 due to the development of enhanced data collection and processing methodologies.</i>	<i>Adding: \$1,163,800.00 Total Do Not Exceed Amount: \$2,273,406.52</i>	03/31/2026

Purchasing Use Only:

Approval #:

710 @

Proposed Amendment Information:

<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i><u>Dollar Change</u> in Contract Amount</i>	<i>Change in End Date</i>
6 4	<i>This is the fourth amendment to the original contract which provides improvements, enhancements and maintenance for the Nevada Special Education Accountability and Reporting System. This amendment extends the termination date from March 31, 2026 to March 31, 2029, and increases the maximum amount from \$2,273,406.52 to \$3,773,031.52 for continued need of services.</i>	<i>\$1,499,625.00</i>	<i>03/31/2029</i>

What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?

7	<i>In 2008, Purchasing completed an RFP for the Nevada Special Education Accountability and Reporting System (NVSEARS). SpedsSis was awarded the contract at that time and has since built, implemented, and maintained this robust and complex web-based application that securely collects, enters, processes, and reports selected student data and district IDEA required data. The initial cost of building and implementing NVSEARS was \$600,000.00. AnLar's acquisition of SpedsSis and the subsequent RFP in 2018 and contract extensions in 2021 and 2023 have invested an additional \$2.2 million dollars to expand, maintain, and modernize the solution by migrating it to a cloud hosted environment and making special education information more user friendly, accessible, and interoperable with the State's Student Level Data System (SLDS). It is truly in the best interest of the State at this time to continue to utilize AnLar the contractor for this system due to the amount of money spent in having the system developed/built along with the fact that this system is currently implemented effectively in all Nevada school districts and the state public charter school authority. AnLar continues to be an essential partner with the implementation and maintenance of the current system. This contract extension is primarily to continue to maintain, host and facilitate enhancements and modifications to the system. This investment continues to serve over 71,000 students with special needs and supports the state in implementing Nevada Department of Education's General Supervision System (NVGSS) that monitors, documents, and enforces accountability of the implementation of the Individuals with Disabilities Education Act (IDEA) and the Nevada Administrative Code (NAC).</i>

Purchasing Use Only:	
Approval #:	710 @

8	What are the potential consequences to the State if the contract extension request is denied? <i>The time and cost involved in implementing a new special education data system would be extreme in a time when money and time is already limited. It would likely require 8-12 months for another vendor to become fluent enough with the existing system and code to fully support the day-to-day needs of NDE, school districts and ACCESS NV. This learning curve would be steep for a new vendor and put the NDE and districts at risk for not having a functional system in place. The current system is utilized by all school districts in the state and staff have been trained through many professional development activities over the course of the decade and are proficient in using ACCESS NV at this time. Potentially having to switch to a new vendor and potentially a new system will impact personnel statewide and highly impact an already limited budget. Additionally, starting over and implementing a new system will comprise the NDE's ability to comply with Federal and State regulations and data reporting requirements as well as potentially disrupt the implementation of Nevada Department of Education's General Supervision System (NVGSS) that drives improved educational and functional outcomes for all students with disabilities ages 3 through 21.</i>

Purchasing Use Only:	
Approval #:	710 (C)

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.*

Meg Peterson

Signature of Agency Representative Initiating Request

Megan Peterson, Deputy Superintendent, Student Investment Division

Jan 20, 2026

Print Name of Agency Representative Initiating Request

Date

Victor Wakefield

Signature of Agency Head Authorizing Request

Dr. Victor Wakefield, Superintendent of Public Instruction

Jan 21, 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:

William J. Lee

Administrator, Purchasing Division or Designee

3.16.2024

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31065**Amendment
Number: **2**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: **2721-22**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? **No** or b. other effective date **11/12/2025**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2026**Contract term: **1 year and 229 days**4. Type of contract: **Contract**Contract description: **School Climate Serv**

5. Purpose of contract:

This is the second amendment to the original service agreement under statewide contract #99SWC-NV22-10132 which provides grant-related professional services for evaluation and technical assistance. This service agreement provides a statewide school climate survey. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$150,000 to \$402,000 due to the continued need for services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$252,000.00	\$252,000.00	\$252,000.00	Yes - Action
3. New maximum contract amount:	\$402,000.00			
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 Nevada School Climate/Social Emotional Learning (NV-SCSEL) contract will continue the annual statewide student school climate survey administration that occurs every fall and will be for fiscal years 2026. . It includes the survey preparation, administration, help desk, technical support, psychometric equating, and reporting/analysis.

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 staff or expertise to complete this work.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

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:

yes current contract 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

Budget Account Approval

User

psmorr1

Signature Date

04/28/2026 12:36:07 PM

Division Approval	psmorr1	04/28/2026 12:40:25 PM
Department Approval	psmorr1	04/28/2026 12:40:28 PM
Contract Manager Approval	khoy1	04/28/2026 12:56:09 PM
Budget Analyst Approval	vfajota	05/04/2026 12:08:05 PM
BOE Agenda Approval	mranks1	05/12/2026 15:48:04 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27856** Amendment Number: **2**

Agency Name: **STATE PUBLIC CHARTER SCHOOL AUTHORITY** Legal Entity Name: **National Charter Schools Institute, Inc.**

Agency Code: **315** Contractor Name: **National Charter Schools Institute, Inc.**

Appropriation Unit: **2711-26** Address: **711 W PICKARD ST STE M**

Is budget authority available?: **Yes** City/State/Zip: **MOUNT PLEASANT, MI 48858-1587**

If "No" please explain: Not Applicable Contact/Phone: **Justyne Swiercinsky 989/317-3510**

Vendor No.: **T27034587**

NV Business ID: **NV20141212395**

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 % Sponsorship
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2023**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2027**

Termination Date:

Contract term: **3 years and 264 days**4. Type of contract: **Contract**Contract description: **Epicenter**

5. Purpose of contract:

This is the second amendment to the original contract which provides software solutions to collect data and documents from the agency's sponsored charter schools in accordance with federal, state, and agency reporting requirements. This amendment increases the maximum amount from \$475,760 to \$560,960 to provide additional enterprise services, scorecards and consulting services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$420,060.00	\$420,060.00	\$420,060.00	Yes - Action
a. Amendment 1:	\$55,700.00	\$55,700.00	\$55,700.00	Yes - Info
2. Amount of current amendment (#2):	\$85,200.00	\$85,200.00	\$140,900.00	Yes - Action
3. New maximum contract amount:	\$560,960.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

A large number of reports and documentation are required from the charter schools sponsored by State Public Charter School Authority (SPCSA). This data is needed in order to review, oversee, monitor, and support the charter schools for compliance and legal requirements. A document management system is needed to allow schools to submit this information electronically and SPCSA staff to perform the review, oversight, monitoring and support. The use of a web-based program to gather this large amount of information for use by SPCSA staff is critical to collect required information without the need for mailing physical documents.

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

SPCSA staff or other state agencies do not have the capacity to design, develop, and maintain a web-based document management system.

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

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

Not Applicable

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

Approval #: 230809

Approval Date: 08/29/2023

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

There are no known competitors that provide all the functionality of the system hosted by the current vendor. Anticipated costs to store the mass amount of historical data in a format that is readily available and accessible, to transfer data (if it can be transferred) to a new vendor, and to train all stakeholders that utilize these records (SPCSA, charter school staff, external users such as auditors, etc.) on a new platform would be substantial. More importantly, this would cause a significant delay in the compliance reporting for the state-sponsored charter schools.

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:

7/1/14 - present for the SPCSA. Services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shoh1	04/20/2026 20:07:22 PM
Division Approval	shoh1	05/04/2026 14:47:27 PM
Department Approval	shoh1	05/04/2026 14:47:32 PM
Contract Manager Approval	shoh1	05/04/2026 15:58:22 PM
EITS Approval	ljean	05/05/2026 07:20:38 AM
Budget Analyst Approval	Iramire7	05/05/2026 10:19:03 AM
BOE Agenda Approval	mranki1	05/13/2026 11:09:19 AM



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: Melissa Mackedon, Executive Director, SPCSA
Jennifer Bauer, Administrative Services Officer III, SPCSA
Frank Gallardo, Business Process Analyst III, SPCSA

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
Michael D. Smith, Client Services Division Chief, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – SPCSA – *Epicenter Contract Extension* – TIE 231, Revision 2 – BA(s) 2711

DATE: April 6, 2026

We have completed our review of the State Public Charter School Authority (SPCSA) investment which has an estimated total value of \$767,660.00, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	Grand Total
☒ Ongoing Cost	\$ 152,250.00	\$ 156,550.00	\$ 308,800.00
Software - Annual Maintenance/Subsc	\$ 152,250.00	\$ 156,550.00	\$ 308,800.00
Grand Total	\$ 152,250.00	\$ 156,550.00	\$ 308,800.00

Funding source(s): 100% State Fees.

The proposed investment reflects a contract pricing update for Epicenter, a long-standing SaaS document management platform that has supported SPCSA since 2014. Epicenter serves as a centralized, web-based portal for collecting and reviewing academic, financial, organizational, programmatic, and compliance

documentation from sponsored charter schools in support of federal, state, and SPCSA reporting requirements. The platform also plays an important operational role in grant reimbursement processing, charter application and amendment workflows, school performance oversight, and federally required subrecipient risk-based monitoring activities, particularly for high-risk schools that must submit additional documentation for desktop review.

This investment supports an established, mission-critical business function and the platform's dedicated Azure-hosted environment, logical isolation, monitored firewall protections, and alignment with recognized security and compliance frameworks provide a reasonable security posture, while the contract language affirming SPCSA data ownership and data return rights at termination helps reduce vendor dependency risk. Although Epicenter is not identified as a standalone initiative in the agency's 2025–2030 Strategic Plan, its use clearly supports broader goals related to operational efficiency, service delivery, and data-informed oversight. Overall, this investment is justified as a continuation of a critical enterprise service, with the primary consideration being ongoing cost reasonableness relative to the agency's long-term dependency on the platform.

The GTO technology risk score indicates a 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 CONTRACT1. Contract Number: **32434**Agency Name: **DHS - HUMAN SERVICES
DIRECTOR'S OFFICE**Agency Code: **400**Appropriation Unit: **3060-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CAMPUS FOR HOPE FOUNDATION**Contractor Name: **CAMPUS FOR HOPE FOUNDATION**Address: **6160 Transverse Dr**City/State/Zip: **LAS VEGAS, NV 89146**Contact/Phone: **Kim Jefferies 210-264-5033**Vendor No.: **T29051173**NV Business ID: **NV20243109802**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	43.00 %	Fees	0.00 %
X	Federal Funds	26.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	31.00 % Fund for a Resilient Nevada

Agency Reference #: **C008**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/11/2026**Anticipated BOE meeting date **06/2026**Retroactive? **Yes**

If "Yes", please explain

Retroactive approval is necessary due to extended and unavoidable contract negotiations between the State and the vendor. The project involves the design and construction of two 18 bed Intermediate Care Facility cottages that must meet stringent state licensure, Medicaid eligibility, and safety requirements. The scope, technical standards, and regulatory compliance obligations are significant, requiring detailed clarification between the parties prior to contract execution.

3. Termination Date: **05/28/2028**Contract term: **2 years and 18 days**4. Type of contract: **Contract**Contract description: **ICF Construction**

5. Purpose of contract:

This is a new contract to provide the design and construction of two fully operational Intermediate Care Facility single story cottages.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,500,000.00**

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 work is required because the State must design and construct two fully licensable, Medicaid eligible Intermediate Care Facility cottages that meet all applicable regulatory, safety, and code requirements. It also must proceed on schedule to ensure compliance with mandatory state approvals and to allow ARPA funds to be expended before the December 31, 2026 deadline.

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?

No

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Campus for Hope Foundation is the named vendor for this project, per AB598 of the 2025 Legislative Session.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	05/14/2026 14:50:22 PM
Division Approval	chadwic1	05/14/2026 14:50:25 PM
Department Approval	slabranc	05/14/2026 14:53:17 PM
Contract Manager Approval	slabranc	05/14/2026 14:53:22 PM
Budget Analyst Approval	mgassawa	05/15/2026 10:50:35 AM
BOE Agenda Approval	pokeefe	05/15/2026 11:06:40 AM
BOE Final Approval	Pending	



DEPARTMENT OF HUMAN SERVICES

DIRECTOR'S OFFICE

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



May 14, 2026

MEMORANDUM

TO: Tiffany Greenameyer, Director
Governor's Finance Office

FROM: Christina Hadwick, Deputy Director, Fiscal Services *CKH*
Department of Human Services, Director's Office

SUBJECT: Retroactive Start Date for Campus for Hope, ICF Cottages Project

This memo requests approval for a retroactive contract, effective May 11, 2026, with Campus for Hope Foundation for design-build services related to the development of two Intermediate Care Facility (ICF) cottages. Retroactive approval is necessary due to extended and unavoidable contract negotiations between the State and the vendor.

The project involves the design and construction of two 18-bed Intermediate Care Facility cottages that must meet stringent state licensure, Medicaid eligibility, and safety requirements. The scope, technical standards, and regulatory compliance obligations are significant, requiring detailed clarification between the parties prior to contract execution.

The delay in submitting the contract resulted from prolonged negotiations necessary to finalize:

- Complex design-build responsibilities, including regulatory compliance and Basis-of-Design requirement.
- Allocation of liability related to licensure, permitting, and Medicaid eligibility
- Construction cost structure and schedule commitments
- Clarification of obligations under ARPA-funded expenditures and timeline requirements
- Review and reconciliation of terms between multiple State program, fiscal, and legal units and the vendor's design-build team.

These negotiations were essential to protect the State's interests and ensure that the contract accurately reflected all statutory, regulatory, and operational needs. Because the issues required multiple rounds of review and revisions, both sides needed more time than originally anticipated.

Retroactive approval will ensure proper alignment of expenditures and maintain project momentum within mandated timelines —particularly considering the December 31, 2026 ARPA expenditure deadline.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32363**

Agency Name:	DHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	e2o Health, Inc. dba Compliance Watchdog
Agency Code:	406	Contractor Name:	e2o Health, Inc. dba Compliance Watchdog
Appropriation Unit:	3168-26	Address:	21151 S. Western Ave, Ste.B22
Is budget authority available?:	Yes	City/State/Zip	Torrance, CA 90501
If "No" please explain:	Not Applicable	Contact/Phone:	Sunny Saran 415-272-5715
		Vendor No.:	Pending
		NV Business ID:	NV20263569870

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-S3757 - AM

2. Contract start date:

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

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **Medical Staff Creden**

5. Purpose of contract:

This is a new contract to provide credentialing services for medical staff.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$673,296.00**

Other basis for payment: Contracted vendor will invoice the requesting agency. Agency will pay invoices within 30 days.

II. JUSTIFICATION

7. What conditions require that this work be done?

Ensure patient safety and quality of care by verifying that all healthcare providers meet professional standards, such as licensure and credentials, and are competent in their skills in providing safe, quality care.

Maintain regulatory compliance by adhering to National Committee for Quality Assurance (NCQA), Joint Commission, Center for Medicare and Medicaid Services (CMS) and Nevada-specific statutes (NRS 630,632,633,641; NRS 629.515 telehealth; CSR requirements).

Reduce the Divisions risk by minimizing liability by ensuring credentialing (a formal process that verifies a healthcare professional's qualifications), privileging (the process of deciding what specific activities or procedures a healthcare provider is allowed to perform), and ongoing monitoring of medical providers.

Support operational efficiencies by streamlining credentialing workflows to reduce delays in healthcare provider onboarding and health insurance payor enrollment.

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

Provider credentialing must comply with strict standards set by accrediting bodies and federal regulations. These standards require credentialing be performed by an independent, qualified entity with documented processes, peer review committees, and ongoing monitoring. State employees typically do not operate under these accreditation frameworks, which would jeopardize compliance and program integrity.

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):

vCloud Tech Inc.
Clinic Spectrum, Inc.
Sullivan Management & Consulting Group

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S3757, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/16/2026 Anticipated re-bid date: 01/15/2030

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	msilzell	04/30/2026 15:23:05 PM
Division Approval	msilzell	04/30/2026 15:23:07 PM

Department Approval	msilzell	04/30/2026 15:23:10 PM
Contract Manager Approval	msilzell	04/30/2026 15:23:24 PM
Budget Analyst Approval	rgiffor1	05/11/2026 09:36:33 AM
BOE Agenda Approval	pokeefe	05/14/2026 11:21:38 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 CONTRACT1. Contract Number: **32016**

Agency Name:	DHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Attorney General's Office
Agency Code:	406	Contractor Name:	Attorney General's Office
Appropriation Unit:	3170-28	Address:	100 N. Carson St.
Is budget authority available?:	Yes	City/State/Zip	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Hoban 775-684-1116
		Vendor No.:	
		NV Business ID:	N/A
To what State Fiscal Year(s) will the contract be charged?	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 #:	18664		

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Support FTE & SURG**

5. Purpose of contract:

This is a new interlocal agreement to provide coordination and administrative support for the Statewide Substance Use Response Working Group and its subcommittees under the Nevada Office of the Attorney General.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$390,944.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To support the SURG (Substance Use Response Working Group) and applicable subcommittees per NRS.458.450.

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

Staff lack qualifications and availability to provide the required 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Istidha1	04/02/2026 12:39:55 PM
Division Approval	msilzell	04/16/2026 11:35:21 AM
Department Approval	msilzell	04/16/2026 11:35:23 AM
Contract Manager Approval	msilzell	04/16/2026 11:35:25 AM
Budget Analyst Approval	rgiffor1	05/07/2026 15:16:34 PM
BOE Agenda Approval	pokeefe	05/14/2026 14:11:51 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: **20085** Amendment Number: **1**

Agency Name: **DHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Fidelity Information Services, LLC**

Agency Code: **406** Contractor Name: **Fidelity Information Services, LLC**

Appropriation Unit: **3214-45** Address: **601 Riverside Avenue**

Is budget authority available?: **Yes** City/State/Zip: **Jacksonville, FL 32204**

If "No" please explain: Not Applicable Contact/Phone: **Rosa Varela 414 520-7093**

Vendor No.: **T27038949A**

NV Business ID: **NV19981232693**

To what State Fiscal Year(s) will the contract be charged? **2019-2028**

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 #: **RFP 3292/C 16530**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **10 years and 2 days**4. Type of contract: **Contract**Contract description: **WIC EBT**

5. Purpose of contract:

This is the first amendment to the original contract which provides electronic benefit transfer services and payments to Women, Infants, and Children participants and vendors. This amendment extends the termination date from June 30, 2026 to June 30, 2028 and increases the maximum amount from \$2,389,142.40 to \$2,830,687.38 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,389,142.40	\$2,389,142.40	\$2,389,142.40	Yes - Action
2. Amount of current amendment (#1):	\$441,544.98	\$441,544.98	\$441,544.98	Yes - Action
3. New maximum contract amount:	\$2,830,687.38			
and/or the termination date of the original contract has changed to:	06/30/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada WIC requires financial services to provide eligibility services and payments to clients.

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 experience or technical knowledge 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):

Conduent State & Local Solutions, Inc.
Solutran, Inc.
Fidelity Information Services, LLC

- b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3292, 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: 08/16/2017 Anticipated re-bid date: 06/01/2028

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Since 2015 - satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	msilzell	04/10/2026 12:26:43 PM
Division Approval	msilzell	04/10/2026 12:26:46 PM

Department Approval	msilzell	04/10/2026 12:26:49 PM
Contract Manager Approval	lstidha1	04/10/2026 13:21:29 PM
Budget Analyst Approval	rgiffor1	05/11/2026 12:55:24 PM
BOE Agenda Approval	pokeefe	05/14/2026 14:59:10 PM



**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 #:	7090

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<u>ENTER YOUR STATE AGENCY NAME:</u> Department of Human Services, Division of Public and Behavioral Health, WIC		
	Contact Name and Title	Phone Number	Email Address
	<i>Blanca Ayala, Health Program Manager</i>	<i>775-684-3421</i>	<i><u>blancaayala@health.nv.gov</u></i>
	<i>Sarah Rogers, Deputy Bureau Chief</i>	<i>775-450-6063</i>	<i><u>srogers@health.nv.gov</u></i>
	<i>Kareen Filippi, Management Analyst III</i>	<i>775-430-3420</i>	<i><u>kfilippi@health.nv.gov</u></i>

2	Contractor Information:	
	Contractor Name:	<i>Fidelity Information Services, LLC (FIS)</i>
	Contact Name:	<i>Tammi Mathews</i>
	Complete Address: City, State and Zip Code	<i>601 Riverside Avenue Jacksonville, FL 32204</i>
	Phone Number:	<i>414-520-7093</i>
	Email Address:	<i>Tammi.mathews@fisglobal.com</i>

C	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		<i>RFP</i>	#:	<i>3292</i>
	Enter CETS Number:	<i>#C20085</i>			
	Contract Amount:	<i>\$2,389,142.40</i>			
	Contract Term:	Start Date:	<i>July 1, 2018</i>	End Date:	<i>June 30, 2026</i>

Purchasing Use Only:

Approval #:

709 (2)

4	Current Contract Information:			
	Solicitation Type, if applicable: RFP		#:	3292
	Enter CETS Number:	#C20085		
	Initial Contract Amount:	\$2,389,142.40		
	Contract Term:	Start Date:	July 1, 2018	End Date:

5	Amendment Information – List <u>all previously</u> approved amendments:			
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
		N/A		

6	<u>Proposed</u> Amendment Information:			
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	An extension for continued Electronic Benefit Transaction (EBT) services for the Women, Infants and Children (WIC) Program to issue food redemption benefits, without interruption. This 2-year extension will allow Nevada WIC to complete a new RFP for EBT services.	\$441,544.98	June 30, 2028

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?			
	<i>Nevada WIC initially intended to be a part of the Nevada Division of Social Services (DSS) RFP for EBT services, however Nevada Division of Supportive Services (DSS) requested Nevada Women, Infants and Children (WIC) to be removed from this due to DSS focus for services no longer aligning with NV WIC. Additionally, unforeseen circumstances such as the Nevada Cyber-attack, along with the Federal Government Shutdown created unanticipated delays, specifically in receiving guidance/approval from our USDA/FNS funding partners.</i> <i>Consideration for this 2 year extension, would allow the Nevada WIC program to complete an RFP with Nevada State Purchasing Division while also ensuring there is no lapse in services for Nevada WIC participants.</i>			

8	What are the potential consequences to the State if the contract extension request is denied?

#709 @

If this request is denied, 55,000 (+) WIC Participants would not be able to redeem their food benefits until a new RFP is approved and a vendor is selected, which could take up to a year. Additionally, our state would no longer be in compliance with our federal program regulations and policies (7 CFR 246.12) which state that WIC State agencies must implement and operate statewide Electronic Benefit Transfer (EBT) Systems for the issuance and redemption of WIC food benefits.

Purchasing Use Only:**Approval #:**

7090

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 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.*

DocuSigned by:

Derek Castro

BDE20A2A91BF46F...

Signature of Agency Representative Initiating Request

Derek Castro

3/17/2026

Print Name of Agency Representative Initiating Request

Date

DocuSigned by:

Michele Silzell

0E483149F442400...

Signature of Agency Head Authorizing Request

Michele Silzell

3/17/2026

Print Name of Agency Head Authorizing Request

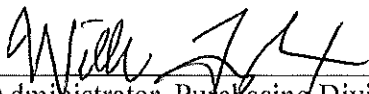
Date

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.

This approval does not exempt an agency from any other contracting process.

Signed:



Administrator, Purchasing Division or Designee

3.17.2026

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **27320**Amendment
Number: **1**Agency Name: **DHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **ImageTrend, LLC**Agency Code: **406**Address: **1305 Corporate Center Drive
Ste. 500**Appropriation Unit: **3235-19**Is budget authority
available?: **Yes**City/State/Zip: **Eagan, MN 55121**If "No" please explain: **Not Applicable**Contact/Phone: **Sherri L. Leflay 952-469-6451**Vendor No.: **T32005910**NV Business ID: **NV20232706531**To what State Fiscal Year(s) will the contract be charged? **2023-2030**

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 **07/01/2022**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **8 years and 1 day**4. Type of contract: **Contract**Contract description: **Software**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing maintenance and support for the National Emergency Medical Services Information System. This amendment extends the termination date from June 30, 2026 to June 30, 2030 and increases the maximum amount from \$1,417,268.48 to \$3,415,242.84 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:	\$1,417,268.48	\$1,417,268.48	\$1,417,268.48	Yes - Action
2. Amount of current amendment (#1):	\$1,997,974.36	\$1,997,974.36	\$1,997,974.36	Yes - Action
3. New maximum contract amount:	\$3,415,242.84			
and/or the termination date of the original contract has changed to:	06/30/2030			

II. JUSTIFICATION

7. What conditions require that this work be done?

Regulatory requirements for EMS certifications, licensing, for provider, ambulance, trauma centers and 911 dispatch ePCR reporting require that this work be done.

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

State employees do not have the expertise to do this work.

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

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

Not Applicable

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

Approval #: 230202

Approval Date: 02/14/2023

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

This vendor is currently providing ongoing services for the existing EMS Management system and owns the proprietary software system being used.

- 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

Budget Account Approval

User

msilzell

Signature Date

04/22/2026 13:12:10 PM

Division Approval	msilzell	04/22/2026 13:12:12 PM
Department Approval	msilzell	04/22/2026 13:12:15 PM
Contract Manager Approval	lstidha1	04/27/2026 12:46:50 PM
EITS Approval	ljean	04/28/2026 08:45:23 AM
Budget Analyst Approval	rgiffor1	05/08/2026 09:57:37 AM
BOE Agenda Approval	pokeefe	05/14/2026 14:09:48 PM



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: Andrea Rivers, Deputy Administrator, DHS
Jeremy Walkama, Administrative Services Officer III, DHS
Michael Bologlu, EMS Representative, DHS
Bobbie Sullivan, EMS Program Manager, DHS
DPBH Information Technology Team, DHS

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 – DHS – *ImageTrend* – TIE 677, Revision 2 –
BA(s) 3235

DATE: March 18, 2026

We have completed our review of the Department of Human Services (DHS) investment which has an estimated total value of \$1,997,974.36, allocated to the current and future biennia as follows:

Cost Type	FY27	FY28	FY29	FY30	Grand Total
Ongoing Cost	\$ 450,000.00	\$ 481,500.02	\$ 515,204.98	\$ 551,269.36	\$ 1,997,974.36
Continuum™	\$ 95,822.71	\$ 102,530.30	\$ 109,707.42	\$ 117,386.94	\$ 425,447.37
Elite™ EMS - SaaS	\$ 139,291.71	\$ 149,042.13	\$ 159,475.08	\$ 170,638.33	\$ 618,447.25
ImageTrend Vault Fire	\$ 37,851.81	\$ 40,501.44	\$ 43,336.53	\$ 46,370.10	\$ 168,059.88
License Management SaaS - Core	\$ 95,822.71	\$ 102,530.30	\$ 109,707.42	\$ 117,386.94	\$ 425,447.37
Mapping and Reporting System (MARS)	\$ 19,164.55	\$ 20,506.07	\$ 21,941.49	\$ 23,477.40	\$ 85,089.51
NREMT	\$ 3,194.09	\$ 3,417.68	\$ 3,656.91	\$ 3,912.90	\$ 14,181.58
ODMAP Distribution	\$ 5,846.09	\$ 6,255.32	\$ 6,693.19	\$ 7,161.71	\$ 25,956.31
Signature Customer Success	\$ 40,000.00	\$ 42,800.00	\$ 45,796.00	\$ 49,001.72	\$ 177,597.72
State EDS Licensure Payment Gateway	\$ 3,194.09	\$ 3,417.68	\$ 3,656.91	\$ 3,912.90	\$ 14,181.58
Visual Informatics™ EMS Cube	\$ 9,812.24	\$ 10,499.10	\$ 11,234.03	\$ 12,020.42	\$ 43,565.79
Grand Total	\$ 450,000.00	\$ 481,500.02	\$ 515,204.98	\$ 551,269.36	\$ 1,997,974.36

Funding source(s): 100% General Fund (BA 3235 CAT 19 – COT State Licensing System).

This TIE revision is for a cost update for ongoing services including hosting, maintenance, support and licensing for 1) ImageTrend License Management System and 2) ImageTrend Elite System currently in use by the Nevada Emergency Medical Services program.

ImageTrend currently provides the cloud-hosted, SaaS solution for Nevada's Emergency Medical Services (EMS). The ImageTrend License Management system tracks Nevada's emergency medical service provider information, including first responder certifications and licenses, EMS and Fire service permit information, and hospital trauma center designation certificates. ImageTrend Elite tracks data for every 911 call in Nevada when an ambulance or fire department is dispatched to emergency calls, including crew information and electronic patient care reports.

The GTO technology risk score indicates a low 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 #:	7210

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	ENTER STATE AGENCY NAME:		<i>Emergency Medical Services Program</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Bobbie Sullivan, EMS Program Manager</i>	<i>775-340-3894</i>	<i>bsullivan@health.nv.gov</i>
	<i>Michael Bologlu, EMS Representative II</i>	<i>775-461-6905</i>	<i>mbologlu@health.nv.gov</i>

2	Contractor Information:	
	Contractor Name:	<i>ImageTrend, LLC</i>
	Contact Name:	<i>Chad Pore</i>
	Complete Address: City, State and Zip Code	<i>1305 Corporate Center Dr, Suite 500 Eagan, MN 55121</i>
	Phone Number:	<i>952-469-1589</i>
	Email Address:	<i>cpore@imagetrend.com</i>

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:		<i>RFP</i>	#:
	Enter CETS Number:	<i># 19982</i>		
	Initial Contract Amount:	<i>\$1,714,200</i>		
	Contract Term:	Start Date:	<i>7/12/2018</i>	End Date:

Decd 03/31/20

Purchasing Use Only:

Approval #: 721 0

4	Current Contract Information:				
	Solicitation Type, if applicable:		<i>Professional Services Exemption</i>	#:	230202
	Enter CETS Number:		# 27320		
	Initial Contract Amount:		\$1,417,268.48		
	Contract Term:		Start Date:	7/1/2022	End Date:

5	Amendment Information – List <u>all previously</u> approved amendments:			
	Amd #:	Brief Synopsis of What Amendment Accomplished:	Dollar Change in Contract Amount	Change in End Date

6	<u>Proposed</u> Amendment Information:			
	Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Dollar Change in Contract Amount	Change in End Date
	1	The Nevada Emergency Medical Services (EMS) Program is requesting approval for a four-year contract renewal extension for the ImageTrend, LLC software systems that support our day-to-day operations.	\$ 1,997,974.36	06/30/2030

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?	
	<i>This renewal is essential to ensure continuity of operations and maintaining compliance with state and federal requirements governing Emergency Medical Services. ImageTrend serves as the technological backbone of Nevada's EMS infrastructure. The platform enables the State to credential pre-hospital emergency medical clinicians and firefighters; permit EMS agencies and fire departments; track medical training for volunteers as required under NRS 450B.1505; conduct vehicle and equipment inspections; and manage compliance investigations. These functions are critical to ensure that EMS personnel are qualified, vehicles are safe, and agencies operate within statutory and regulatory standards.</i>	
	<i>The system also supports Nevada's statewide data reporting obligations. ImageTrend is the platform through which all Nevada electronic patient care reports are submitted to the National Emergency Medical Services Information System (NEMSIS), ensuring compliance with federal reporting mandates and enabling national-level surveillance, research, and quality improvement. Equally important, ImageTrend facilitates secure data sharing with the Southern Nevada Health District, which also utilizes the platform as required under NRS 450B.180. This integration supports</i>	

disease surveillance, public-health monitoring, and emergency response coordination. The system further ensures compliance with the National EMS Compact, as outlined in NRS 450B.145, by supporting interstate credential verification and mobility of EMS clinicians during emergencies. Renewing this contract is not simply a matter of operational convenience, it is a public-safety imperative. Any interruption in system functionality would jeopardize the State's ability to credential providers, monitor agency compliance, track training requirements, ensure vehicle safety, and maintain mandatory data reporting. These gaps would directly impact Nevada's capacity to safeguard its residents during medical emergencies.

A four-year extension provides the stability necessary to maintain uninterrupted EMS operations while ensuring the State remains compliant with all statutory and federal requirements. Without this renewal, the Program would not have sufficient time to conduct a full Request for Proposal, creating unacceptable risks to compliance, provider readiness, and statewide emergency medical oversight.

What are the potential consequences to the State if the contract extension request is denied?

Extending the ImageTrend contract is essential to sustaining Nevada's EMS infrastructure and ensuring uninterrupted protection of public safety. ImageTrend serves as the State's primary platform for managing clinician credentialing, tracking training compliance, documenting vehicle safety inspections, and supporting regulatory investigations. These functions are not administrative conveniences — they are foundational components of a safe, accountable, and fully operational emergency medical system.

Most critically, ImageTrend enables secure, real-time data sharing with public health partners, including the Southern Nevada Health District. This capability supports disease surveillance, quality improvement, and emergency response coordination, all of which are required under State and federal mandates. Maintaining this data exchange is vital to safeguarding Nevada's communities and ensuring EMS agencies can respond effectively to emerging threats.

Without a contract extension, the Program would not have sufficient time to conduct a full Request for Proposal. This gap would jeopardize compliance with statutory requirements, delay provider credentialing, and weaken oversight of Emergency Medical Service operations statewide. Any interruption in these core functions would directly impact public safety by reducing the State's ability to ensure that EMS clinicians are qualified, vehicles are safe, and critical data flows to the agencies responsible for monitoring community health.

For these reasons, extending the ImageTrend contract is not only operationally necessary — it is a public-safety imperative that preserves the integrity and readiness of Nevada's EMS system.

Purchasing Use Only:

Approval #:

#7210

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.*



Signature of Agency Representative Initiating Request

Bobbie Sullivan, EMS Program Manager

3/30/2026

Print Name of Agency Representative Initiating Request

Date

Signed by:



3/31/2026

E3E13F39C1E54BD...

Signature of Agency Head Authorizing Request

Andrea R. Rivers

3/31/2026

Print Name of Agency Head Authorizing Request

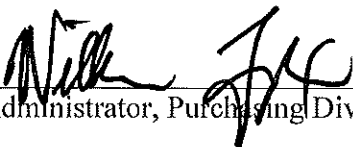
Date

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

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32126**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3228-64**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CDW GOVERNMENT, LLC**Contractor Name: **CDW GOVERNMENT, LLC**Address: **120 S. RIVERSIDE PLAZA**City/State/Zip: **CHICAGO, IL 60606**Contact/Phone: **MITCH FUNK 847/419-7311**Vendor No.: **PUR0000186A**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 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 407

2. Contract start date:

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

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2026**Contract term: **121 days**4. Type of contract: **Other (include description): Service Agreement via 99SWC-NV25-27248**Contract description: **Open Pages**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV25-27248 which provides IBM hardware, software, and services. This service agreement provides implementation of a compliance database to track action plans and milestones, manage security controls, track federal findings and remediation steps, and corrective action plans to align with the division's mainframe modernization objectives.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$141,700.00**

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?

The CDW OpenPages solution is a compliance database that will allow our agency to track Plan of Action and Milestones (POA&M), which is a NIST-defined document used in risk management to track and remediate cybersecurity weaknesses, manage NIST Security controls, and all Federal findings and remediation steps and corrective action plans to more effectively track the status of audit findings, security scan results and reporting for all federal audits, etc.

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

State resources do not have the expertise to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

It is permissible for DSS to utilize Statewide contract 99SWC-NV25-27248. The division is listed in the RFP (99SWC-S3266) for this contract as one of the agencies currently using said products and platforms '...includes the Office of the Chief Information Officer, the Department of Motor Vehicles, the Division of Welfare and Supportive Services within the Department of Health and Human Services, and the Department of Employment, Training and Rehabilitation.'

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. This contractor has previously been under contract with the Division of Social Services and provided satisfactory services.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Larry Smolyansky, IT Manager 3 Ph: 775-684-0512

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/13/2026 15:57:43 PM
Division Approval	cbuscay	04/13/2026 15:57:45 PM
Department Approval	rthomps1	04/14/2026 11:02:30 AM
Contract Manager Approval	mpomerle	04/20/2026 10:03:49 AM
EITS Approval	ljea	04/20/2026 11:46:20 AM
Budget Analyst Approval	khal5	04/29/2026 08:37:04 AM
BOE Agenda Approval	khawkin1	04/29/2026 09:08:21 AM



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: Robert Thompson, Administrator, DHS, DSS
Crystal Buscay, Chief Financial Officer, DHS, DSS
Andrew Tucker, Chief IT Manager, DHS, DSS

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
Sean Montierth, Computing Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DSS – *Mainframe (NOMADS) Modernization* –
TIE 463, Revision 3 – BA(s) 3228

DATE: February 9, 2026

We have completed our review of the Nevada Department of Human Services (DHS), Division of Social Services (DSS) investment which has an estimated total value of \$102,293,561.60, allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
☐ One-Time Cost	\$ 48,406,925.35	\$ 16,417,916.25	\$ 64,824,841.60
Services - Systems Integration	\$ 48,406,925.35	\$ 16,417,916.25	\$ 64,824,841.60
Grand Total	\$ 48,406,925.35	\$ 16,417,916.25	\$ 64,824,841.60

Funding source(s): 90% ARPA, 10% General Fund.

This TIE update is to support Change Request #11 under the Mainframe Modernization project which

represents a compliance-driven enhancement necessary to align Medicaid eligibility systems with federal statutory requirements established under H.R.1. The legislation introduces Medicaid Community Engagement provisions that condition continued eligibility for certain beneficiaries on verified participation in approved activities such as employment, education, job training, or volunteer service, subject to defined exemptions. This change request includes the design, configuration, and implementation of system and application updates needed to operationalize these requirements within eligibility determination, verification, exemption handling, and reporting workflows.

From an investment perspective, this effort mitigates significant regulatory and financial risks by ensuring DSS can demonstrate timely compliance with federal law, avoid potential penalties or funding exposure, and administer eligibility determinations consistently, at scale. Integrating these requirements into core systems, rather than relying on manual processes, supports program integrity, improves auditability, and preserves momentum in the broader modernization initiative by preventing parallel or duplicative workarounds.

The GTO investment and implementation, and technology risk scores indicates a low level of cybersecurity and business 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 CONTRACT1. Contract Number: **32205**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3228-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DATA BUILDERS INC.**Contractor Name: **DATA BUILDERS INC.**Address: **43180 Busines Park Dr.
Suite 100**City/State/Zip: **TEMECULA, CA 92590**Contact/Phone: **951/699-0777**Vendor No.: **PUR0004208A**NV Business ID: **NV20131523313**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.

X	General Funds	30.00 %	Fees	0.00 %
X	Federal Funds	70.00 %	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 **07/01/2026**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Q5i Hearings Databas**

5. Purpose of contract:

This is a new contract to provide ongoing support, licensing, maintenance, and modifications for the quality assurance hearings database.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$138,879.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The Q5i hearings system must be maintained to continue to meet the needs of the program and State/Federal guidelines.

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

State employees do not have the resources or expertise to provide this service.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)****Approval #: 260301****Approval Date: 03/03/2026**

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:

Currently under contract with DSS and providing satisfactory services.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Connie Campbell-Loving, Chief, PRE Ph: 775-684-0597

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbarlo1	04/28/2026 09:37:16 AM
Division Approval	bbarlo1	04/28/2026 09:37:23 AM
Department Approval	rthomps1	04/30/2026 12:15:43 PM
Contract Manager Approval	sjon23	04/30/2026 16:42:18 PM
EITS Approval	ljea	05/01/2026 07:06:04 AM
Budget Analyst Approval	khal5	05/05/2026 16:01:35 PM
BOE Agenda Approval	khawkin1	05/07/2026 12:12:59 PM
BOE Final Approval	Pending	



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
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M E M O R A N D U M

TO: Robert Thompson, Administrator, DSS
Crystal Buscay, Chief Financial Officer, DSS
Andrew Tucker, Chief IT Manger, DSS
Connie Campbell-Loving, Chief III PRE/QC, DSS

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 – DSS– *Data Builders Contract (Q5i) 0*– TIE 76,
Revision 2 – BA(s) 3228

DATE: February 13, 2026

We have completed our review of the Division of Supportive Services (DSS) investment, which has an estimated total value of \$342,717.00, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	FY30	FY31	Grand Total
One-Time Cost	\$ 28,503.00	\$ 32,105.00	\$ 33,705.00	\$ 35,513.00	\$ 37,556.00	\$ 39,864.00	\$ 207,246.00
Software - Annual Maintenance/Subsc	\$ 28,503.00	\$ 32,105.00	\$ 33,705.00	\$ 35,513.00	\$ 37,556.00	\$ 39,864.00	\$ 207,246.00
Grand Total	\$ 28,503.00	\$ 32,105.00	\$ 33,705.00	\$ 35,513.00	\$ 37,556.00	\$ 39,864.00	\$ 207,246.00

Funding source(s): 70% Federal Grant and 30% General Fund

This investment is for contract renewal to continue maintenance and on-demand user and technical support for the Q5i system, a federally approved quality assurance platform supporting DSS. The system

underpins quality control operations for the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), as well as administrative hearings management.

Q5i is a long-standing component of the Department of Social Services infrastructure and has been in continuous use by DSS Quality Control for more than 15 years. The system supports federally mandated case load error reporting, enabling the agency to meet compliance requirements and maintain program funding integrity. It also tracks administrative hearing information, providing a centralized platform for documentation, monitoring, and audit readiness. Federal guidelines require the use of an approved quality assurance system for reporting, and Q5i fulfills this obligation.

The current contract concludes on June 30, 2026. Contract renewal through June 2031 will support the system's embedded role in daily program oversight and compliance reporting.

From a business perspective, this investment supports operational continuity, regulatory compliance, and risk mitigation. Given the system's direct connection to federal reporting requirements and funding oversight, any lapse in service could expose the agency to compliance findings, financial penalties, or funding disruptions. The long-term use of Q5i demonstrates institutional familiarity and operational stability, reducing transition risk compared to replacing the platform.

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**

Purchasing Division

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

Purchasing Use Only:	
Approval#:	260301 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	ENTER STATE AGENCY NAME:		<i>Department of Human Services, Division of Social Services</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Connie Campbell-Loving, Social Services Chief III</i>	<i>775-684-0603</i>	<i>crcampbell@dss.nv.gov</i>
	<i>DSS Contracts, FACT Unit</i>	<i>775-684-0500</i>	<i>dsscontracts@dss.nv.gov</i>

1b	Vendor Information:	
	Vendor Name:	<i>Data Builders, Inc.</i>
	Contact Name:	<i>Jay Wilmer</i>
	Complete Address:	<i>43180 Business Park Drive, Suite 100 Temecula, CA 92590</i>
	City, State, and Zip Code	
	Telephone Number:	<i>(951)699-0777</i>
	Email Address:	<i>Jay@DataBuilders.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	☒
	Professional Service Exemption:	

1d	Contract Information:				
	Is this a new Contract? Check One:	Yes:	☒	No:	☐
	If 'No' Enter Amendment Number:	#			
	Enter CETS Number:	#			

1e	Term:				
	One (1) Time Purchase? Check One:	Yes:	☐	No:	☒
	Contract:	Start Date:	<i>July 1, 2026</i>	End Date:	<i>June 30, 2030</i>

1f	Funding:	
	State Appropriated:	<i>30%</i>
	Federal Funds:	<i>70%</i>
	Grant Funds:	
	Other (Explain):	

Rec'd 02/18/26 // auto

Purchasing Use Only:

Approval #:

260301 (2)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>Total contract value of \$138,879: (\$32,105 for FY27, \$33,705 for FY28, \$35,513 for FY29, and \$37,556 for FY30)</i>

2	Provide a description of work/services to be performed or services with goods to be purchased:
	<i>The Q5i system provided by Data Builders is a federally approved quality assurance (QA) system used by DSS Nevada's Quality Control Unit (QC) for over 19 years. This system is used for case load error reporting and -Temporary Assistance for Needy Families (TANF) Work Performance rates to the federal government. The system is also used to track Administrative Adjudication hearing information, DSS is required to use a QA system for reporting.</i>

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
	<i>Q5i stores QC Supplemental Nutrition Assistance (SNAP) and TANF Work Performance audits, create reports and coding to be uploaded into the federal partners systems. In addition, tracks and stores Administrative Adjudication hearing records and recorded hearings. We have been unable to find additional vendors that complete this service.</i>

4	Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The State purchased this proprietary system through Data Builders and installed it over 19 years ago. Data Builders helps maintain their system for DSS and has implemented upgrades and patches in the past. Furthermore, Q5i is supported by Data Builders but is fully implemented within DSS's infrastructure. Reports from Q5i are sent to the Federal government for review and are therefore considered as mission critical.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
		X	
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <u>If not</u> , why were alternatives not evaluated?		

As stated above, the State purchased this system through Data Builders and installed it over 19 years ago. This is a proprietary system that Data Builders helps maintains for us and has implemented upgrades and patches in the past.

It is also a federally approved QA system and is in use by many other states across the nation.

Purchasing Use Only:	
Approval #:	260301 @

6	Has the agency purchased these services/services with goods in the past? Check One:					Yes	No
	NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u>					X	
	a. If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information 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					
	07/01/2022	6/30/2026	\$111,604.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver 220306	25931	
	7/01/2018	6/30/2022	\$ 94,685.20	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required per SAM 0326(8)	19838	
	7/01/2017	6/30/2018	\$ 32,500.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required per SAM 0326(8)		
	7/01/2016	6/30/2017	\$ 35,735.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required per SAM 0326(8)		
	7/01/2015	6/30/2016	\$42,685.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required per SAM 0326(8)		
	7/01/2014	6/30/2015	\$81,500.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required. System previously purchased/ins tailed and in use by the State		
	10/08/2013	12/31/14	\$150,000.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver #130711	14830	
7/01/2013	6/30/2014	\$31,500.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required. System previously purchased/installed and in use by the State			
7/01/2012	6/30/2013	\$30,364.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required. System previously purchased/installed and in use by the State			
7/01/2011	6/30/2012	\$24,402.83	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required. System previously purchased/installed and in use by the State			
7/01/2010	6/30/2011	\$32,387.95	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required. System previously purchased/installed and in use by the State			

	7/01/2009	6/30/2010	\$20,802.00	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required. System previously purchased/installed and in use by the State	
	7/01/2008	6/30/2009	\$9,700.12	Software -Annual Maintenance/ Subscription	Solicitation Waiver not required. System previously purchased/installed and in use by the State	
	7/01/2007	6/30/2008	\$124,500.00	Software Licenses, Program Enhancements and Customization	PO 8082, RXQ14767, PC08300000048909	

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<i>The State would be out of compliance with completing and transmitting Federally mandated QC SNAP findings, records, Error rates and Work Performance rates.</i>

8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?
	<i>DSS PRE staff have reached out to other States using Q5i for the same services, though they were unwilling to provide exact contract amounts, the estimated costs were similar to the quote provided by Data Builders.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u>NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.</u>	X	
	a. If yes, please provide details regarding future obligations or needs. <i>This is a State-owned system that was purchased and installed 19 years ago from Data Builders. State will continue to contract with Data Builders for system maintenance, future enhancements, and patches to the system.</i>		

Purchasing Use Only:

Approval #:

260301 @

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

Connie Campbell-Loving

Print Name of Agency Representative Initiating Request

Date

Signature of Agency Head Authorizing Request

Robert H Thompson

Print Name of Agency Head Authorizing Request

02/06/2026

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

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31870**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3230-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **REGIONAL TRANSPORTATION COMMISSION**Contractor Name: **REGIONAL TRANSPORTATION COMMISSION**Address: **COMMISSION WASHOE COUNTY
1105 TERMINAL WAY STE 300**City/State/Zip: **RENO, NV 89502-2189**Contact/Phone: **775-348-0400**

Vendor No.:

NV Business ID: **Governmental Entity**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 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **TANF-SNAP Transport**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing bus passes to eligible Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program Employment and Training participants who must participate in work activities as a condition of receiving benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$134,000.00**

Other basis for payment: Actual Per Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Providing bus passes to TANF eligible recipients assists them in fulfilling required job seeking activities which is a requirement of receiving TANF and SNAP benefits. Providing transportation to TANF and SNAPET eligible recipients is intended to combat potential barriers to job search activities.

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

Regional Transportation Commission is a public agency that provides public transit services.

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and, NRS 277.180(g) authorizes the joint use or operation of a system of public transportation.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DSS and providing satisfactory service.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

MacKenzie Zink, Social Services Program Specialist III Ph: 775-684-0610

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/03/2026 11:04:39 AM
Division Approval	cbuscay	04/03/2026 11:04:41 AM
Department Approval	rthomps1	04/07/2026 13:03:32 PM
Contract Manager Approval	mpomerle	04/07/2026 15:40:53 PM
Budget Analyst Approval	khal5	05/05/2026 10:09:03 AM
BOE Agenda Approval	khawkin1	05/06/2026 14:51:11 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 CONTRACT1. Contract Number: **31744**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3238-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FOURTH JUDICIAL DISTRICT FAMILY COURT**Contractor Name: **FOURTH JUDICIAL DISTRICT FAMILY COURT**Address: **ELKO, COUNTY OF
571 IDAHO ST STE 101**City/State/Zip: **ELKO, NV 89801-3715**Contact/Phone: **Joni Allen 775/738-5694**Vendor No.: **T81072742R**NV Business ID: **Governmental Agency**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 % Fees 0.00 %

X Federal Funds **66.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **34.00 % County**

Agency Reference #: 407

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Judicial Officer**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Judicial Officer and court services to enforce child support obligations owed by non-custodial parents to their children and locate non-custodial parents, establish paternity and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$254,501.00**

Other basis for payment: Actual per invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that the Division attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

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

This is a function performed by the Judges/Judicial Officers in the Judicial District Courts.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with the Division and providing satisfactory services.

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

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

Not Applicable

15. The contractor is 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:

Kiersten Gallagher, Chief, Child Support Enforcement Program Ph: 702-486-1068

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/22/2026 14:52:15 PM
Division Approval	cbuscay	04/22/2026 14:52:18 PM
Department Approval	rthomps1	04/23/2026 14:05:22 PM
Contract Manager Approval	mpomerle	04/24/2026 16:10:20 PM
Budget Analyst Approval	khal5	04/28/2026 12:21:09 PM
BOE Agenda Approval	khawkin1	04/28/2026 13:48:56 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 CONTRACT1. Contract Number: **31742**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3238-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WASHOE COUNTY**Contractor Name: **WASHOE COUNTY**Address: **WASHOE SECOND JUDICIAL DIST CT
75 COURT ST**City/State/Zip: **RENO, NV 89501**

Contact/Phone: Valerie Moser 775/328-3569

Vendor No.:

NV Business ID: Gov't Entity

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 % Fees 0.00 %

X Federal Funds **66.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **34.00 % County**

Agency Reference #: 407

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Judicial Officer**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Judicial Officer and court services to enforce child support obligations owed by non-custodial parents to their children and locate non-custodial parents, establish paternity and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,654,818.00**

Other basis for payment: Actual per invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that the Division attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

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

This is a function performed by the Judges/Judicial Officers in the Judicial District Courts.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with the Division and providing satisfactory services.

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

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

Not Applicable

15. The contractor is 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:

Kiersten Gallagher, Chief, Child Support Enforcement Program Ph: 702-486-1068

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/22/2026 14:51:38 PM
Division Approval	cbuscay	04/22/2026 14:51:41 PM
Department Approval	rthomps1	04/23/2026 14:06:19 PM
Contract Manager Approval	mpomerle	04/24/2026 15:58:09 PM
Budget Analyst Approval	khal5	04/28/2026 12:12:42 PM
BOE Agenda Approval	khawkin1	04/28/2026 13:38:38 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32368**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3267-23**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Waterford Research Institute L.L.C.

Contractor Name: **Waterford Research Institute L.L.C.**Address: **4246 Riverboat Rd. Ste. 150**City/State/Zip: **Taylorsville, UT 84123**

Contact/Phone: Kernard Jones 801-349-2200

Vendor No.: T29047162

NV Business ID: NV20151483653

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 #: 40DHHS-S3544 - AM

2. Contract start date:

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

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Early Childhood Prog**

5. Purpose of contract:

This is a new contract to provide ongoing services for programs to help low-income individuals and families including parents, guardians, foster parents, and qualifying children in the Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families program, Medicaid program, and the Energy Assistance Program, with developmental and routine experience opportunities for school-entry transition.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: Vendor will submit invoices and agency will pay those invoices within 30 days.

II. JUSTIFICATION

7. What conditions require that this work be done?

The passing of Assembly Bill (AB) 212, created the Virtual Early Childhood Family Engagement Program. Per the requirements listed in AB212, the Nevada Department of Human Services (DHS) Division of Social Services (DSS) is to enter into contract with a qualified contractor to facilitate and administer the Virtual Early Childhood Family Engagement Program to assist parents, guardians, foster parents, and children in the transition into elementary education.

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

Per AB212 a nonprofit organization is required to administer the Program.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):

Trinity Consulting LLC
Waterford Research Institute
The Harris Strategy Group

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S3544, and in accordance with NRS 333, the selected vendor was the only vendor to submit a proposal and the proposal was reviewed by the agency.

d. Last bid date: 01/07/2026 Anticipated re-bid date: 01/15/2028

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

May 14, 2024 - June 30, 2025 - DHHS/Welfare and Supportive Services - They were verified as satisfactory.

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

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

Not Applicable

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

Other

They are registered as a Domestic Limited Liability Company with the Secretary of State's Office.

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	05/01/2026 12:58:53 PM
Division Approval	cbuscay	05/01/2026 12:58:55 PM
Department Approval	rthomps1	05/04/2026 09:22:50 AM
Contract Manager Approval	sjon23	05/04/2026 09:36:00 AM
Budget Analyst Approval	khal5	05/05/2026 10:08:02 AM
BOE Agenda Approval	khawkin1	05/06/2026 15:01:34 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32378**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3142-50**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **VIMO, INC.**Contractor Name: **VIMO, INC.**Address: **112 North Curry Street**City/State/Zip: **Carson City, NV 89703**Contact/Phone: **Laura Hobbelman 804-815-3003**Vendor No.: **T27042285**NV Business ID: **NV20081498280**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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2027**Contract term: **1 year and 60 days**4. Type of contract: **Contract**Contract description: **Project Mgmt/Eval**

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 support in executing the Comprehensive Child Welfare Information System transformation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,209,600.00**

Payment for services will be made at the rate of \$86,400.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The work is required to ensure DCFS has the specialized expertise needed to maintain CCWIS regulatory compliance, provide technical and programmatic oversight, and support decision making.

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

State employees do not have the expertise to complete this work.

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected by Purchasing as part of a multi award solicitation 99SWC-S2340 to provide various consulting, marketing, and education services.

d. Last bid date: 04/17/2023 Anticipated re-bid date: 01/30/2027

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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	chadwic1	05/01/2026 11:09:44 AM
Division Approval	mandidav	05/01/2026 11:13:06 AM
Department Approval	chadwic1	05/01/2026 11:14:54 AM
Contract Manager Approval	mandidav	05/01/2026 13:14:14 PM
Budget Analyst Approval	mgassawa	05/06/2026 14:33:14 PM
BOE Agenda Approval	klay0	05/18/2026 13:00:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32361**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3143-41**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CIVIC INITIATIVES, LLC**Contractor Name: **CIVIC INITIATIVES, LLC**Address: **7000 N. MOPAC EXPRESSWAY SUITE 200**City/State/Zip: **AUSTIN, TX 78731**Contact/Phone: **Whitney Agopian 720-779-3274**Vendor No.: **T32013081**NV Business ID: **NV20222562534**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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **Yes**

If "Yes", please explain

As part of Child Welfare Information System (CCWIS) transformation, Project Management Office (PMO) services are required. The CCWIS software integration contract with Accenture was approved at the May 12, 2026 Board of Examiners meeting. It was not possible to submit both the software integration contract and the PMO service agreement for the May 12 Board of Examiners meeting due to limited staffing capacity at DCFS and the focus on contract negotiations with Accenture.

3. Termination Date: **12/31/2027**Contract term: **1 year and 233 days**4. Type of contract: **Contract**Contract description: **Project Management**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV26-28444 which provides procurement assistance and information technology support services. This service agreement provides project management tasks and duties for the Comprehensive Child Welfare Information System transformation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,458,790.00**

Payment for services will be made at the rate of \$129,410.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

A Project Management Office is necessary to oversee the CCWIS transformation due to its complex technical and business integration and strict federal compliance requirements. Centralized PMO oversight ensures coordinated governance, risk management, vendor alignment, and consistent progress.

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?

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):

KPMG
Public Knowledge
Sellers Dorsey

b. Solicitation Waiver: **Not Applicable**

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

The vendor was selected because they demonstrated the strongest alignment with the project's technical, operational, and timeline requirements, along with a proven track record delivering comparable systems. In addition, the vendor is already established on a statewide contract, providing a cost-effective, compliant, and streamlined procurement path.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

4/30/2025-9/30/2025, DCFS, CETS #30524, 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	chadwic1	05/04/2026 15:01:56 PM
Division Approval	mandidav	05/04/2026 15:07:39 PM
Department Approval	chadwic1	05/04/2026 15:08:26 PM
Contract Manager Approval	mandidav	05/04/2026 16:45:41 PM
Budget Analyst Approval	mgassawa	05/08/2026 15:34:35 PM
BOE Agenda Approval	pokeefe	05/14/2026 13:18:50 PM



DEPARTMENT OF HUMAN SERVICES

DIRECTOR'S OFFICE

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



April 29, 2026

MEMORANDUM

TO: Maria Gassaway, Executive Branch Budget Officer I
Governor's Finance Office

FROM: Laura Freed, Agency Manager
Department of Human Services Director's Office

SUBJECT: Retroactive Start Date for DCFS Service Agreement for CCWIS Project Management Services

As part of the Division of Child and Family Services' (DCFS) Comprehensive Child Welfare Information System (CCWIS) transformation, Project Management Office (PMO) services are required. As the Governor's Finance Office is aware, the CCWIS software integration contract with Accenture has been submitted for the May 12, 2026, Board of Examiners meeting.

In order to have both software integration and project management begin at the same time, DCFS and the DHS Director's Office respectfully request that the attached service agreement with Civic Initiatives, LLC, for Project Management Services be approved retroactive to May 12, 2026. It was not possible to submit both the software integration contract and the PMO service agreement for the May 12 Board of Examiners meeting due to limited staffing capacity at DCFS and the focus on contract negotiations with Accenture. The DHS Director's Office has stepped in to provide additional contract development and oversight capacity. Additionally, it is imperative that the PMO stands up at the same time that software integration data gathering begins, since DCFS staff is limited in the time they can dedicate to project management, and the State is depending on its vendors to provide project planning and serve as an information conduit between Accenture and DCFS. Finally, it is imperative that federal ARPA funds be fully expended by the end of Calendar Year 2026 and permitting both software integration services and PMO services be effective on the same day will further that objective.

The DHS Director's Office and DCFS both understand that retroactive items should be the exception rather than the norm, and the additional staff capacity the Director's Office now has for contract matters is one way that the division intends to avoid requesting retroactive items in the future. We appreciate your consideration of this request, and would be happy to discuss at a mutually convenient time.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26319** Amendment Number: **3**

Agency Name: **DHS - CHILD AND FAMILY SERVICES** Legal Entity Name: **NETSMART TECHNOLOGIES, INC.**

Agency Code: **409** Contractor Name: **NETSMART TECHNOLOGIES, INC.**

Appropriation Unit: **3143-10** Address: **11100 Nall Ave**

Is budget authority available?: **Yes** City/State/Zip: **Overland Park, KS 66211**

If "No" please explain: Not Applicable Contact/Phone: **Jeff Matthews 913/242-6053**

Vendor No.: **PUR0003686A**

NV Business ID: **NV20101021052**

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.

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Software Renewal**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing services for the maintenance and annual hosting of the myAVATAR system. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$1,793,396.68 to \$2,351,615.69 to allow services to continue while a solicitation is completed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$901,618.79	\$901,618.79	\$901,618.79	Yes - Action
a. Amendment 1:	\$460,000.00	\$460,000.00	\$460,000.00	Yes - Action
b. Amendment 2:	\$431,777.89	\$431,777.89	\$431,777.89	Yes - Action
2. Amount of current amendment (#3):	\$558,219.01	\$558,219.01	\$558,219.01	Yes - Action
3. New maximum contract amount:	\$2,351,615.69			
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?

With nearly 20 years of commitment to Netsmart's Avatar application, DCFS' mental health staff and Information Services' application/reporting staff are extremely proficient with the application. DCFS currently utilizes Netsmart as our vendor for our Children's Mental Health application; myAvatar, which supports Medicaid billing activities.

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

No employee has the credentials or the experience to perform this needed service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 220603

Approval Date: 06/07/2022

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

Proprietary software to Netsmart

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:

Division of Child and Family Services has been utilizing this vendor's product for nearly 20 years. Prior 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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	kmccann	04/22/2026 18:04:18 PM
Division Approval	sknigge	04/30/2026 07:30:15 AM
Department Approval	dfrohlic	05/04/2026 17:36:32 PM
Contract Manager Approval	sknigge	05/05/2026 07:13:58 AM
EITS Approval	ljean	05/05/2026 07:19:00 AM
Budget Analyst Approval	mgassawa	05/07/2026 14:34:28 PM
BOE Agenda Approval	pokeefe	05/14/2026 14:41:57 PM



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: Kimberly Abbott, Administrator, DHS, DCFS
Mandi Davis, Deputy Administrator, DHS, DCFS
Kelsey Navarro, Administrative Services Officer IV, DHS, DCFS
Davor Milicevic, IT Manager III, DHS, DCFS
Srinivas Bokka, IT Manager II, DHS, DCFS
Ronald Thompson, IT Professional III, DHS, DCFS

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
Bertrum Carroll, State Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DCFS – *DCFS - myAvatarNX Licensing, Hosting, Maintenance and Support Renewal - SFY27* – TIE 1656, Revision 2 – BA(s) 3143

DATE: April 21, 2026

We have completed our review of the Department of Human Services (DHS), Division of Child and Family Services (DCFS) investment, which has an estimated total value of \$558,219.01, allocated to FY2027 as an ongoing cost.

Funding source(s): 63% Managed Care Program (MCD) and 37% General Fund.

GTO supports this investment to update renewal cost information for the myAvatarNX Electronic Health

Record system contract for DCFS Children's Mental Health through June 30, 2027. The solution is an existing operational platform that supports clinical documentation, interdisciplinary treatment records, and HIPAA-related electronic billing functions for children and youth receiving mental health services through DCFS programs. Renewing the contract is necessary to avoid disruption to core service delivery, documentation continuity, and billing operations that are directly tied to program administration and care coordination.

Because the platform supports protected health information and billing-related data, ongoing contract oversight is needed to ensure that appropriate safeguards, support terms, and service continuity remain in place for the renewal period.

The GTO technology risk score indicates a 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 #:	72910

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<u>ENTER YOUR STATE AGENCY NAME:</u> DCS		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Sharon Knigge	775-684-7952	<u>Sharon.knigge@dcfs.nv.gov</u>
	Denise Frohlich	775-684-4400	<u>dfrohlich@dcfs.nv.gov</u>
	Mandi Davis	775-684-4414	<u>m.davis@dcfs.nv.gov</u>

2	Contractor Information:	
	Contractor Name:	Netsmart Technologies
	Contact Name:	Jeff Matthews
	Complete Address: City, State and Zip Code	1110 Nall Ave. Overland Park, KS 66211
	Phone Number:	913-242-6053
	Email Address:	<u>jmatthews@ntst.com</u>

3a	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		Unknown	#:	
	Enter CETS Number:	#CONV2789			
	Contract Amount:	\$418,038.00			
	Contract Term:	Start Date:	7/12/2005	End Date:	6/30/2007

Redd 04/22/2010

#729(c)

3b	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		Solicitation Waiver		#: 091006
	Enter CETS Number:	#10051			
	Contract Amount:	538,639			
	Contract Term:	Start Date:	7/01/2009	End Date:	6/30/2013
3c	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		Solicitation Waiver		#: 130704
	Enter CETS Number:	#15338			
	Contract Amount:	\$101,500			
	Contract Term:	Start Date:	02/01/2014	End Date:	10/31/2014
3d	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		No waiver needed for software upgrade		#:
	Enter CETS Number:	#16408			
	Contract Amount:	\$25,000			
	Contract Term:	Start Date:	3/11/2015	End Date:	12/31/2015
3e	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		Solicitation Waiver		#: 151002
	Enter CETS Number:	#17292			
	Contract Amount:	\$105,675			
	Contract Term:	Start Date:	12/1/2015	End Date:	2/28/2016
3f	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		Solicitation Waiver		#: 221104
	Enter CETS Number:	#26869			
	Contract Amount:	\$458,960.82			
	Contract Term:	Start Date:	12/13/2022	End Date:	06/30/2026

Purchasing Use Only:

Approval #:

729②

4	Current Contract Information:				
	Solicitation Type, if applicable:		<i>Solicitation Waiver</i>	#:	220603
	Enter CETS Number:	#26319			
	Initial Contract Amount:	\$901,618.79			
	Contract Term:	Start Date:	07/01/2022	End Date:	6/30/2025

5	Amendment Information – List <u>all previously</u> approved amendments:			
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	<i>Increased NTE (required upgrades)</i>	<i>\$460,000.00</i>	<i>N/A</i>
	2	<i>Increased NTE, Extended 1 year</i>	<i>\$431,777.89</i>	<i>1-year (06/30/26)</i>

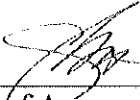
6	<u>Proposed</u> Amendment Information:			
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	3	<i>Increase NTE, Extend 1 year</i>	<i>\$558,219.01</i>	<i>-1-year- 06/30/27</i>

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	<i>We are extending for one year to align with the DPBH contracts while we work with the Purchasing Division on an EHR RFP.</i>

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>Youth in care at Desert Willow Treatment Center will have delays in receiving their prescribed medication as well as creating issues with tracking the medications prescribed by staff members.</i>

Purchasing Use Only:	
Approval #:	729②

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 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.*



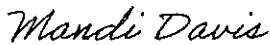
Signature of Agency Representative Initiating Request

Sharon Knigge

Print Name of Agency Representative Initiating Request

04/22/2026

Date



Signature of Agency Head Authorizing Request

Mandi Davis

Print Name of Agency Head Authorizing Request

04/22/2026

Date

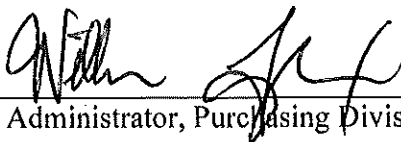
Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 and may be rescinded in the event reliable information becomes available upon which the Purchasing 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.



This approval does not exempt an agency from any other contracting process.

Signed:



Administrator, Purchasing Division or Designee

4.30.2026

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32023**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3179-27**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lincoln County Hospital District dba Grover Cr. Dils Medical Center

Contractor Name: **Lincoln County Hospital District dba Grover Cr. Dils Medical Center**

Address: **PO BOX 1010**

City/State/Zip: **Caliente , NV 89008**

Contact/Phone: Melissa Rowe 775-726-3171

Vendor No.: T80588110

NV Business ID: NV20161442939

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Medical Services**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing weekly medical services to youth in residence and to review infection control procedures, quality assurance programs, in-house pharmacy needs, and health education programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$282,628.00**

Payment for services will be made at the rate of \$3,638.00 per Month FY27

Other basis for payment: \$3,747/Mo. FY28; \$3,859/Mo. FY29; \$3,975/Mo. FY30; \$100,000 for increase to Insurance Premium

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 432A.530 requires that medical care be provided to youth in our care. This interlocal contract provides the mandatory continuity of care.

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

A medically qualified and licensed physician is required to diagnose and treat the youth in residence to include prescription services. There is no licensed physician on staff.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **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?

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

Not Applicable

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

No

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

Governmental entity of Lincoln County.

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

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

Vendor has been under contract since at least 2009. 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:

Bruce Burgess, Superintendent-Prgmr Monitor Ph: null

Sheryl Johnson, ASO I-Fiscal Monitor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sjohns36	03/19/2026 09:13:53 AM
Division Approval	sknigge	04/23/2026 16:36:07 PM
Department Approval	dfrohlic	04/30/2026 12:19:46 PM
Contract Manager Approval	sknigge	04/30/2026 12:23:36 PM
Budget Analyst Approval	mgassawa	05/05/2026 11:27:38 AM
BOE Agenda Approval	pokeefe	05/12/2026 13:29:13 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 CONTRACT1. Contract Number: **32161**

Agency Name:	DHS - CHILD AND FAMILY SERVICES	Legal Entity Name:	SHI International Corp.
Agency Code:	409	Contractor Name:	SHI International Corp.
Appropriation Unit:	3229-44	Address:	290 Davidon Ave.
Is budget authority available?:	Yes	City/State/Zip	Somerset, NJ 08873
If "No" please explain:	Not Applicable	Contact/Phone:	Team Nevada 888-230-1331
		Vendor No.:	PUR0001595
		NV Business ID:	NV20131129294

To what State Fiscal Year(s) will the contract be charged? **2027-2028**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years**4. Type of contract: **Other (include description): MSA Service Agreement**Contract description: **Foster Care Database**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV25-25461 which provides cloud services. This service agreement provides ongoing services for a cloud-based foster care database.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$141,467.68**

Payment for services will be made at the rate of \$69,008.62 per FY27

Other basis for payment: \$72,459.06 for FY28

II. JUSTIFICATION

7. What conditions require that this work be done?

The foster care database provides an online portal for applicants to upload or complete documents and see in real time where they are in the process and what is outstanding. It also provides Division staff with a dashboard for each applicant to better assist them in the process. The database also allows for reporting to show recruiting success over time, status changes in homes or how many children are placed away from their communities of origin.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

State Purchasing provided several permissive Statewide contracts to allow for purchases from Cloud Services. This contract is the continuation of services from the previous contract.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor is currently under contract through the Purchasing Division. 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:

Maria Hickey, Program Monitor Ph: 775-684-1975

Thomas Milazzo, Fiscal Monitor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tmilazz1	04/28/2026 12:07:37 PM
Division Approval	sknigge	04/29/2026 12:02:13 PM
Department Approval	dfrohlic	04/30/2026 12:19:58 PM
Contract Manager Approval	sknigge	04/30/2026 12:34:22 PM
EITS Approval	ljea	05/01/2026 07:09:37 AM
Budget Analyst Approval	mgassawa	05/07/2026 15:59:52 PM
BOE Agenda Approval	pokeefe	05/14/2026 14:19:05 PM
BOE Final Approval	Pending	



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: Kimberly Abbott, Administrator, DCFS, DHS
Kelsey Navarro, Administrative Services Officer IV, DCFS, DHS
Davor Milicevic, IT Manager III, DCFS, DHS
Srinivas Bokka, IT Manager II, DCFS, DHS
Maria Hickey, Social Services Program Specialist III, DCFS, DHS

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 – DCFS – *DCFS-BINTI-Foster Care Database-2* –
TIE 1595, Revision 1 – BA(s) 3229

DATE: March 18, 2026

We have completed our review of the Department of Human Services (DHS), Division of Child and Family Services (DCFS), investment which has an estimated total value of \$141,467.60, allocated to FY2027 and FY2028 as ongoing costs.

Funding source(s): 100% Federal Grant.

This investment is for a two-year contract renewal for the Binti Foster Care Database from July 1, 2026, through June 30, 2028. Binti is a commercial off-the-shelf, cloud-based platform that supports the foster care licensing process by providing an online portal for applicants and workflow dashboards for staff, improving efficiency, visibility, and processing timelines. The system also delivers reporting capabilities

that support oversight of recruitment, licensing status, and placement trends.

The renewal ensures continuity of a system that supports core operational functions while serving as a bridge until the statewide Master Service Agreement is renewed or the future Comprehensive Child Welfare Information System (CCWIS) solution is implemented. The planned API integration with UNITY will improve data sharing and reduce manual processes, aligning with broader enterprise integration objectives.

The investment carries moderate business risk due to reliance on a third-party SaaS provider and its interim role within the broader system landscape. These risks are mitigated by the system's current operational maturity and its alignment with planned future-state architecture. Overall, the renewal is justified to maintain continuity of services and support ongoing foster care operations during transition.

The GTO technology risk score indicates a low 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: **26968** Amendment Number: **2**

Agency Name: **DHS - CHILD AND FAMILY SERVICES** Legal Entity Name: **NETSMART TECHNOLOGIES, Inc.**

Agency Code: **409** Contractor Name: **NETSMART TECHNOLOGIES, Inc.**

Appropriation Unit: **3646-04** Address: **11100 Nall Ave**

Is budget authority available?: **Yes** City/State/Zip: **Overland Park, KS 66211**

If "No" please explain: Not Applicable Contact/Phone: **Jeff Matthews 913-242-6053**

Vendor No.: **PUR0003686**

NV Business ID: **NV20101021052**

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.

X	General Funds	42.40 %	Fees	0.00 %
X	Federal Funds	57.60 %	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 **12/13/2022**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **4 years and 199 days**4. Type of contract: **Contract**Contract description: **Medication Machines**

5. Purpose of contract:

This is the second amendment to the original contract which provides a medication management system including electronic order entry and electronic medication administration records to improve patient safety and prescribing practices. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$458,960.82 to \$628,560.76 to allow services to continue while a solicitation is completed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$377,967.45	\$377,967.45	\$377,967.45	Yes - Action
a. Amendment 1:	\$80,993.37	\$80,993.37	\$80,993.37	Yes - Info
2. Amount of current amendment (#2):	\$169,599.94	\$169,599.94	\$250,593.31	Yes - Action
3. New maximum contract amount:	\$628,560.76			
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?

This system is necessary to regulate and monitor Medication orders for the Division.

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

State employees do not possess the expertise or authority to provide these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: null

Approval Date: 11/15/2022

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

This vendor provides services related to similar products already in use.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor has been under contract with the Division and DPBH for several services since 2007. 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	prassie1	04/23/2026 06:10:57 AM
Division Approval	sknigge	04/30/2026 07:29:55 AM
Department Approval	dfrohlic	05/04/2026 17:36:54 PM

Contract Manager Approval	sknigge	05/05/2026 07:14:09 AM
EITS Approval	ljean	05/05/2026 07:18:43 AM
Budget Analyst Approval	mgassawa	05/07/2026 12:13:58 PM
BOE Agenda Approval	pokeefe	05/14/2026 14:30:49 PM



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: Kimberly Abbott, Administrator, DHS, DCFS
Mandi Davis, Deputy Administrator, Support Services, DHS, DCFS
Kelsey Navarro, Administrative Services Officer IV, DHS, DCFS
Rick Rassier, Administrative Services Officer III, DHS, DCFS
Davor Milicevic, IT Manager III, DHS, DCFS
Srinivas Bokka, IT Manager II, DHS, DCFS

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
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DCFS – *Netsmart Pyxis Med Stations 2* – TIE
1653, Revision 1 – BA(s) 3646

DATE: April 21, 2026

We have completed our review of the Department of Human Services (DHS), Division of Child and Family Services (DCFS) investment which has an estimated total value of \$169,599.94, allocated to FY2027 as ongoing costs.

Funding source(s): 57.64% Federal Grant (Medicaid) and 42.36% General Fund.

GTO approves this investment that renews the lease for five BD Pyxis medication stations used at the Desert Willow Treatment Center and integrated with the MyAvatar EHR environment and Rawson Neal

Pharmacy through the RxConnect network. The request also reflects the State's transition planning requirement that all Netsmart-related agreements align to terminate by June 30, 2027, in anticipation of a future competitive procurement for the MyAvatar EHR system and its related components.

The business case supports the renewal as a necessary continuation of medication management capability for DWTC, a 44-bed psychiatric hospital serving Nevada youth ages 6 through 17 through both acute psychiatric and residential treatment services. Because the Pyxis stations are operationally tied to the existing MyAvatar EHR architecture and pharmacy connectivity, renewing the lease helps preserve continuity of care, medication access, and established clinical workflows while the State prepares for a broader RFP process. The limited one-year term is appropriate because it avoids a longer commitment to the incumbent environment while still maintaining essential hospital operations.

This request is reasonable as a short-term operational continuation rather than a long-term expansion of the current platform. The investment does not introduce a new duplicative capability but instead sustains an existing integrated medication dispensing function that is already embedded within the current care delivery model. Aligning the termination date with the broader Netsmart contract strategy is also prudent, as it preserves flexibility for a future vendor transition and reduces the risk of contractual misalignment during the upcoming procurement cycle.

GTO supports approval of this investment because it maintains a critical clinical capability for an active treatment facility, aligns with the State's transition planning for the future EHR procurement, and limits the commitment to a one-year term that is operationally necessary and strategically appropriate.

The GTO 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



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 #:

7280

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<u>ENTER YOUR STATE AGENCY NAME:</u> DCFs		
	Contact Name and Title	Phone Number	Email Address
	Sharon Knigge	775-684-7952	<u>Sharon.knigge@dcfs.nv.gov</u>
	Denise Frohlich	775-684-4400	<u>dfrohlich@dcfs.nv.gov</u>
	Mandi Davis	775-684-4414	<u>m.davis@dcfs.nv.gov</u>

2	Contractor Information:	
	Contractor Name:	Netsmart Technologies
	Contact Name:	Jeff Matthews
	Complete Address: City, State and Zip Code	1110 Nall Ave. Overland Park, KS 66211
	Phone Number:	913-242-6053
	Email Address:	<u>jmatthews@ntst.com</u>

3a	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		Unknown	#:	
	Enter CETS Number:	#CONV2789			
	Contract Amount:	\$418,038.00			
	Contract Term:	Start Date:	7/12/2005	End Date:	6/30/2007

Rec'd 04/23/26

#728C3

3b	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable: <i>Solicitation Waiver</i>			#:	091006
	Enter CETS Number:	#10051			
	Contract Amount:	538,639			
	Contract Term:	Start Date:	7/01/2009	End Date:	6/30/2013
3c	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable: <i>Solicitation Waiver</i>			#:	130704
	Enter CETS Number:	#15338			
	Contract Amount:	\$101,500			
	Contract Term:	Start Date:	02/01/2014	End Date:	10/31/2014
3d	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable: <i>No waiver needed for software upgrade</i>			#:	
	Enter CETS Number:	#16408			
	Contract Amount:	\$25,000			
	Contract Term:	Start Date:	3/11/2015	End Date:	12/31/2015
3e	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable: <i>Solicitation Waiver</i>			#:	151002
	Enter CETS Number:	#17292			
	Contract Amount:	\$105,675			
	Contract Term:	Start Date:	12/1/2015	End Date:	2/28/2016
3f	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable: <i>Solicitation Waiver</i>			#:	220603
	Enter CETS Number:	#26319			
	Contract Amount:	\$1,793,396.68			
	Contract Term:	Start Date:	07/01/2022	End Date:	06/30/2025

Purchasing Use Only:	
Approval #:	7280

4	Current Contract Information:				
	Solicitation Type, if applicable:		<i>Solicitation Waiver</i>	#:	221104
	Enter CETS Number:		#26968		
	Initial Contract Amount:		\$377,967.45		
	Contract Term:	Start Date:	12/13/2022	End Date:	6/30/2026

5	Amendment Information – List <u>all previously</u> approved amendments:			
	Amd #:	Brief Synopsis of What Amendment Accomplished:	Dollar Change in Contract Amount	Change in End Date
	1	Increased NTE (additional machines)	\$80,993.37	N/A

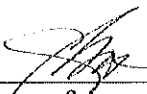
6	<u>Proposed</u> Amendment Information:			
	Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Dollar Change in Contract Amount	Change in End Date
	2	Extend 1 year	\$169,599.94	-1-year 06/30/27

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	<i>We are extending for one year to align with the DPBH contracts while we work with the Purchasing Division on an EHR RFP.</i>

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>Youth in care at Desert Willow Treatment Center will have delays in receiving their prescribed medication as well as creating issues with tracking the medications prescribed by staff members.</i>

Purchasing Use Only:	
Approval #:	728 (2)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 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.*



 Signature of Agency Representative Initiating Request

Sharon Knigge

 Print Name of Agency Representative Initiating Request

4/22/2026

 Date

Mandi Davis

 Signature of Agency Head Authorizing Request

Mandi Davis

 Print Name of Agency Head Authorizing Request

04/22/2026

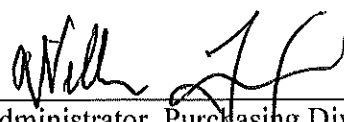
 Date

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.	☒

This approval does not exempt an agency from any other contracting process.

Signed:



 Administrator, Purchasing Division or Designee

4.30.2026

 Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32302**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Administration, Appeals Office

Contractor Name: **Department of Administration,
Appeals Office**Address: **2200 S. Rancho Dr., Suite 220**City/State/Zip: **Las Vegas, NV 89102**

Contact/Phone: Denise McKay 702-486-2535

Vendor No.:

NV Business ID: Governmental Entity

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.

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	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 **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Appeals/Hearings**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing appeal process services that ensures those entitled are afforded the right to appeal when refused Medicaid benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$347,792.16****II. JUSTIFICATION**

7. What conditions require that this work be done?

This service is Federally Mandated by 42 CFR 431.200-246

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

This contract is between State agencies9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2013 to current (NVHA). 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:

Kimberly Smalley, Social Services Chief III Ph: 775-687-3790

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	loter1	04/29/2026 12:57:21 PM
Division Approval	scanfiel	04/29/2026 13:01:02 PM
Department Approval	cleech	05/01/2026 11:12:53 AM
Contract Manager Approval	ltuttl1	05/01/2026 12:12:42 PM
Budget Analyst Approval	khawkin1	05/06/2026 14:34:45 PM
BOE Agenda Approval	khawkin1	05/06/2026 14:34:49 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 CONTRACT1. Contract Number: **32395**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ESTIPONA GROUP**Contractor Name: **ESTIPONA GROUP**Address: **PO BOX 10606**City/State/Zip: **RENO, NV 89510-0606**Contact/Phone: **Chelsey Brice 7752504396**Vendor No.: **T29035435**NV Business ID: **NV19951042070**To what State Fiscal Year(s) will the contract be charged? **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	10.00 %	Fees	0.00 %
X	Federal Funds	90.00 %	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 **07/06/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **359 days**4. Type of contract: **Contract**Contract description: **Service Agreement**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This agreement provides a statewide Nevada Medicaid community engagement campaign.

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?

Nevada Medicaid is preparing for a significant policy shift and needs a comprehensive, statewide campaign to inform affected members.

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 capability to provide technical assistance to complete this project.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	loter1	05/07/2026 08:34:14 AM
Division Approval	scanfiel	05/08/2026 10:30:21 AM
Department Approval	cleech	05/08/2026 10:39:53 AM
Contract Manager Approval	sfergus2	05/08/2026 10:42:12 AM
Budget Analyst Approval	khawkin1	05/11/2026 10:42:52 AM
BOE Agenda Approval	khawkin1	05/12/2026 13:54:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **30520**Amendment Number: **2**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Legal Entity Name: **Mercer Health & Benefits LLC**Agency Code: **410**Contractor Name: **Mercer Health & Benefits LLC**Appropriation Unit: **3158-04**Address: **2325 East Camelback Rd.
Suite 600**Is budget authority available?: **Yes**City/State/Zip: **Phoenix, AZ 85016**

If "No" please explain: Not Applicable

Contact/Phone: **Frederick Gibison 480-395-1023**Vendor No.: **T32007146**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 %

HOSPITAL TAX AND PROVIDER FEE TRANSFER

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **1 year and 364 days**4. Type of contract: **Other (include description): Statewide Service Agreement**Contract description: **Financing Arrangmnts**

5. Purpose of contract:

This is the second amendment to the original service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides program evaluation, technical assistance, and consulting related to Medicaid Financing Arrangements. This amendment increases the maximum amount from \$4,059,466.10 to \$4,667,662.85 due to additional hours needed to support Medicaid Financing Arrangements.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,974,626.10	\$3,974,626.10	\$3,974,626.10	Yes - Action
a. Amendment 1:	\$84,840.00	\$84,840.00	\$84,840.00	Yes - Info
2. Amount of current amendment (#2):	\$608,196.75	\$608,196.75	\$693,036.75	Yes - Action
3. New maximum contract amount:	\$4,667,662.85			

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple contracts awarded in conjunction with RFQ, as determined in the best interests of the State for Statewide use, to provide Marketing, Conference Planning, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis, and Report Development on an as needed basis, in accordance with a service agreement.

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

State employees do not have the expertise or resources to provide these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Multiple vendors chosen under Statewide RFQ 99SWC-S2340 Consulting, Marketing, and Education Services

d. Last bid date: 04/17/2023 Anticipated re-bid date: 04/01/2027

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple contracts with NVHA in 2025 - current. Satisfactory.

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	loter1	04/21/2026 14:40:52 PM
Division Approval	scanfiel	04/23/2026 14:35:05 PM

Department Approval	cleech	04/23/2026 17:50:58 PM
Contract Manager Approval	ijanssen	04/24/2026 10:06:49 AM
Budget Analyst Approval	khawkin1	04/28/2026 13:28:21 PM
BOE Agenda Approval	khawkin1	04/28/2026 13:28:24 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32212**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-04**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: Oregon Health & Science UniversityContractor Name: **Oregon Health & Science University**Address: **3030 SW Moody Ave., Suite 250
Mailstop MDYCEBP**City/State/Zip: **Portland, OR 97201**

Contact/Phone: Scott Harvey 503-494-9734

Vendor No.: T32010349

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

General Funds	0.00 %	Fees	0.00 %
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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 30 days**4. Type of contract: **Interlocal Agreement**Contract description: **MED Project**

5. Purpose of contract:

This is a new interlocal agreement to provide evidence-based strategies to enhance the Medicaid program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$495,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a subscription contract for access to evidence-based policy research and resources to benefit the Medicaid program. This will allow the Nevada Medicaid program to improve policy and strategies in services and programs.

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

State employees do not 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

- d. Last bid date: Anticipated re-bid date:
10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor
 Not Applicable
12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
No
 b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
No
 c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
No If "Yes", please explain
 Not Applicable
13. Has the contractor ever been engaged under contract by any State agency?
 No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:
 Not Applicable
14. Is the contractor currently involved in litigation with the State of Nevada?
 No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
 Not Applicable
15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity
16. Not Applicable
17. Not Applicable
18. Not Applicable
19. Agency Field Contract Monitor:
20. Contract Status:
 Contract Approvals:
- | Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | loter1 | 04/09/2026 12:49:38 PM |
| Division Approval | scanfiel | 04/13/2026 07:45:40 AM |
| Department Approval | cleech | 04/21/2026 12:07:50 PM |
| Contract Manager Approval | trya4 | 04/21/2026 16:37:20 PM |
| Budget Analyst Approval | khawkin1 | 04/28/2026 08:02:16 AM |
| BOE Agenda Approval | khawkin1 | 04/28/2026 08:02:21 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 CONTRACT1. Contract Number: **27859**Amendment Number: **1**Legal Entity Name: **IA, LLC**Agency Name: **NVHA - HEALTH CARE FACILITY REG**Contractor Name: **IA, LLC**Agency Code: **412**Address: **IMPROVING ATLANTA**Appropriation Unit: **3216-04****5445 LEGACY DR STE 100**Is budget authority available?: **Yes**City/State/Zip: **PLANO, TX 75024-3371**

If "No" please explain: Not Applicable

Contact/Phone: Allison Jordan 770/623-5734

Vendor No.: T32003226A

NV Business ID: NV20151021381

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 % HEALTH FACILITY LICENSES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: C 18197

2. Contract start date:

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

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Software Maintenance**

5. Purpose of contract:

This is the first amendment to the original contract which provides maintenance and support for the Nevada Automated Background Checks System. This amendment increases the maximum amount from \$309,121 to \$533,120 due to additional integration requirements.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$309,120.00	\$309,120.00	\$309,120.00	Yes - Action
2. Amount of current amendment (#1):	\$224,000.00	\$224,000.00	\$224,000.00	Yes - Action
3. New maximum contract amount:	\$533,120.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an existing system used to carry out the background check requirements in NRS/NAC Chapters 449 and childcare facilities in NRS/NAC Chapter 432A. This contract is required for the continued vendor software maintenance support.

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

This is a proprietary system the State does not have the expertise to perform this service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 230702

Approval Date: 07/05/2023

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

Proprietary software

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:

Current vendor with NVHA, satisfactory services.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	loter1	04/16/2026 09:09:39 AM
Division Approval	ttlto1	04/22/2026 16:15:20 PM
Department Approval	cleech	04/23/2026 13:22:36 PM
Contract Manager Approval	ijanssen	04/23/2026 13:47:19 PM
EITS Approval	ljean	04/24/2026 06:54:41 AM

Budget Analyst Approval
BOE Agenda Approval

spowel3
khawkin1

04/30/2026 14:44:04 PM
05/06/2026 14:28:58 PM

Purchasing Use Only:

Approval #:

260304-02



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	STATE AGENCY NAME:		Nevada Health Authority (NVHA), Division of Health Care Purchasing and Compliance
	Contact Name and Title	Phone Number	Email Address
	Alexandria Zanini, MA2		a.zanini@nvha.nv.gov
	Thomas Tilton, ASO3	775-684-3676 (main)	ttilton@nvha.nv.gov
	Irma Janssen, MA3	775-684-3706	i.janssen@nvha.nv.gov

1b	Vendor Information:	
	Vendor Name:	Innovative Architects, LLC dba Improving Atlanta (IA, LLC)
	Contact Name:	Allison Dudziak
	Complete Address:	11675 Rainwater Drive, Suite 100
	City, State, and Zip Code	Alpharetta, GA 30009
	Telephone Number:	770-596-1161
	Email Address:	Allison.Dudziak@improving.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:	No:	X
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	#27859		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:	No:	X
	Contract:	Start Date:	Upon Approval	End Date: 06/30/2027

1f	Funding:	
	State Appropriated:	X
	Federal Funds:	

Purchasing Use Only:

Approval #:

260304②

Grant Funds:	
Other (Explain):	

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$224,000.00 (27859 A-1) <i>NOTE: This amendment seeks to increase contract authority due to change in scope of work as defined in question #2. The vendor's legal name is Innovative Architects, LLC, dba Improving Atlanta, however, is registered with the NV Secretary of State's office as IA, LLC. For sake of readability, the vendor name will be referred to read "IA, LLC".</i> <i>In addition, this amendment seeks to reflect the name of the department and agency to Nevada Health Authority (NVHA), Division of Health Care Purchasing and Compliance (DHCPC) resulting from the 83rd Legislative Session in SB494. This contract was formerly assigned to the Department of Health and Human Services(DHHS), Division of Public and Behavioral Health (DPBH)</i>

2	Provide a description of work/services to be performed or services with goods to be purchased:
	<i>IA, LLC will provide continued maintenance and support services to the Division's Nevada Automated Background Check System (NABS). This includes:</i> <i>• Support and Enhancements</i> <i>• Status meetings</i> <i>• Responding to emailed questions</i> <i>• Problem resolution</i> <i>• Development of fixes or new functionality as requested</i> <i>• Installation onto the NABS UAT and Productions servers as requested</i> <i>• Review of release notes/new functionality of each month or as requested</i> <i>• Other technical tasks as directed by NABS staff</i> <i>• Source code management</i> <i>• Security for software, interface, data and data exchanges will meet all applicable Federal, State of NV and Division/Agency requirements</i> <i>• Criminal History Integration—design, development, testing, deployment of REST API</i> <i>• Vendor hosting of Childcare Licensing and Long-term Care Implementation of NABS</i>

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
	<i>IA, LLC built the NABS system and has been providing on-going support and maintenance to both health care facilities agency to provide:</i> <i>• personal care services in the home</i> <i>• an employment agency that contracts with persons to provide non-medical services related to personal care to elderly persons</i> <i>• persons with disabilities in the home</i> <i>• an agency to provide nursing in the home</i> <i>• a community health worker pool, a facility for intermediate care</i> <i>• a facility for skilled nursing</i>

Purchasing Use Only:

Approval #:

266304@

- a provider of community-based living arrangement services
- a hospital described in 42 U.S.C. § 1395ww(d)(1)(B)(iv)
- a psychiatric hospital that provides inpatient services to children
- a psychiatric residential treatment facility
- a peer support recovery organization
- a residential facility for groups
- a program of hospice care, a home for individual residential care, a facility for the care of adults during the day
- a facility for hospice care
- a nursing pool
- the distinct part of a hospital which meets the requirements of a skilled nursing facility or nursing facility pursuant to 42 C.F.R. § 483.5
- a hospital that provides swing-bed services as described in 42 C.F.R. § 482.58 or, if residential services are provided to children, a medical facility or facility for the treatment of alcohol or other substance use disorders and
- childcare facilities system since its inception

1. IA, LLC is the sole developer of the NABS system, which is based on the Core BCS platform. No other vendor has knowledge of the internal workings of the Core BCS/NABS system.
2. NABS is currently the sole source of background checks used by Nevada Health Authority, Division of Health Care Purchasing and Compliance, Health Care Quality and Compliance (HCQC)
3. IA, LLC works with 30 plus other state agencies to continuously improve the Core BCS platform. Enhancements made for other states are automatically provided to the HCQC at no addition cost through the NABS maintenance agreement. No other vendor can provide those enhancements from other state agencies.
4. Improving has a team of 20 plus dedicated staff members who support the Core BCS platform in all its variation, with 60 plus years of experience. No other vendor has experience in supporting this platform.

Since the inception of NABS, IA, LLC has provided ongoing support and maintenance to the NABS system directly to HCQC. The initial cost to build this system was more than \$3 million dollars shared across multiple states and the Centers for Medicare and Medicaid Services.

Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:

4

NABS was developed and maintained by IA, LLC. It has the required code and interfaces to maintain this system. This purchase is only economically available from this source because all of the required components are already established, and this would be a continuation of current services. In addition, we receive free enhancements to NABS through Improving's work with other states that use the same core platform. These free enhancements are only available from this vendor. This vendor is currently developing additional components to work with the existing systems and will now provide for vendor hosting implementation of NABS that will further enhance security.

5

Were alternative services or commodities evaluated?

Check One:

Purchasing Use Only:

Approval #:

2603040

	Yes	No
		X
a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
b. <u>If not</u>, why were alternatives not evaluated?		
<i>This system was developed by the vendor through a Federal Grant. After the federal grant dollars no longer supported the system, a maintenance agreement (15697) was put in place September of 2016 and has been renewed several times with the most current contract (CETS# 27859) expiring June 30, 2027.</i> <i>This system is currently being used by the Division and continued maintenance and support of the system is required.</i>		

Has the agency purchased these services/services with goods in the past? Check One:					Yes	No
<u>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u>					X	
a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u>						
6	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
	Start Date	End Date				
	09/29/2016	09/28/2017	\$243,000.00	NABS Software Maintenance	MA 15697	N/A
	10/01/2017	09/30/2018	\$70,000.00	NABS Software Maintenance	MA 16209	N/A
	10/01/2018	09/30/2020	\$145,608.00	NABS Software Maintenance	MA 160209	N/A
	10/01/2020	09/30/2025	\$369,168.00	NABS Software Maintenance	MA 17611	N/A
	07/1/2023	06/30/2027	\$309,120.00	NABS Software Maintenance	Waiver #230702	CETS# 27859

Purchasing Use Only:

Approval #:

2603040

Note: The Centers for Medicare & Medicaid Services Contracted with CAN Analysis & Solutions to provide technical assistance support for the National Background Check Program (NBCP). CAN in conjunction with Innovative Architects (Improving Atlanta), developed this system as part of a grant they received. DPBH did not receive funds to pay for the actual development of the system by the vendor so there was no contract. Once the development was completed, DPBH entered into maintenance agreements with the vendor for all ongoing maintenance and support of their systems.

7 What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?

This is proprietary to this vendor due to the source code and needed connections/ access that can provide maintenance and support for NABS without interruptions in services. A break in service can have multiple negative consequences, including but not limited to severe delays in returning background checks for vulnerable residents/patients, this creating a public safety issue, severe disruptions to NVHA DHCPC and providers that rely on NABS for processing background checks and the potential of not meeting statutorily required background check requirements.

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?

As part of the federal grant, the vendor developed this baseline system for several States. No other vendor is known to have the source code and all the required connections to service this system.

NABS is currently the sole source of background checks used by Nevada Health Authority, Division of Purchasing Health Care and Compliance, as well as the Department of Human Services, Division of Social Services and the Department of Public Safety.

The vendor is the sole developer of the NABS system, which is based on the Core BCS platform. No other vendor has knowledge of the internal workings of the CORE BCS/NABS system. NABS is currently the sole source of background checks used by Nevada Health Authority, Division of Health Care Purchasing and Compliance, which provides necessary enhancements.

The vendor has 20 plus dedicated staff members who support the CORE BCS platform in all its variations with 60 plus years experience. No other vendor had experience in supporting this platform.

9 Will this purchase obligate the State to this vendor for future purchases? Check One:

Yes	No
X	

NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.

a. *If yes, please provide details regarding future obligations or needs.*

The Division of Health Care Purchasing and Compliance will need ongoing maintenance and support as long as funding is available.

Purchasing Use Only:

Approval #:

260304C

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.

Cynthia Leech

Cynthia Leech (Feb 27, 2026 17:15:11 PST)

Signature of Agency Representative Initiating Request

Cynthia Leech

Print Name of Agency Representative Initiating Request

02/27/2026

Date

Stacie Weeks

Stacie Weeks (Mar 2, 2026 10:21:54 PST)

Signature of Agency Head Authorizing Request

Stacie Weeks, JD, MPH

Print Name of Agency Head Authorizing Request

03/02/2026

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.

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.

X

This signature does not exempt your agency from any other processes that may be required.

Approved by:

[Signature]

Administrator, Purchasing Division or Designee

3.10.2026

Date

Joe Lombardo
Governor



#260304 @
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
Cynthia Leech, Administrator, Div. of Purchasing and Compliance, NVHA
Brian Vezina, Administrative Services Officer I, NVHA
Nate Topchi, IT Manager I, NVHA
Alexandria Zanini, Management Analyst II, 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 – *Innovative Architects, LLC NABS Maintenance Contract* – TIE 701, Revision 2 – BA(s) 3216

DATE: January 26, 2026

We have completed our review of the Nevada Health Authority (NVHA) investment, which has an estimated total value of \$533,120.00, allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
One-Time Cost	\$ 28,000.00	\$ 28,000.00	\$ 56,000.00
Add hit or no hit results-REST API	\$ 28,000.00	\$ 28,000.00	\$ 56,000.00
Ongoing Cost	\$ 77,280.00	\$ 245,280.00	\$ 322,560.00
Software - Annual	\$ 77,280.00	\$ 245,280.00	\$ 322,560.00
Maintenance/Subsc			
Grand Total	\$ 105,280.00	\$ 273,280.00	\$ 378,560.00

Funding source(s): 82% State Fees, 18% Federal Grant.

This amendment modernizes and extends the existing contract for maintenance and support of the Nevada Automated Background Checks System by refining scope, aligning agency identities, and expanding hosting responsibilities. It updates the scope of work to include secure authentication for REST APIs and the transmission of fingerprint data and criminal history records that return hit or no-hit results to the Nevada Health Authority's Health Care Purchasing and Compliance Division and to the Division of Human Services' Division of Social Services. The agreement also formally reflects the agency name change mandated by the 83rd Legislative Session through SB494, ensuring consistency across the contract and all attachments following the transition of the Bureau of Health Care Quality and Compliance into the Nevada Health Authority structure. In addition, the amendment shifts hosting responsibilities for childcare and long-term care implementations of NABS from GTO to the vendor. These changes strengthen system security, improve interoperability across agencies, and consolidate accountability with the vendor. Added hosting costs are a targeted increase that enable scalability and operational continuity.

The GTO technology risk score indicates a low 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
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
Cynthia Leech, Administrator, Div. of Purchasing and Compliance, NVHA
Brian Vezina, Administrative Services Officer I, NVHA
Nate Topchi, IT Manager I, NVHA
Alexandria Zanini, Management Analyst II, 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 – *Innovative Architects, LLC NABS Maintenance Contract* – TIE 701, Revision 2 – BA(s) 3216

DATE: January 26, 2026

We have completed our review of the Nevada Health Authority (NVHA) investment, which has an estimated total value of \$533,120.00, allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
One-Time Cost	\$ 28,000.00	\$ 28,000.00	\$ 56,000.00
Add hit or no hit results-REST API	\$ 28,000.00	\$ 28,000.00	\$ 56,000.00
Ongoing Cost	\$ 77,280.00	\$ 245,280.00	\$ 322,560.00
Software - Annual	\$ 77,280.00	\$ 245,280.00	\$ 322,560.00
Maintenance/Subsc			
Grand Total	\$ 105,280.00	\$ 273,280.00	\$ 378,560.00

Funding source(s): 82% State Fees, 18% Federal Grant.

This amendment modernizes and extends the existing contract for maintenance and support of the Nevada Automated Background Checks System by refining scope, aligning agency identities, and expanding hosting responsibilities. It updates the scope of work to include secure authentication for REST APIs and the transmission of fingerprint data and criminal history records that return hit or no-hit results to the Nevada Health Authority's Health Care Purchasing and Compliance Division and to the Division of Human Services' Division of Social Services. The agreement also formally reflects the agency name change mandated by the 83rd Legislative Session through SB494, ensuring consistency across the contract and all attachments following the transition of the Bureau of Health Care Quality and Compliance into the Nevada Health Authority structure. In addition, the amendment shifts hosting responsibilities for childcare and long-term care implementations of NABS from GTO to the vendor. These changes strengthen system security, improve interoperability across agencies, and consolidate accountability with the vendor. Added hosting costs are a targeted increase that enable scalability and operational continuity.

The GTO technology risk score indicates a low 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 CONTRACT1. Contract Number: **31892**Amendment Number: **1**Legal Entity Name: **VIMO INC.**Agency Name: **NVHA - HEALTH CARE FACILITY REG**Contractor Name: **VIMO INC.**Agency Code: **412**Address: **dba GETINSURED**Appropriation Unit: **3216-04**Is budget authority available?: **Yes****1305 TERRA BELLA AVE**
MOUNTAIN VIEW, CA 94043-1851

If "No" please explain: Not Applicable

Contact/Phone: **Raymond Han 650/618-4001**Vendor No.: **T27042285**NV Business ID: **NV20081498280**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	100.00 % HEALTH FACILITY LICENSES
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 **03/16/2026**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **1 year and 106 days**4. Type of contract: **Contract**Contract description: **Process review**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17897 which provides consulting, marketing, and education services. This service agreement provides assessment services to improve health facility licensing and complaint investigation processes. This amendment increases the maximum amount from \$95,000 to \$555,000 due to phase 2 project implementation.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$95,000.00	\$95,000.00	\$95,000.00	Yes - Info
2. Amount of current amendment (#1):	\$460,000.00	\$460,000.00	\$555,000.00	Yes - Action
3. New maximum contract amount:	\$555,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The department seeks to assess and improve processes for Health Facility Licensing, and Complaints Investigations. These functions are critical to ensuring quality care and protecting public health and must operate reliably and transparently for staff and stakeholders.

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 to provide these types of assessment.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to 99SWC-S2340, and in accordance with NRS 333.

d. Last bid date: 08/04/2023 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:

Vendor has several contracts with 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	loter1	04/09/2026 13:25:19 PM
Division Approval	scanfiel	04/27/2026 13:30:37 PM
Department Approval	cleech	04/28/2026 17:44:29 PM
Contract Manager Approval	ijanssen	04/29/2026 08:17:50 AM
Budget Analyst Approval	spowel3	05/05/2026 10:41:16 AM
BOE Agenda Approval	khawkin1	05/06/2026 16:09:14 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32078**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3157-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Board of Trustees of the Fund for Hospital Care for Indigent Persons

Contractor Name: **Board of Trustees of the Fund for Hospital Care for Indigent Persons**

Address: **304 South Minnesota Street**

City/State/Zip: **Carson City, NV 89, NV 89703**

Contact/Phone: Vinson Guthreau 775-883-7863

Vendor No.:

NV Business ID: Governmental Entity

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 %	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 **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **IAF UPL IGT**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide inpatient hospital care funds for the non-federal share of the Upper Payment Limit supplemental payment program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$116,033,095.53****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 428.206 the Fund for Hospital Care to Indigent Persons, Board of Trustees and the Department of Health and Human Services, Division of Health Care Financing and Policy are entering into this agreement to provide supplemental payments to hospitals for inpatient hospital care provided to Medicaid recipients.

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

State employees manage this program and issue payments.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP 2014 - 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	nmaan1	03/23/2026 08:53:56 AM
Division Approval	ttilto1	03/24/2026 11:34:51 AM
Department Approval	cleech	04/21/2026 12:11:00 PM
Contract Manager Approval	trya4	04/21/2026 12:31:36 PM
Budget Analyst Approval	khawkin1	04/27/2026 09:24:28 AM
BOE Agenda Approval	khawkin1	04/27/2026 09:29:39 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32082**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3157-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Board of Trustees of the Fund for Hospital Care for Indigent Persons

Contractor Name: **Board of Trustees of the Fund for Hospital Care for Indigent Persons**

Address: **304 South Minnesota St.**

City/State/Zip: **Carson City, NV 89703**

Contact/Phone: Vinson Guthreau 775-883-7863

Vendor No.:

NV Business ID: Governmental Entity

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 %	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 **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **IAG VC IGT**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the voluntary contribution funds for the non-federal share of the Upper Payment Limit supplemental payment program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$944,472.00**

Payment for services will be made at the rate of \$236,118.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.206 the Fund for Hospital Care to Indigent Persons, Board of Trustees and the Department of Health and Human Services, Division of Health Care Financing and Policy are entering into this agreement to provide supplemental payments to hospitals for inpatient hospital care provided to Medicaid recipients.

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

State employees manage this program and issue payments.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP 2014 - 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	nmaan1	03/23/2026 17:07:22 PM
Division Approval	ttilto1	03/24/2026 11:36:25 AM
Department Approval	cleech	04/21/2026 12:11:57 PM
Contract Manager Approval	trya4	04/21/2026 12:31:12 PM
Budget Analyst Approval	khawkin1	04/24/2026 12:46:19 PM
BOE Agenda Approval	khawkin1	04/24/2026 12:46:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32322**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Human Services, Division of Child and Family Services

Contractor Name: **Department of Human Services, Division of Child and Family Services**Address: **3rd Floor**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Contracts Unit 775-687-9027

Vendor No.:

NV Business ID: 4126 Technology Way

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Child and Family Services, Children, Youth and Family Administration account to the Nevada Health Authority, Office of Analytics for four positions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$465,012.16****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of these positions provides ongoing funding, program oversight, and direction related to analysis, reporting, and coordination of data analysis efforts.

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

State employees are performing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

NVHA and other various state agencies to current. Satisfactory.

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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:33:24 PM
Division Approval	scanfiel	04/29/2026 12:47:08 PM
Department Approval	cleech	04/30/2026 17:07:41 PM
Contract Manager Approval	ltuttl1	05/01/2026 07:45:13 AM
Budget Analyst Approval	khal5	05/06/2026 16:09:31 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:41:14 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 CONTRACT1. Contract Number: **32320**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Address: **4150 Technology Way Suite 210**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Amber Hise 775-230-8252

Vendor No.:

NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Chronic Disease account to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$123,631.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of these positions supports ongoing funding, program oversight, and direction related to analysis, reporting, and coordination of data analysis efforts.

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

State employees are performing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:28:13 PM
Division Approval	scanfiel	04/29/2026 12:43:16 PM
Department Approval	cleech	04/30/2026 17:08:30 PM
Contract Manager Approval	ltuttl1	05/01/2026 07:38:21 AM
Budget Analyst Approval	khal5	05/06/2026 16:03:37 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:42:57 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 CONTRACT1. Contract Number: **32321**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Address: **4150 Technology Way Suite 104**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Nikki Mead 775-684-4162

Vendor No.:

NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Office of Vital Records to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$106,894.37****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports analysis and reporting of vital records-related data under the supervision of the Chief Biostatistician via reports, presentations, and fact sheets.

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

State employees are providing these services.

9. Were quotes or proposals solicited?

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

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:28:38 PM
Division Approval	scanfiel	04/29/2026 12:43:55 PM
Department Approval	cleech	05/01/2026 11:06:23 AM
Contract Manager Approval	ltuttl1	05/01/2026 11:40:02 AM
Budget Analyst Approval	spowel3	05/06/2026 13:40:08 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:57:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32325**Agency Name: **NEVADA MEDICAID**

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Agency Code: **414**
Appropriation Unit: **3203-00**Address: **2290 S. Jones Blvd., Suite 110**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89146**

If "No" please explain: Not Applicable

Contact/Phone: Tory Johnson 702-486-0767

Vendor No.:

NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Communicable Diseases account to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$119,048.51****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports analysis and reporting across multiple databases (linked & independent), including geocoding of data, analyzing comorbidity, target HIV testing and other variables under the supervision of the Chief Biostatistician via reporting, presentations, and fact sheets.

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

Position may be transitioned to FTE role effective 10/1/25 which require state posting and hiring process before staff can be onboarded.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:32:12 PM
Division Approval	scanfiel	04/29/2026 12:45:51 PM
Department Approval	cleech	04/30/2026 15:40:38 PM
Contract Manager Approval	ltuttl1	05/01/2026 07:13:09 AM
Budget Analyst Approval	khal5	05/06/2026 16:20:31 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:40:42 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 CONTRACT1. Contract Number: **32327**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Address: **4150 Technology Way Suite 210**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Tami Conn 775-684-7325

Vendor No.:

NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Immunization Program account to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,864.12****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports analysis and reporting of immunization-related data under the supervision of the Chief Biostatistician via reports, presentations, and factsheets.

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

State employees are performing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:30:27 PM
Division Approval	scanfiel	04/29/2026 12:45:41 PM
Department Approval	cleech	04/29/2026 16:48:41 PM
Contract Manager Approval	ltuttl1	04/30/2026 07:02:29 AM
Budget Analyst Approval	khal5	05/06/2026 16:24:08 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:39:22 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 CONTRACT1. Contract Number: **32328**Agency Name: **NEVADA MEDICAID**

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Agency Code: **414**
Appropriation Unit: **3203-00**Address: **4150 Technology Way Suite 210**Is budget authority available?: **Yes**City/State/Zip: **Carson City, NV 89706**

If "No" please explain: Not Applicable

Contact/Phone: Karissa Machado 775-684-5929

Vendor No.:

NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new revenue interlocal agreement which provides transfer of funds from the Division of Public and Behavioral Health, Maternal and Child Health Program to the Nevada Health Authority, Office of Analytics for two positions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$222,580.15****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of these positions supports analysis and reporting of applicable maternal child health-related data under the supervision of the Chief Biostatistician.

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

State employees are performing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:28:25 PM
Division Approval	scanfiel	04/29/2026 12:43:32 PM
Department Approval	cleech	05/01/2026 11:04:23 AM
Contract Manager Approval	ltuttl1	05/01/2026 11:19:39 AM
Budget Analyst Approval	spowel3	05/06/2026 14:19:57 PM
BOE Agenda Approval	khawkin1	05/07/2026 09:02:40 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 CONTRACT1. Contract Number: **32329**Agency Name: **NEVADA MEDICAID**

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Agency Code: **414**
Appropriation Unit: **3203-00**Address: **10375 Professional Circle**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: Kagan Griffin 704-701-5045

Vendor No.:

NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Nevada Central Cancer Registry to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$123,631.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports analysis and reporting of cancer data under the supervision of the Chief Biostatistician.

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

State employees are performing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:29:09 PM
Division Approval	scanfiel	04/29/2026 12:45:20 PM
Department Approval	cleech	05/01/2026 11:11:06 AM
Contract Manager Approval	ltuttl1	05/01/2026 12:03:08 PM
Budget Analyst Approval	spowel3	05/06/2026 14:21:50 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:48:28 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32330**Agency Name: **NEVADA MEDICAID**

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Agency Code: **414**
Appropriation Unit: **3203-00**Address: **4126 Technology Way, Suite 200**Is budget authority available?: **Yes**City/State/Zip: **Carson City, NV 89706**

If "No" please explain: Not Applicable

Contact/Phone: Christine Lee 775-684-2217

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$119,048.51****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports analysis and reporting of data related to substance use services under the supervisor of the Chief Biostatistician.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:28:59 PM
Division Approval	scanfiel	04/29/2026 12:44:25 PM
Department Approval	cleech	05/01/2026 11:08:31 AM
Contract Manager Approval	ltuttl1	05/01/2026 11:45:36 AM
Budget Analyst Approval	spowel3	05/06/2026 13:39:42 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:59:58 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 CONTRACT1. Contract Number: **32331**Agency Name: **NEVADA MEDICAID**

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Agency Code: **414**Address: **10375 Professional Circle**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: Kailynn Griffith 775-688-0451

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Office of State Epidemiology to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$123,631.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports analysis and reporting of data related to communicable diseases under the supervisor of the Chief Biostatistician.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:28:48 PM
Division Approval	scanfiel	04/29/2026 12:44:09 PM
Department Approval	cleech	05/01/2026 11:05:26 AM
Contract Manager Approval	ltuttl1	05/01/2026 11:33:51 AM
Budget Analyst Approval	spowel3	05/06/2026 13:54:12 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:54:40 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 CONTRACT1. Contract Number: **32335**Agency Name: **NEVADA MEDICAID**

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Agency Code: **414**
Appropriation Unit: **3203-00**Address: **4126 Technology Way, Suite 200**Is budget authority available?: **Yes**City/State/Zip: **Carson City, NV 89706**

If "No" please explain: Not Applicable

Contact/Phone: **Natasha Nyquist 775-684-4078**

Vendor No.:

NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, Crisis Response account to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$156,582.53****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports analysis and reporting of crisis response-related data under the supervision of the Chief Biostatistician.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:32:35 PM
Division Approval	scanfiel	04/29/2026 12:46:13 PM
Department Approval	cleech	04/30/2026 17:09:25 PM
Contract Manager Approval	ltuttl1	05/01/2026 07:28:21 AM
Budget Analyst Approval	khal5	05/06/2026 16:15:48 PM
BOE Agenda Approval	khawkin1	05/07/2026 09:04:14 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 CONTRACT1. Contract Number: **32344**Agency Name: **NEVADA MEDICAID**

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Agency Code: **414**
Appropriation Unit: **3203-00**Address: **680 West Nye Lane, Suite 205**Is budget authority available?: **Yes**City/State/Zip: **Carson City, NV 89703**

If "No" please explain: Not Applicable

Contact/Phone: Kareen Filippi 775-684-3206

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2028**

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 **10/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health, WIC Food Supplement account to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$119,048.51****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of these positions supports analysis and reporting of data related to the WIC program and breastfeeding, pregnancy and postpartum women, infants, and children under the age of five under the supervision of the Chief Biostatistician.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:29:21 PM
Division Approval	scanfiel	04/29/2026 12:45:31 PM
Department Approval	cleech	05/01/2026 11:09:34 AM
Contract Manager Approval	ltuttl1	05/01/2026 11:55:23 AM
Budget Analyst Approval	khal5	05/06/2026 16:25:41 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:38:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32323**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Human Services, Division of Social Services

Contractor Name: **Department of Human Services, Division of Social Services**Address: **4170 College Parkway**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Tammy Hohenstein 775-684-0660

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Division of Social Services, Administration account to the Nevada Health Authority, Office of Analytics for two positions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$274,154.28****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of these positions supports DSS by compiling various statistics, such as those related to SNAP, TANF, and Medicaid caseloads and eligibility, and by conducting data reporting and analytics for DSS. These positions are collocated with other health and human services data analysts in the centralized Office of Analytics under the technical guidance of the Chief Biostatistician.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:33:12 PM
Division Approval	scanfiel	04/29/2026 12:46:57 PM
Department Approval	cleech	04/30/2026 17:06:34 PM
Contract Manager Approval	ltuttl1	05/01/2026 07:51:21 AM
Budget Analyst Approval	khal5	05/06/2026 16:05:57 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:41:52 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 CONTRACT1. Contract Number: **32332**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nevada Health Authority, Health Care Purchasing and Compliance

Contractor Name: **Nevada Health Authority, Health Care Purchasing and Compliance**Address: **727 Fairview Drive Suite E**City/State/Zip: **Carson City, NV 89701**

Contact/Phone: Alexandria Zanini 775-684-1030

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new revenue interlocal agreement which provides transfer of funds from the Nevada Health Authority, Health Care Facilities Regulation account to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$138,808.84****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports program oversight and direction through feedback, collaboration, and coordination related to data analysis efforts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:32:46 PM
Division Approval	scanfiel	04/29/2026 12:46:24 PM
Department Approval	cleech	05/01/2026 11:01:41 AM
Contract Manager Approval	ltuttl1	05/01/2026 11:17:34 AM
Budget Analyst Approval	spowel3	05/06/2026 13:58:58 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:53:29 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32334**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nevada Health Authority, Health Care Purchasing and Compliance

Contractor Name: **Nevada Health Authority, Health Care Purchasing and Compliance**Address: **727 Fairview Drive Suite E**City/State/Zip: **Carson City, NV 89701**

Contact/Phone: Alexandria Zanini 775-684-1030

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide transfer of funds from the Nevada Health Authority, Health Care Facilities Regulation account to the Nevada Health Authority, Office of Analytics to pay for one part time position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$141,617.43****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports program oversight and direction through feedback, collaboration, and coordination related to data analysis efforts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing 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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	04/29/2026 12:32:58 PM
Division Approval	scanfiel	04/29/2026 12:46:46 PM
Department Approval	cleech	05/01/2026 11:01:58 AM
Contract Manager Approval	ltuttl1	05/01/2026 11:17:51 AM
Budget Analyst Approval	spowel3	05/06/2026 14:03:41 PM
BOE Agenda Approval	khawkin1	05/07/2026 08:49:12 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 CONTRACT1. Contract Number: **31773**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3243-24**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: City of North Las Vegas

Contractor Name: **City of North Las Vegas**Address: **4040 Losee Road**City/State/Zip: **North Las Vegas, NV 89030**

Contact/Phone: Frank Simone, Assistant Fire Chief 702-633-1102

Vendor No.:

NV Business ID: Governmental Entity

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 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$62,750,938.41**

Other basis for payment: FY27: \$14,558,960.22; FY28: \$15,286,908.23; FY29: \$16,051,253.64; FY30: \$16,853,816.32

II. JUSTIFICATION

7. What conditions require that this work be done?

NVHA needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA 2015 - ongoing satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:08:01 PM
Division Approval	tilto1	02/06/2026 16:48:26 PM
Department Approval	staciew6	03/04/2026 14:35:45 PM
Contract Manager Approval	sfergus2	04/09/2026 07:24:49 AM
Budget Analyst Approval	khawkin1	04/24/2026 12:40:54 PM
BOE Agenda Approval	khawkin1	04/24/2026 12:40:57 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31684**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3243-24**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: City of Sparks

Contractor Name: **City of Sparks**Address: **1605 Victorian Avenue**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Nick Klaich 775-353-7877

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2024**

Anticipated BOE meeting date 03/2026

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date due to discussions with City of Sparks Fire Department to prepare their systems to a level that will meet the requirements for participation in this program. Since NVHA can complete the cost report review and settlement process of the interim payments for the service period within three years of the delivery date of the cost report, the City of Sparks Fire Department has requested a start date of July 1, 2024 in order to maximize its reimbursement.

3. Termination Date: **06/30/2028**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,682,425.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	swes2	03/30/2026 11:20:03 AM
Division Approval	tilto1	03/30/2026 15:56:10 PM
Department Approval	cleech	04/28/2026 17:42:16 PM
Contract Manager Approval	trya4	04/29/2026 10:47:02 AM
Budget Analyst Approval	khawkin1	05/07/2026 12:38:21 PM
BOE Agenda Approval	khawkin1	05/07/2026 12:38:26 PM
BOE Final Approval	Pending	



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: April 21, 2026

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority *Cynthia Leech*
Cynthia Leech (Apr 21, 2026 12:14:11 PDT)

RE: Request for Retroactive Start Date of July 1, 2024, for Contract with City of Sparks.

This memorandum requests that the contract for City of Sparks be approved for a retroactive start date of July 1, 2024.

This interlocal agreement is to certify the public expenditure reimbursement methodology for emergency transportation to Medicaid recipients. City of Sparks through its Fire Department will provide the service and bill the Medicaid fiscal agent for the services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual. This contract will be 100% federally funded for pass-thru to local government.

This contract is retroactive due to discussions with The City of Sparks Fire Department to prepare their systems to a level that will meet the requirements for participation in this program. Since DHCFP can complete the cost report review and settlement process of the interim payments for the service period within three years of the delivery date of the cost report, City of Sparks has requested a start date of July 1, 2024, to maximize its reimbursement. Without the retroactive start, City of Sparks Fire Department will not be able to participate in this program and receive this federal reimbursement for ground transportation. Because this program is relatively new, there are still public entities in Nevada who provide emergency transportation that request cost report training and program information to inquire about their eligibility in the program. As more public entities join this program, it is in the best interest of both the state and the public entity to allow a one-time retroactive start date per entity, as it maximizes federal dollars for services.

Thank you.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31785**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3243-24**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Pyramid Lake Paiute Tribe -OBO
Pyramid Lake Fire Rescue/ EMS

Contractor Name: **Pyramid Lake Paiute Tribe -OBO
Pyramid Lake Fire Rescue/ EMS**

Address: **208 Capitol Hill, P.O. Box 256**

City/State/Zip: **Nixon, NV 89424**

Contact/Phone: Don Pelt, Fire Chief 7755741000

Vendor No.:

NV Business ID: Governmental Entity

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 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,179,674.73**

Other basis for payment: FY27: \$273,698.50; FY28: \$287,383.42; FY29: \$301,752.59; FY30: \$316,840.22

II. JUSTIFICATION

7. What conditions require that this work be done?

NVHA needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NVHA 2015 - ongoing satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:09:02 PM
Division Approval	tilto1	02/09/2026 09:34:33 AM
Department Approval	staciew6	03/04/2026 14:36:33 PM
Contract Manager Approval	sfergus2	04/09/2026 07:24:17 AM
Budget Analyst Approval	khawkin1	05/07/2026 12:18:37 PM
BOE Agenda Approval	khawkin1	05/07/2026 12:18:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25582** Amendment Number: **4**

Agency Name: **NVHA - PUBLIC EMPLOYEES' BENEFITS PROGRAM** Legal Entity Name: **EXPRESS SCRIPTS, INC.**

Agency Code: **416** Contractor Name: **EXPRESS SCRIPTS, INC.**

Appropriation Unit: **1338 - All Categories** Address: **ONE EXPRESS WAY**

Is budget authority available?: **Yes** City/State/Zip: **SAINT LOUIS, MO 63121**

If "No" please explain: Not Applicable Contact/Phone: **ROGER HOLLAND 949-499-2042**

Vendor No.: **T29037510**

NV Business ID: **NV20151712630**

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % State Subsidy and Participant Premium

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **6 years and 1 day**4. Type of contract: **Contract**Contract description: **PBM**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides Pharmacy Benefit Manager Services. This amendment extends the termination date from June 30, 2026 to June 30, 2028 and increases the maximum amount from \$387,109,496 to \$624,988,284 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:	\$332,109,496.00	\$332,109,496.00	\$332,109,496.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$55,000,000.00	\$55,000,000.00	\$55,000,000.00	Yes - Action
2. Amount of current amendment (#4):	\$237,878,788.00	\$237,878,788.00	\$237,878,788.00	Yes - Action
3. New maximum contract amount:	\$624,988,284.00			
and/or the termination date of the original contract has changed to:	06/30/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pharmacy Benefits are a key component to the core benefits offered by PEBP.

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 administer prescription drug benefits.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

RFP#95PEBPOS1711

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 PBM for PEBP.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	rrussum	05/08/2026 15:16:14 PM
Division Approval	ttlto1	05/08/2026 15:40:32 PM
Department Approval	cleech	05/08/2026 16:01:30 PM

Contract Manager Approval	rrussum	05/12/2026 09:41:18 AM
Budget Analyst Approval	klay0	05/14/2026 14:53:21 PM
BOE Agenda Approval	klay0	05/14/2026 14:53:24 PM



**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 #:	6930

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	ENTER STATE AGENCY NAME:		<i>Public Employees' Benefits Program</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Theresa Carsten, Executive Officer</i>	<i>(775) 684-7024</i>	<i>tcarsten@peb.nv.gov</i>
	<i>Monica McJoy, Chief Financial Officer</i>	<i>(775) 684-7006</i>	<i>mmcjoy@peb.nv.gov</i>
	<i>Erika Sencion, Contract Manager</i>	<i>(775) 684-7058</i>	<i>esencion@peb.nv.gov</i>

2	Contractor Information:	
	Contractor Name:	<i>Express Scripts, Inc.</i>
	Contact Name:	<i>Roger Holland</i>
	Complete Address: City, State and Zip Code	<i>One Express Way St. Louis, Missouri 63121</i>
	Phone Number:	<i>(949) 499-2042</i>
	Email Address:	<i>roger_holland@express-scripts.com</i>

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:			#:	
	<i>Request for Proposal</i>				
	Enter CETS Number:	<i>#17551</i>			
	Contract Amount:	<i>\$226,500,000.00</i>			
Contract Term:	Start Date:	<i>April 12, 2016</i>	End Date:	<i>June 30, 2021</i>	

Purchasing Use Only:	
Approval #:	6930

4	Current Contract Information: Amendment #1				
	Solicitation Type, if applicable:		Request for Proposal		#:
	Enter CETS Number:	#17551			
	Initial Contract Amount:	\$226,500,000.00			
	Contract Term:	Start Date:	April 12, 2016	End Date:	June 30, 2022

5	Current Contract Information: Amendment #2				
	Solicitation Type, if applicable:		Request for Proposal		#:
	Enter CETS Number:	#17551			
	Initial Contract Amount:	\$226,500,000.00			
	Contract Term:	Start Date:	April 12, 2016	End Date:	June 30, 2022

6	Current Contract Information: Amendment #3				
	Solicitation Type, if applicable:		Request for Proposal		#:
	Enter CETS Number:	#17551			
	Initial Contract Amount:	\$226,500,000.00			
	Contract Term:	Start Date:	April 12, 2016	End Date:	June 30, 2022

7	Current Contract Information: Amendment #4				
	Solicitation Type, if applicable:		Request for Proposal		#:
	Enter CETS Number:	#17551			
	Initial Contract Amount:	\$226,500,000.00			
	Contract Term:	Start Date:	April 12, 2016	End Date:	June 30, 2022

8	Current Contract Information: Amendment #5				
	Solicitation Type, if applicable:		Request for Proposal		#:
	Enter CETS Number:	#17551			
	Initial Contract Amount:	\$226,500,000.00			
	Contract Term:	Start Date:	April 12, 2016	End Date:	June 30, 2022

Purchasing Use Only:	
Approval #:	60930

9	Current Contract Information: Amendment #6					
	Solicitation Type, if applicable:			<i>Request for Proposal</i>	#:	
	Enter CETS Number:		#17551			
	Initial Contract Amount:		\$302,920,638.00			
	Contract Term:	Start Date:	<i>April 12, 2016</i>	End Date:	<i>June 30, 2022</i>	

10	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):					
	Solicitation Type, if applicable:			<i>Request for Proposal</i>	#:	
	Enter CETS Number:		#25582			
	Contract Amount:		\$332,109,496.00			
	Contract Term:	Start Date:	<i>July 01, 2022</i>	End Date:	<i>June 30, 2026</i>	

11	Current Contract Information: Amendment #1					
	Solicitation Type, if applicable:			<i>Request for Proposal</i>	#:	
	Enter CETS Number:		#25582			
	Initial Contract Amount:		\$332,109,496.00			
	Contract Term:	Start Date:	<i>July 01, 2022</i>	End Date:	<i>June 30, 2026</i>	

12	Current Contract Information: Amendment #2					
	Solicitation Type, if applicable:			<i>Request for Proposal</i>	#:	
	Enter CETS Number:		#25582			
	Initial Contract Amount:		\$332,109,496.00			
	Contract Term:	Start Date:	<i>July 01, 2022</i>	End Date:	<i>June 30, 2026</i>	

13	Current Contract Information: Amendment #3					
	Solicitation Type, if applicable:			<i>Request for Proposal</i>	#:	
	Enter CETS Number:		#25582			
	Initial Contract Amount:		\$387,109,496.00			
	Contract Term:	Start Date:	<i>July 01, 2022</i>	End Date:	<i>June 30, 2026</i>	

Purchasing Use Only:	
Approval #:	6930

Amendment Information – List <u>all previously</u> approved amendments:			
Amd #:	Brief Synopsis of What Amendment Accomplished:	Dollar Change in Contract Amount	Change in End Date
1-17551	This amendment extends the contract termination date from June 30, 2021 to June 30, 2022; revises attachment EE to add Data Transmissions into the performance guarantees; and adds Attachment GG to include Specialty Rebate Pricing effective January 1, 2018.	\$0	N/A
2-17551	This amendment revises Attachment DD from Business Associate Addendum to Amended Performance Guarantee; revises Attachment EE from Amended Performance Guarantee to Confidential Pricing Proposal; revises Attachment FF from Contractor's Response to Business Associate Agreement; revises Attachment GG from Specialty Rebate Pricing to PEBP Managed Self-Insured Exclusive Provider Organization; adds Attachment HH, URAC Standards Agreement; and designates Attachment II as Contractor's Response. These revisions were done to revise the confidential pricing, incorporate the Exclusive Provider Organization that became effective in northern and rural Nevada on July 1, 2018, and add the URAC standards as part of accreditation.	\$0	N/A
3-17551	This amendment updates Attachment EE, Confidential Pricing Proposal.	\$0	N/A
4-17551	This amendment updates Attachment DD, Amended Performance Guarantee, and Attachment EE, Confidential Pricing Proposal.	\$0	N/A
5-17551	This amendment increases the maximum amount from \$226,500,000 to \$291,134,666 due to the increase in membership claims.	\$64,634,666.00	N/A
6-17551	This amendment increases the maximum amount from \$291,134,666 to \$302,920,638 due to the addition of a	\$11,785,972.00	N/A

#6930

		<i>Subrogation Program Addendum and an increase in membership claims costs.</i>		
	1-25582	<i>This amendment updates Attachment DD - Fee Schedule (Confidential).</i>	\$0	N/A
	2-25582	<i>This amendment incorporates the 2024 Nevada Public Employees' Benefit Program Preventive Medications List, Express Scripts' Rebate Reconciliation Methodology change, and the Plan Year 2024 ESI Market Check pricing adjustments.</i>	\$0	N/A
	3-25582	<i>This amendment increases the maximum amount from \$332,109,496 to \$387,109,496 due to the increased need for these services.</i>	\$55,000,000.00	N/A

<u>Proposed</u> Amendment Information:				
15	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	4	<i>Extend the contract expiration date to June 30, 2031, and increase the contract authority accordingly.</i>	<u>\$594,696,972.00</u>	June 30, 2031

16	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?			
	<i>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. Additionally, pursuant to SB 389 (2025), NVHA must secure a state pharmacy benefit manager to manage pharmacy benefits for Medicaid and certain other health benefit plans by January 1, 2030. The NVHA Director's strategic plan, which is approved by the Governor, includes plans to combine the purchasing power of Medicaid and PEBP, and to include PEBP in the use of the state pharmacy benefit manager by 2031. To ensure stability and flexibility in carrying out these tasks, PEBP is seeking a five-year extension to allow it to continue providing its members acceptable pharmacy benefit services while working with NVHA in alignment with their respective responsibilities under SB 494 and SB 389.</i>			

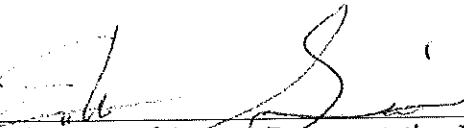
17	What are the potential consequences to the State if the contract extension request is denied?			
	<i>Disruption to the pharmacy benefit coverage for PEBP's approximately 70,000 members or entering a contract that may conflict with the provisions of SB 494 and/or disrupt the strategic plan created by the NVHA Director and approved by the Governor pursuant to SB 389.</i>			

Purchasing Use Only:

Approval #:

6930

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.*


Signature of Agency Representative Initiating Request

Erika Sencion, MA II

Print Name of Agency Representative Initiating Request

02/06/2026

Date


Signature of Agency Head Authorizing Request

Theresa Carsten (Nikolaus Proper-Is signing in behalf of Theresa Carsten)

Print Name of Agency Head Authorizing Request

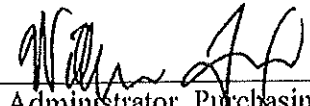
02/06/2026

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

2.10.2026

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: **24442** Amendment Number: **3**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **Hometown Health Providers Insurance Company, Inc.**

Agency Code: **440** Contractor Name: **Hometown Health Providers Insurance Company, Inc.**

Appropriation Unit: **3706-50** Address: **10315 Professional Circle**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89521**

If "No" please explain: **Not Applicable** Contact/Phone: **Heather Reimer 775-982-3100**

Vendor No.: **T29003541**

NV Business ID: **NV19811015672**

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.

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 #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2021**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **5 years and 353 days**4. Type of contract: **Contract**Contract description: **Third Party Admin.**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing third-party administration services to manage the payment of medical and dental claims to providers not employed by the Department of Corrections. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$2,047,977.29 to \$2,745,669.29 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:	\$1,689,690.89	\$1,689,690.89	\$1,689,690.89	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$358,286.40	\$358,286.40	\$358,286.40	Yes - Action
2. Amount of current amendment (#3):	\$697,692.00	\$697,692.00	\$697,692.00	Yes - Action
3. New maximum contract amount:	\$2,745,669.29			
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?

Nevada Department of Corrections (NDOC) provides federally mandated medical care to incarcerated individuals within the correctional system. NDOC requires third party administration services to manage the payment of claims to the medical providers not employed by the Department.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Historically, the Department has outsourced the third party administrator services to ensure prompt and accurate processing of inmate medical claims. No other State agency provides these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP#44DOC-S1512, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/06/2021 Anticipated re-bid date: 01/15/2025

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

PEBP - 7/1/2008 -7/31/21 various contracts ~ NDOC -10/2/22 -06/30/21 - various contracts. All services performed have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	khardca1	05/18/2026 07:08:49 AM
Division Approval	wquenga	05/18/2026 07:28:28 AM
Department Approval	wquenga	05/18/2026 07:28:33 AM
Contract Manager Approval	blewalle	05/18/2026 07:30:12 AM
Budget Analyst Approval	vyoungb	05/18/2026 10:32:12 AM
BOE Agenda Approval	nrezaie	05/18/2026 11:37:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24435**Amendment Number: **3**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity Name: **Hometown Health Providers Insurance Company, Inc.**Agency Code: **440**Contractor Name: **Hometown Health Providers Insurance Company, Inc.**Appropriation Unit: **3706-50**Address: **10315 Professional Circle**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **Heather Reimer 775-982-3100**Vendor No.: **T29003541**NV Business ID: **NV19811015672**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.

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 #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2021**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **5 years and 353 days**4. Type of contract: **Contract**Contract description: **PPO for Inmates**

5. Purpose of contract:

This is the third amendment to the original contract which provides access to discounted health care services through a Preferred Provider Organization network for inmates. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$846,349.86 to \$1,109,629.86 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:	\$692,982.66	\$692,982.66	\$692,982.66	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$153,367.20	\$153,367.20	\$153,367.20	Yes - Action
2. Amount of current amendment (#3):	\$263,280.00	\$263,280.00	\$263,280.00	Yes - Action
3. New maximum contract amount:	\$1,109,629.86			
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 Nevada Department of Corrections oversees the delivery of legally required medical care of incarcerated individuals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

To the extent possible, the required medical care is delivered within the correctional system by Nevada Department of Corrections medical staff. Non-correctional medical care providers and facilities provide in-patient hospitalization and specialty treatment that cannot be provided by NDOC medical staff. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 44DOC-S1505, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/12/2021 Anticipated re-bid date: 01/15/2025

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

PEBP-7/1/2008-07/31/21 various contracts. NDOC 10/02/12-06/30/21 various contracts. Work has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

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	khardca1	05/18/2026 07:08:27 AM
Division Approval	wquenga	05/18/2026 07:28:52 AM
Department Approval	wquenga	05/18/2026 07:28:57 AM
Contract Manager Approval	blewalle	05/18/2026 07:30:53 AM
Budget Analyst Approval	vyoungb	05/18/2026 10:31:45 AM
BOE Agenda Approval	nrezaie	05/18/2026 12:47:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32280**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3706-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: West Coast X-Ray, Inc.

Contractor Name: **West Coast X-Ray, Inc.**Address: **5325 Louie Lane Suite 1**City/State/Zip: **Reno, NV 89511**

Contact/Phone: Jim Welsh 530-510-8895

Vendor No.: T29047372

NV Business ID: NV20243077676

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.

X General Funds **100.00 %** Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 44DOC-S3611 JW

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Medical Equipment**

5. Purpose of contract:

This is a new contract to provide medical equipment and x-ray machine preventative maintenance and electric safety checks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,742.75**

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is needed for preventative maintenance and calibration of medical equipment as well as electrical safety checks.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC does not employ qualified personnel 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):

**TAPCO
First Source Inc
PRO-PROJECT LLC**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 44DOC-S3611, 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: 01/29/2026 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:

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	ralfano	04/30/2026 09:26:38 AM
Division Approval	ralfano	04/30/2026 09:26:48 AM
Department Approval	carnol1	04/30/2026 12:22:28 PM
Contract Manager Approval	blewalle	04/30/2026 12:23:20 PM
Budget Analyst Approval	vyoungb	05/21/2026 11:27:07 AM
BOE Agenda Approval	nrezaie	05/21/2026 11:31:19 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 CONTRACT1. Contract Number: **31558**Amendment
Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity
Name: **Axon Enterprise, Inc.**Agency Code: **440**Contractor Name: **Axon Enterprise, Inc.**Appropriation Unit: **3712-29**Address: **17800 N. 85th Street**Is budget authority
available?: **No**City/State/Zip **Scottsdale, AZ 85255-6311**If "No" please explain: Funding dependent upon work
program C82317Contact/Phone: **Jeffrey John 800-978-2737**Vendor No.: **PUR0004851**NV Business ID: **NV20131641254**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.

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 **No** or b. other effective date **02/10/2026**
Examiner's approval?

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2030**

Termination Date:

Contract term: **4 years and 325 days**4. Type of contract: **Contract**Contract description: **Tasers**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-16662 which provides conducted energy weapons, taser hardware and software, training, and certification. This amendment provides additional taser warranties and licenses.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,034,530.00	\$2,034,530.00	\$2,034,530.00	Yes - Action
2. Amount of current amendment (#1):	\$584,982.00	\$584,982.00	\$584,982.00	Yes - Action
3. New maximum contract amount:	\$2,619,512.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel with the expertise 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 public safety product that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current statewide contract with State Purchasing - 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	carnol1	05/04/2026 15:01:22 PM
Division Approval	carnol1	05/04/2026 15:01:24 PM
Department Approval	carnol1	05/06/2026 07:55:19 AM
Contract Manager Approval	blewalle	05/06/2026 08:11:21 AM
Budget Analyst Approval	vyoungb	05/21/2026 11:24:20 AM
BOE Agenda Approval	nrezaie	05/21/2026 11:30:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32093**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **All Budget Accounts - Category 09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Empire Southwest LLC**Contractor Name: **Empire Southwest LLC**Address: **801 N. 44th Ave**City/State/Zip: **Phoenix, AZ 85009-5332**Contact/Phone: **Frank Morser (775)-843-09**Vendor No.: **T32014588**NV Business ID: **NV20232672852**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 #: **44DOC-S3478 JW**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **Generator Service**

5. Purpose of contract:

This is a new contract to provide generator and preventative maintenance services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$351,070.76**

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?

NDOC generators need annual maintenance to run efficiently and reliably.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC does not have qualified personnel to perform this work. No state agency offers this service.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Aviat U.S., Inc.
Mohawk Ltd.
DMR Development LLC**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 44DOC-S3478, 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: 12/11/2025 Anticipated re-bid date: 10/01/2030

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	carnol1	05/04/2026 07:33:24 AM
Division Approval	carnol1	05/04/2026 07:33:27 AM
Department Approval	carnol1	05/04/2026 10:59:03 AM
Contract Manager Approval	blewalle	05/04/2026 11:05:34 AM
Budget Analyst Approval	vyoungb	05/21/2026 11:26:07 AM
BOE Agenda Approval	nrezaie	05/21/2026 11:29:02 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 CONTRACT1. Contract Number: **32176**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **1362-21**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Schwan's Sales Co., Inc.

Contractor Name: **Schwan's Sales Co., Inc.**Address: **115 West College Drive**City/State/Zip: **Marshall, MN 56258**

Contact/Phone: 5134393575

Vendor No.: T29052008

NV Business ID: NV20071385821

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **USDA PIZZA**

5. Purpose of contract:

This is a new contract to provide ongoing processed end products utilizing United States Department of Agriculture foods for pizza.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The NDA, Division of Food and Nutrition, Food Distribution Unit under the United States Department of Agriculture, administers the processing of USDA foods into processed end products for schools and eligible child care centers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No qualified employees

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):

S.A. Piazza & Assoc. LLC
 Richandre Inc. dba Ardella's
 Bake Crafters Food Company
 Albie's Foods, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

competitive selection by appointed evaluation committee.

d. Last bid date: 01/20/2026 Anticipated re-bid date: 01/01/2028

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	04/16/2026 14:42:19 PM
Division Approval	jwilkin3	04/16/2026 14:42:28 PM
Department Approval	jtreec1	04/16/2026 14:43:51 PM
Contract Manager Approval	jfromm	04/16/2026 14:44:09 PM
Budget Analyst Approval	dspeed1	05/08/2026 09:44:14 AM
BOE Agenda Approval	vmilazz1	05/15/2026 10:49:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32309**Agency Name: **DPS-HIGHWAY PATROL**Agency Code: **651**Appropriation Unit: **4713-42**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Transcontinental Education LTD

Contractor Name: **TRANSCONTINENTAL EDUCATION LTD**Address: **565 Metro Place South Suite 3920**City/State/Zip: **Dublin, OH 43017**

Contact/Phone: Dr. Ted Sun 614-561-8871

Vendor No.: PENDING

NV Business ID: NV20263567384

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 #: RFP 65DPS-S3733/HM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **I/O Psychologist**

5. Purpose of contract:

This is a new contract to provide consultative support focused on organizational effectiveness, workforce development, and succession readiness.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$210,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department is implementing a comprehensive Wellness Initiative that includes developing a standardized, evidence-informed leadership curriculum to strengthen employee well-being, communication, and organizational effectiveness. As personnel advance into leadership roles, they are increasingly asked to support both operational responsibilities and the human aspects of the profession, often without the benefit of formal, structured preparation in wellness-supportive leadership practices. While many supportive efforts already occur, approaches understandably vary across divisions, which can affect consistency and the overall impact of available wellness resources. The Department does not currently have internal staff with the dedicated capacity and specialized curriculum-design expertise needed to translate behavioral science, adult learning principles, and public safety culture into measurable, sustainable training outcomes. Engaging an external provider will provide objective, research-informed program development, ensure repeatable and evaluable training, and support long-term organizational health; therefore, these conditions necessitate procuring professional services through a competitive RFP process.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Public Safety, currently, does not have any employees qualified to do this job.

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):

Clear Code Testing LLC
 Eagle Hill Consulting
 CPS HR Consulting

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 65DPS-S3733 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/03/2026 Anticipated re-bid date: 03/01/2027

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

The DBA name is used for branding and day-to-day business operations, but the legal entity responsible for the contract and payments is Transcontinental Education LTD.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kasen Cornmesser, MAII Ph: 775-

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	04/28/2026 12:03:19 PM
Division Approval	cjackson	04/30/2026 09:52:21 AM
Department Approval	mcosenti	04/30/2026 17:48:05 PM

Contract Manager Approval	mcosenti	04/30/2026 17:48:07 PM
Budget Analyst Approval	tsmorra	05/07/2026 16:36:12 PM
BOE Agenda Approval	bmacke1	05/13/2026 14:32:51 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 CONTRACT1. Contract Number: **32358**Agency Name: **DPS-FIRE MARSHAL**Agency Code: **656**Appropriation Unit: **3816-25**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DONOVAN CONTRACTING, INC.**Contractor Name: **DONOVAN CONTRACTING, INC.**Address: **5355 Louie Lane**City/State/Zip: **Reno, NV 89511**Contact/Phone: **Garrett Donovan 775-632-6077**Vendor No.: **T32012971**NV Business ID: **NV20101331971**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 %

TRANSFER 50% FROM EMERGENCY RESPONSE COMMISSION, 50% STATE ENVIRONMENTAL PROTECTION

Agency Reference #: **RFP 65DPS-S3798/HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 30 days**4. Type of contract: **Contract**Contract description: **Trailer Rebuild**

5. Purpose of contract:

This is a new contract to provide demolition, debris removal, disposal, and rebuilding burn cells.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$322,200.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The State Fire Marshal Division (SFMD) is required to provide specialized fire investigation training to determine the cause and origin of fires under NRS 477.30. This training is provided to fire service and law enforcement agencies throughout Nevada.

We have received an overwhelming demand from agencies to have their personnel attend the class due to the limited opportunities for this type of specialized training.

The SFM Training Bureau conducts up to 2 Fire Investigation Classes per year for Nevada Fire Agencies. The SFM Training Bureau has 2 stand-alone burn cells and 2 mobile burn cells that are made up to provide realistic fires in a room and content fire. The training is used to provide technical and methodical approaches to all fires an agency may come across. It also provides insight into when to call for additional assistance when there is a suspicion of arson. Having the four burn cells allows the students to investigate 4 different fires using the burn cells, giving them advanced knowledge prior to returning to their agencies.

If we do not have the ability to use and rehab the burn cells, the training will not be conducted and would not allow both metropolitan and rural fire agencies to have an individual that could help find the origin and cause of a fire. The Training Bureau would not be able to meet NRS 477.030.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the qualified staffing or the expertise to provide the demolition, and the restoration of the burn cells to the condition they were in before the burn.

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):

e-Builder, Inc.
Pearson Brothers Constructon Co
Casas Construction

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 65DPS-S3798 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/01/2026 Anticipated re-bid date: 01/01/2029

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:

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	jreiche1	04/29/2026 14:42:47 PM
Division Approval	jreiche1	04/29/2026 14:42:49 PM
Department Approval	mcosenti	04/30/2026 17:47:54 PM
Contract Manager Approval	mcosenti	04/30/2026 17:47:56 PM
Budget Analyst Approval	tsmorra	05/11/2026 14:30:26 PM
BOE Agenda Approval	bmacke1	05/15/2026 13:08:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32273**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4466-40**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Environmental Protection Services, LLC

Contractor Name: **Environmental Protection Services, LLC**Address: **PO Box 21025**City/State/Zip: **Carson City, NV 89721**

Contact/Phone: Brian Breiter 775-323-4363

Vendor No.: T29044194A

NV Business ID: NV20151733629

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 #: 26-58

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/18/2026**Contract term: **109 days**4. Type of contract: **Contract**Contract description: **Environmental Protec**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-20572 which provides Bat Gate Construction in abandoned mine sites. This service agreement provides construction of new, and restoration of existing, bat-compatible closures at open abandoned mine sites.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$170,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a new service agreement is for the repair of various Abandoned Mine Land (AML) and Bat Gate Construction and Installation services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do no have expertise required or equipment to complete the necessary repairs.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Broadbent & Associates Inc
Environmental Protection Services, LLC
McGinley & Associates Inc

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only responder to bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Jonathan Young, Wildlife Staff Specialist Ph: 775-688-1404

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ktayl14	04/28/2026 08:46:30 AM
Division Approval	ktayl14	04/28/2026 08:46:33 AM
Department Approval	jneubau2	04/28/2026 09:21:59 AM
Contract Manager Approval	kander12	05/06/2026 07:15:34 AM
Budget Analyst Approval	dspeed1	05/07/2026 16:54:35 PM
BOE Agenda Approval	vmilazz1	05/15/2026 11:05:05 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: **31735** Amendment Number: **1**

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** City/State/Zip: **CARSON CITY, NV 89705**

Is budget authority available?: **No** Contact/Phone: **JASON KING, P.E. 7757217838**

If "No" please explain: Work Program C82299 in process to fund contract in FY27 Vendor No.: **T29051851**

NV Business ID: **NV20201689335**

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 **01/28/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **1 year and 152 days**4. Type of contract: **Contract**Contract description: **HOLDS WATER LLC**

5. Purpose of contract:

This is the first amendment to the original contract which provides consultation services to evaluate permit processes, provide recommendations on permitting decisions, and review candidate information. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$73,500 to \$255,500 due to the continued need for these services. This amendment is contingent upon IFC approval of work program #C82299.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$73,500.00	\$73,500.00	\$73,500.00	Yes - Info
2. Amount of current amendment (#1):	\$182,000.00	\$182,000.00	\$255,500.00	Yes - Action
3. New maximum contract amount:	\$255,500.00			
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?

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. Solicitation 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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

hbugg

05/05/2026 12:55:31 PM

Division Approval	hbugg	05/05/2026 12:58:28 PM
Department Approval	hbugg	05/06/2026 10:55:29 AM
Contract Manager Approval	vchrist1	05/06/2026 10:55:56 AM
Budget Analyst Approval	rmayhall	05/06/2026 11:16:11 AM
BOE Agenda Approval	vmilazz1	05/15/2026 11:35:06 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: **25891** Amendment Number: **3**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **SGS SILVER STATE ANALYTICAL LABORATORIES, INC.**

Agency Code: **709** Contractor Name: **SGS SILVER STATE ANALYTICAL LABORATORIES, INC.**

Appropriation Unit: **3193-12** Address: **1135 FINANCIAL BLVD**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-2348**

If "No" please explain: Not Applicable Contact/Phone: **Joe Nava 775-857-2400**

Vendor No.: **T29004820A**

NV Business ID: **NV20041414954**

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 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **6 years and 1 day**4. Type of contract: **Contract**Contract description: **Analysis of Water**

5. Purpose of contract:

This is the third amendment to the original contract which provides continued water analysis of surface water samples to characterize the chemical, physical, and biological conditions of surface waters in support of the statewide surface water quality program. This amendment extends the termination date from June 30, 2026 to June 30, 2028 and increases maximum amount from \$927,000 to \$1,481,720 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:	\$630,000.00	\$630,000.00	\$630,000.00	Yes - Action
a. Amendment 1:	\$97,000.00	\$97,000.00	\$97,000.00	Yes - Info
b. Amendment 2:	\$200,000.00	\$200,000.00	\$297,000.00	Yes - Action
2. Amount of current amendment (#3):	\$554,720.00	\$554,720.00	\$554,720.00	Yes - Action
3. New maximum contract amount:	\$1,481,720.00			
and/or the termination date of the original contract has changed to:	06/30/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

The federal Clean Water Act section 106 and 40 code of federal regulations 130.4 (a) require states to develop and implement a surface water quality monitoring program to characterize the water quality status of waters of the state. The U.S. Environmental Protection Agency provides federal 106 funding to the Division of Environmental Protection to carry out the monitoring programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada Division of Environmental Protection does not have the laboratory facilities necessary to analyze water samples.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP# 70CNR-S1893, 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: 07/01/2022 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:

Currently has a laboratory contract with the Division of Environmental Protection and has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	ahanso1	04/14/2026 09:44:36 AM
Division Approval	ddragon1	04/15/2026 09:47:17 AM
Department Approval	ddragon1	04/15/2026 09:47:20 AM
Contract Manager Approval	daurand	05/01/2026 11:40:03 AM
Budget Analyst Approval	rmayhall	05/04/2026 08:58:20 AM
BOE Agenda Approval	vmilazz1	05/15/2026 11:49:03 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 #:	730(0)

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<u>ENTER YOUR STATE AGENCY NAME:</u> NDEP, Bureau of Water Quality Planning (BWQP)		
	Contact Name and Title	Phone Number	Email Address
	David Aurand Management Analyst	775-687-9444	daurand@ndep.nv.gov

2	Contractor Information:	
	Contractor Name:	Silver State Analytical
	Contact Name:	Joe Nava
	Complete Address: City, State and Zip Code	1135 Financial BLVD
	Phone Number:	775-857-2400
	Email Address:	Jose.nava@sgs.com

3	List <u>all previous</u> 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 #:

730 (1)

4	Current Contract Information:			
	Solicitation Type, if applicable:		#:	
	Enter CETS Number:	#25891		
	Initial Contract Amount:	\$630,000		
	Contract Term:	Start Date:	07/01/2022	End Date:

5	Amendment Information – List <u>all previously</u> approved amendments:			
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	Added Funds	\$ 97,000	06/30/26
	2	Added Funds	\$200,000	06/30/26

6	<u>Proposed</u> Amendment Information:			
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	3	Add Funds	\$554,720	06/30/28

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	<i>An RFP for a new contract for laboratory analytical services process was not initiated as BWQP was in talks and anticipated executing an agreement with the Nevada State Health Laboratory (NSHL) once the existing contract terminated on 6/30/26. However, recent logistical and analytical developments make an agreement with NSHL infeasible at this time. Subsequent conversations with the current contractor indicated a willingness to extend the contract for two years at 2022 pricing levels, resulting in cost savings to the State. At the end of the first year of the extension, BWQP will reassess if an agreement with NSHL is feasible. If determined unfeasible, then the RFP process will be pursued to establish a new contract for laboratory analytical services.</i>

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>An extension denial would delay water sample analysis of water samples taken by BWQP and hinder the State's ability to complete ambient surface water quality monitoring in accordance with its obligations under the Clean Water Act.</i>

Purchasing Use Only:	
Approval #:	730 (2)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 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.*

Jason Kuchnicki

Signature of Agency Representative Initiating Request

Jason Kuchnicki

04/29/26

Print Name of Agency Representative Initiating Request

Date

Frederick Perdomo

Signature of Agency Head Authorizing Request

Frederick Perdomo

04/29/26

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.	

This approval does not exempt an agency from any other contracting process.

Signed:

[Signature]

Administrator, Purchasing Division or Designee

4.30.2026

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32196**Agency Name: **DCNR - OUTDOOR RECREATION**Agency Code: **710**Appropriation Unit: **4180-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DESIGN WORKSHOP, INC.**Contractor Name: **DESIGN WORKSHOP, INC.**Address: **1390 LAWRENCE ST STE 100**City/State/Zip: **DENVER, CO 80204-2081**Contact/Phone: **303/623-5186**Vendor No.: **T81090224**NV Business ID: **NV19971217141**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 % Transfer from Tourism

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2026**Contract term: **213 days**4. Type of contract: **Contract**Contract description: **Tahoe Meadows WSMSP**

5. Purpose of contract:

This is a new contract to provide a Tahoe Meadows Winter Safety Management strategic plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$178,465.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Tahoe Meadows winter recreation area(s) has created safety hazards for over 20 years. This area creates excessive road and recreation traffic on SR 431 6+ months out of the year, creating congestion and illegal parking on the highway on Mt. Rose. This area is extremely popular for snow play such as sledding and snow-mobiling, but there is no designation for recreation causing users to sled or fall into highway traffic causing injury or death.

These common issues also make snow removal difficult and dangerous both for NDOT and the public. Additionally, access to this very popular recreation site has many user conflicts and infrastructure challenges that could be mitigated through creating parking areas, staging areas, signage, wayfinding, bathrooms, trash receptacles, and eating areas that move users off the highway and into designated zones. This will improve efforts between USFS, NDOT, and recreators to improve efforts for shared conservation and stewardship, as well as improved access for all users including ADA compliant options. This project will create a strategic plan allowing all of the stakeholders at the community, county, and government levels to work cohesively with the public to improve safety while accommodating improved access for all.

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 a qualified planner or planning department to contract with Washoe County, Incline Village General Improvement District, the various non-government agencies, state and local agencies, while incorporating all the projects on the Mt. Rose Hwy corridor that have already received funding for these proposed projects, but have never come to fruition. This is a multi-state and federal agency effort to work with local and community stakeholders to create a plan that works for all parties, and the state does not have the capability through one department or division to complete this task.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

All Points West
Design Workshop, Inc.
Radbridge

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was chosen based on achieving the highest overall score during the evaluation process. Their proposal demonstrated the strongest combination of technical capability, relevant experience, and cost effectiveness in meeting the requirements outlined in the solicitation.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	dberonio	05/01/2026 11:56:34 AM
Division Approval	dberonio	05/01/2026 11:56:38 AM
Department Approval	mweyland	05/08/2026 09:04:25 AM
Contract Manager Approval	dberonio	05/08/2026 09:09:22 AM
Budget Analyst Approval	rmayhall	05/08/2026 09:41:51 AM
BOE Agenda Approval	vmilazz1	05/15/2026 11:18:15 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32341**

Agency Name:	B&I - INDUSTRIAL RELATIONS DIV	Legal Entity Name:	THE LAW OFFICES OF CHARLES R. ZEH, ESQ., LLC
Agency Code:	742	Contractor Name:	THE LAW OFFICES OF CHARLES R. ZEH, ESQ., LLC
Appropriation Unit:	4682-04	Address:	6900 S MCCARRAN BLVD STE 2040
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	Charles R Zeh, Esq 7753235700
		Vendor No.:	T29021118
		NV Business ID:	NV19951011050

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 % Workers' Compensation & Safety Fund

Agency Reference #: 4682-04

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **Legal Services OSH**

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: **\$192,000.00**

Other basis for payment: Payment per Attachment AA (page 6 of 7) Vendor Rate Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 618.585(2) states that "The Occupational Safety and Health (OSH) Review Board may employ legal counsel to advise it concerning matters which come before it." Independent counsel is required in order to avoid potential conflict of interest.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The OSH Review Board is required to hold hearings on written appeals or notices of contest under NRS 618.585 and NRS 618.605. There is a conflict of interest since Division Counsel represents Occupational Safety and Health Administration (OSHA) in each contested matter. Therefore, outside counsel must be used.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 01/27/2026 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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ecerv1	05/05/2026 06:37:31 AM
Division Approval	ecerv1	05/05/2026 06:37:35 AM
Department Approval	ecerv1	05/05/2026 06:37:38 AM
Contract Manager Approval	ecerv1	05/05/2026 06:37:40 AM
Budget Analyst Approval	njohnst1	05/08/2026 08:43:07 AM
BOE Agenda Approval	nrezaie	05/15/2026 08:27:30 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 CONTRACT1. Contract Number: **32269**

Agency Name: B&I - INDUSTRIAL RELATIONS DIV	Legal Entity Name: KPS/3
Agency Code: 742	Contractor Name: KPS/3
Appropriation Unit: 4685-15	Address: 500 RYLAND ST STE 300
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-1662
If "No" please explain: Not Applicable	Contact/Phone: Andy Walden 775/686-7439
	Vendor No.: PUR0004720
	NV Business ID: NV19941094961
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	16.50 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	83.50 % Workers Compensation Assessment Fund

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Multimedia services**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides ongoing strategic planning, account management, creative development, media buying, public relations, website, and digital services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$295,642.00**

Payment for services will be made at the rate of \$147,821.00 per year

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?

NRS 618.353 requires the Division of Industrial Relations to conduct workplace safety and health education and informational programs in Nevada to promote safe practices and increase the recognition, avoidance and prevention of unsafe and unhealthy work conditions. This contract also supports our 21(d) federal cooperative agreement grant.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract requires specialized skill sets beyond the scope and experience of state employees. Our marketing campaigns include search engine optimization and Google AdWords. The contract also supports development of pamphlets, handouts, newspaper adds, social media, and other multimedia and online advertising

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to Solicitation 99SWC-S2340, this vendor was selected because they have been used by multiple state agencies in the past and are deemed satisfactory

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Attorney General, 2019-Present
Nevada Division of Environmental Protection, 2014-Present
Nevada division of Health and Human Services, 2010-Present
Division of Industrial Relations, 1994-Present
Governor & #65533;s Office of Economic Development, 2012-Present
Nevada Public Employees Benefit Program, 2015-Preaent
Silver State Health Insurance Exchange, 2013-Present

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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)?

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	ecerv1	05/04/2026 13:28:03 PM
Division Approval	ecerv1	05/04/2026 13:28:06 PM
Department Approval	ecerv1	05/04/2026 13:28:08 PM
Contract Manager Approval	ecerv1	05/04/2026 13:28:09 PM

Budget Analyst Approval
BOE Agenda Approval
BOE Final Approval

njohnst1
nrezaie
Pending

05/14/2026 12:06:57 PM
05/14/2026 12:15:14 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32162**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Agency Code: **810**Appropriation Unit: **4715-30**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **PO BOX 911319**City/State/Zip: **DALLAS, TX 75319**Contact/Phone: **702/817-2091**Vendor No.: **PUR0005339A**NV Business ID: **NV19941112701**To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

X Highway Funds **100.00 %** Other funding 0.00 %

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Gartner Wk Plan MVIT**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides research and advisory services related to information technology. This service agreement provides access to technical professionals for research and advice related to overall information technology needs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$113,621.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This work is required due to the rapidly evolving technology landscape, which demands timely, well-informed IT decisions supported by current and reliable insight. Access to up-to-date industry research and advisory services is necessary to navigate increasing complexity and reduce the risk of misaligned technology decisions. Gartner provides the expertise needed to support these efforts.

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? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been used by multiple agencies since 2013. The Agency is satisfied with their work.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpeat	04/16/2026 09:22:21 AM
Division Approval	bmusselm	04/20/2026 11:25:39 AM
Department Approval	bmusselm	04/20/2026 11:25:59 AM
Contract Manager Approval	ebergen4	05/04/2026 07:11:50 AM
Budget Analyst Approval	tsmorra	05/07/2026 17:07:29 PM
BOE Agenda Approval	bmacke1	05/13/2026 14:19:29 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 CONTRACT1. Contract Number: **23732**Amendment Number: **2**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Legal Entity Name: **MANAGEMENT TECHNOLOGY GROUP, L.L.C.**Agency Code: **810**Contractor Name: **MANAGEMENT TECHNOLOGY GROUP, L.L.C.**Appropriation Unit: **4716-16**Address: **MTG Management Consult LLC
690 Grays Woods BLVD, STE 100**Is budget authority available?: **Yes**City/State/Zip: **Port Matilda, PA 16870**

If "No" please explain: Not Applicable

Contact/Phone: **Robert Kaelin 206-442-5010**Vendor No.: **T29025149 A**NV Business ID: **NV20041240020**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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/08/2020**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **6 years and 204 days**4. Type of contract: **Contract**Contract description: **Change Management**

5. Purpose of contract:

This is the second amendment to the original contract which provides quality assurance, senior advisory, program management, and change management services. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$9,377,716 to \$11,512,951 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:	\$6,968,920.00	\$6,968,920.00	\$6,968,920.00	Yes - Action
a. Amendment 1:	\$2,408,796.00	\$2,408,796.00	\$2,408,796.00	Yes - Action
2. Amount of current amendment (#2):	\$2,135,235.00	\$2,135,235.00	\$2,135,235.00	Yes - Action
3. New maximum contract amount:	\$11,512,951.00			
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?

This contract is intended to ensure continuity of quality assurance, senior advisory, and program/change management services during a critical phase of the 8-year modernization roadmap. These services will support the DMV in effectively navigating this pivotal period while allowing sufficient time to prepare a comprehensive and thorough Request for Proposal.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees available to complete 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):

Gartner
Berry Dunn
Straight Line Analytics

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Pursuant to RFP #65DPS-S1080, 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: 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?

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

jpeat

04/27/2026 15:06:59 PM

Division Approval	bmusselm	04/27/2026 15:31:07 PM
Department Approval	bmusselm	04/27/2026 15:31:09 PM
Contract Manager Approval	ebergen4	05/01/2026 13:23:58 PM
Budget Analyst Approval	tsmorra	05/08/2026 16:17:12 PM
BOE Agenda Approval	bmacke1	05/14/2026 16:04:01 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: **25286** Amendment Number: **3**

Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Legal Entity Name: **INTELLECTUAL TECHNOLOGY, INC.**

Agency Code: **810** Contractor Name: **INTELLECTUAL TECHNOLOGY, INC.**

Appropriation Unit: **4735-04** Address: **2980 E. Coliseum Blvd**

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? **2022-2032**

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 81DMV-S1466 HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2022**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/29/2026**Contract term: **10 years and 2 days**4. Type of contract: **Contract**Contract description: **DL Testing System**

5. Purpose of contract:

This is the third amendment to the original contract which provides design, development, installation, and maintenance of a replacement system for Nevada's automated driver's license system. This amendment extends the termination date from June 29, 2026 to June 29, 2032 and increases the maximum amount from \$1,506,240 to \$4,048,297 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:	\$1,444,624.00	\$1,444,624.00	\$1,444,624.00	Yes - Action
a. Amendment 1:	\$61,616.00	\$61,616.00	\$61,616.00	Yes - Info
b. Amendment 2:	\$0.00	\$0.00	\$61,616.00	No
2. Amount of current amendment (#3):	\$2,542,057.00	\$2,542,057.00	\$2,603,673.00	Yes - Action
3. New maximum contract amount:	\$4,048,297.00			
and/or the termination date of the original contract has changed to:	06/29/2032			

II. JUSTIFICATION

7. What conditions require that this work be done?

Software, equipment, and maintenance are required for DMV to operate the Automated Driver's License Testing System throughout the State of Nevada

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees in the area 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. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #81DMV-S1466, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/04/2021 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	pgra1	03/31/2026 14:18:03 PM
Division Approval	bmusselm	03/31/2026 15:08:09 PM
Department Approval	bmusselm	03/31/2026 15:08:14 PM
Contract Manager Approval	ebergen4	04/27/2026 10:24:21 AM
EITS Approval	ljea	04/28/2026 08:45:37 AM
Budget Analyst Approval	tsmorra	05/08/2026 16:27:39 PM
BOE Agenda Approval	bmacke1	05/14/2026 16:36:12 PM



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, Administration, DMV
Bethany Musselman, Administrator, ASD, DMV
Suzie Pollard, Administrator, MVIT, DMV
Vickie Coll, Management Analyst

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 Automated Driver License Testing System (ADLTS)* – TIE 1515, Revision 2 – BA(s) 4735

DATE: January 28, 2026

We have completed our review of the Department of Motor Vehicles (DMV) investment, which has an estimated total value of \$2,542,057.00, allocated to the current and future biennia, as follows:

Cost Type	FY27	FY28	FY29	FY30	FY31	FY32	Grand Total
One-Time Cost	\$ 376,560.00	\$ 376,560.00	\$ 402,919.00	\$ 431,123.00	\$ 461,302.00	\$ 493,593.00	\$ 2,542,057.00
	\$ 376,560.00	\$ 376,560.00	\$ 402,919.00	\$ 431,123.00	\$ 461,302.00	\$ 493,593.00	\$ 2,542,057.00
Grand Total	\$ 376,560.00	\$ 376,560.00	\$ 402,919.00	\$ 431,123.00	\$ 461,302.00	\$ 493,593.00	\$ 2,542,057.00

Funding source(s): 100% Highway Fund.

The investment extends the existing Automated Driver License Testing System contract for six years. The system is already operational and supports DMV knowledge testing across multiple locations, with

functionality designed to scale across examiner workstations on standard DMV PCs. The business case emphasizes operational continuity and consistency, as the solution supports decentralized testing sites while relying on the State's network for connectivity and oversight. Core capabilities include maintaining a validated and state-approved test question database, administering all required knowledge tests through both examiner stations and web applications, and presenting standardized scoring with clear pass or fail outcomes. The administrative console and real-time reporting features provide oversight and accountability, enabling monitoring of testing activity and performance across sites.

This extension is focused on sustaining a mature, mission-critical system, preserving service reliability, standardization, and administrative visibility. The primary risks are in governance and performance assurance over a long-term extension.

The GTO 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



**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 #:	7150

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	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. Coliseum Blvd. Fort Wayne, IN 46805
	Phone Number:	260.459.8800 x1512
	Email Address:	krehder@neumo.com

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:	2 Purchasing Lead RFP's	#:	# 81DMV-S1466
	Enter CETS Number:	#23564; #25286		
	Contract Amount:	Regarding the above CETS numbers in order; #23564 - \$ 618,711.84 #25286 - \$1,444,624.00		
	Contract Term:	Start Date:	End Date:	
		#23564 - 07/01/2020 #25286 - 06/30/2022	#26564 - 06/30/2022 #25286 - 06/29/2026	

Rec'd 03/11/26 // Resubmission

Purchasing Use Only:Approval #: 715 

4	Current Contract Information:				
	Solicitation Type, if applicable:		RFP- Purchasing Lead	#:	#81DMV-S1466
	Enter CETS Number:		#25286		
	Initial Contract Amount:		\$1,444,624.00		
	Contract Term:	Start Date:	06/30/2022	End Date:	06/29/2026

5	Amendment Information – List <u>all previously</u> approved amendments:			
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	Increased maximum amount from \$1,444,624 to \$1,506,240	\$61,616	None
	2	Scope of Work change to include remote testing and at home testing	None	None

6	<u>Proposed</u> Amendment Information:			
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	3	Extends contract term to align with two other operational systems and increases maximum amount from \$1,506,240 to \$4,048,297.	\$2,542,057	6/29/2032

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?		
	The Intellectual Technology, Inc. (ITI) Driver's Knowledge Testing Contract is approaching expiration, and the Department of Motor Vehicles (DMV) is requesting approval for a six (6) year contract extension. Approval of this extension would result in a total contract term of ten (10) years and would align this agreement with the other two active ITI contracts that support DMV operations with ten-year terms (CETS#25310 and CETS#25318).		
	SAM Section 0305 outlines that service contracts are solicited every four (4) years but provides for an approval process for longer terms under specific circumstances. The DMV is requesting approval for this extension as it was the intent of the agency to establish a ten (10) year term as in the other ITI solicitation for kiosks (CETS#25310) and the agency unintentionally missed utilizing that term in the original solicitation. DMV acknowledges this learning opportunity and is committed to taking steps to prevent similar issues in the future. Based on these considerations, this extension aims to maintain continuity and stability in DMV driver's testing operations, ensuring ongoing service quality to the State of Nevada residents while adhering to statutory guidelines.		

8	What are the potential consequences to the State if the contract extension request is denied?
	Without ITI's integrated solutions, the DMV would be unable to deliver critical services efficiently, securely, or at the scale required to meet public demand. ITI possesses extensive institutional knowledge of DMV operations and provides secure registration and decal materials with embedded security features. This expertise enables rapid issue resolution and reliable ongoing support that a new vendor could not replicate without a lengthy, costly, and high-risk transition period. Additionally, ITI's existing processes already meet the DMV's stringent security, compliance, and document control requirements. Introducing a new vendor would necessitate extensive system integration, security reviews, and certification processes, significantly increasing operational risk to sensitive data and credential issuance. • Service Disruption Risk: System redevelopment and recertification could disrupt registration, decal issuance, kiosks, and testing services. • Loss of Specialized Expertise: ITI's institutional knowledge cannot be rapidly replaced, increasing error rates and resolution delays. • Reduced Operational Efficiency: A new vendor would lack ITI's integrated platform, leading to slower processing and reduced reliability. • Increased Costs: Onboarding a new provider would require significant investment in systems, training, and parallel operations with no assured benefit. • Negative Public Impact: Service disruptions would reduce service availability, convenience, and customer satisfaction for Nevada residents.

Purchasing Use Only:

Approval #:

#115(2)

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.*

Elaine Bergenheier

Signature of Agency Representative Initiating Request

Elaine Bergenheier, Management Analyst III / DMV Contracts Manager

3/10/26

Print Name of Agency Representative Initiating Request

Date

Bethany Musselman

Signature of Agency Head Authorizing Request

Bethany Musselman, Fiscal Operations Administrator

3/10/26

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

3.16.2026

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32240**

Agency Name:	DETR - REHABILITATION DIVISION	Legal Entity Name:	ALLIANCE ENTERPRISES, INC. OF WASHINGTON
Agency Code:	901	Contractor Name:	ALLIANCE ENTERPRISES, INC. OF WASHINGTON
Appropriation Unit:	3265-27	Address:	676 Woodland Sq PI SE Ste 122E
Is budget authority available?:	Yes	City/State/Zip	Lacey, WA 98503
If "No" please explain:	Not Applicable	Contact/Phone:	Kristin De Han 360/456-7000
		Vendor No.:	T29039304
		NV Business ID:	NV20121142268

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.

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 #: 4039-30-REHAB

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Alliance AWARE**

5. Purpose of contract:

This is a new contract to provide licensing and professional services for the AWARE case management system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,010,874.66**

Other basis for payment: \$686,803.79 Year 1 (SFY 2027). \$728,755.06 Year 2 (SFY 2028). \$773,642.90 Year 3 (SFY 2029). \$821,672.91 Year 4 (SFY 2030). Total Contract or installments payable at: As Invoiced and Approved by the State. Total Contract not to exceed \$3,010,874.66.

II. JUSTIFICATION

7. What conditions require that this work be done?

AWARE allows Vocational Rehabilitation to fully comply with federal and state program processing and reporting requirements, shorten the system modification timeframe required to be in compliance, and reduce overall systems effort and cost while improving functionality and capability for the program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or the software capabilities to perform these analytics required through the AWARE system.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 260308

Approval Date: 03/25/2026

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:

The vendor has provided satisfactorily services to Vocational Rehabilitation since 2017.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjacob	05/05/2026 10:25:43 AM
Division Approval	cjacob	05/05/2026 10:25:45 AM
Department Approval	zhoefflin	05/05/2026 10:38:54 AM
Contract Manager Approval	wcune1	05/05/2026 10:40:08 AM
EITS Approval	ljea	05/05/2026 15:16:21 PM
Budget Analyst Approval	Iramire7	05/20/2026 15:19:01 PM
BOE Agenda Approval	mranki1	05/20/2026 15:20:01 PM
BOE Final Approval	Pending	



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: Drazen Elez, Administrator, DETR
Brett Martinez, Deputy Administrator, Operations, DETR
Laxmi Bokka, IT Chief, DETR
Jill Martin, 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** – *Alliance Enterprises AWARE Licensing* –
TIE **299**, Revision **2** – BA(s) 3254, 3265

DATE: **March 6, 2026**

We have completed our review of the **Department of Employment, Training and Rehabilitation (DETR)** investment which has an estimated total value of **\$3,010,874.66**, allocated to the current and future biennia as follows:

Cost Type	FY27	FY28	FY29	FY30	Grand Total
Ongoing Cost	\$ 686,803.79	\$ 728,755.06	\$ 773,642.90	\$ 821,672.91	\$ 3,010,874.66
Services - Other	\$ 686,803.79	\$ 728,755.06	\$ 773,642.90	\$ 821,672.91	\$ 3,010,874.66
Grand Total	\$ 686,803.79	\$ 728,755.06	\$ 773,642.90	\$ 821,672.91	\$ 3,010,874.66

Funding source(s): 78.7% Federal Grant and 21.3% General Fund.

This TIE revision is to update cost information to reflect contract renewal through FY2030. The Bureau

of Vocational Rehabilitation (BVR) and the Bureau of Services to the Blind and Visually Impaired (BSBVI) rely on AWARE to support the delivery of employment services to Nevadans with disabilities. The system enables staff to efficiently manage comprehensive case records including medical, demographic, service, and employment information while ensuring eligibility determinations and Individual Plans for Employment are developed in compliance with state and federal requirements. AWARE strengthens program productivity, internal controls, and federal funding compliance. The platform also maintains strong security safeguards, including secure coding practices, regular updates, robust authentication, backups, and Microsoft Azure B2C-secured vendor and consumer portals with agency-controlled access.

The combined GTO investment and implementation risk, and technology risk scores indicates a moderate level of risk due to sensitivity to economic cycles, potential regulatory changes, high dependence on a few key suppliers and core operations depending on technology.

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**

Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval#:	260308@

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	ENTER STATE AGENCY NAME:		<i>Department of Employment, Training and Rehabilitation</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Lauren Ford, Management Analyst II</i>	<i>(775) 687-6869</i>	<i>laford@detr.nv.gov</i>

1b	Vendor Information:	
	Vendor Name:	<i>Alliance Enterprises, Inc</i>
	Contact Name:	<i>Meilyn Diaz</i>
	Complete Address: City, State, and Zip Code	<i>676 Woodland Sq Pl SE 122E, Lacey, WA 98503</i>
	Telephone Number:	<i>(360) 456-7000</i>
	Email Address:	<i>Meilyn.diaz@allianceenterprises.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<i>XX</i>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	<i>XX</i>	No:
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	<i>07/01/2026</i>	End Date:

1f	Funding:	
	State Appropriated:	<i>21.3%</i>
	Federal Funds:	<i>78.7%</i>
	Grant Funds:	
	Other (Explain):	

Resubmission Rec'd 03/25/26

Purchasing Use Only:	
Approval #:	26030800

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$2,660,874.66

2	Provide a description of work/services to be performed or services with goods to be purchased:
	<i>Alliance Enterprises Inc is the owner and developer of the Aware VR (AWARE), which the Bureau of Vocational Rehabilitation (VR) purchased in 2017 and used to upgrade the previous case management system (Rehabilitation Automated Information System of Nevada RAISON). This contract is for the licensing of the AWARE cloud-based system for the next (4) state fiscal years. This contract will also provide for maintenance and support allowing Nevada to meet federal data and reporting requirements, assuring the viability of the VR program and its continued federal funding. Additionally, the contract provides for Nevada specific enhancements (customizations) to meet the State of Nevada and Rehabilitation Division business needs such as completing the interface changes needed to support CORE.NV.</i>

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
	<i>AWARE allows VR to fully comply with federal and state program processing and reporting requirements, shorten the system modification timeframe required to be in compliance, and reduce overall systems effort and cost while improving functionality and capability for the program. Alliance is also the only vendor who can provide programming expertise since the program is proprietary.</i>

4	Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>Alliance is the only vendor who can provide programming expertise to the AWARE system since the program is proprietary. The selection of another vendor would require the replacement of the AWARE system and the costs would be prohibitive for the transition from AWARE to the new system. Currently, there are no other known systems, on the market, that are integrative as AWARE.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
		XX	
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <u>If not</u> , why were alternatives not evaluated?	<i>Alliance is the only vendor who can provide programming expertise to the AWARE system since the program is proprietary. The selection of another vendor would require the replacement of the AWARE system and the costs would be prohibitive for the transition from AWARE to the new system. Currently, there are no other known systems, on the market, that are as integrative as AWARE.</i>	

Purchasing Use Only:	
Approval #:	260308 @

6	Has the agency purchased these services/services with goods in the past? Check One:				Yes	No
	NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u>				XX	
	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				
	07/01/22	06/30/26	\$2,290,982.00	Upgrade Case management system & licensing	Waiver# 211006	25922
	09/12/17	06/30/22	\$4,148,323.00	Upgrade Case management system & licensing	Waiver# 170702	19079
	03/2012	06/2013	\$178,000.00	Data collection enhancement	Waiver# 120301	13176
04/2022	05/2012	Unknown	Software Design License Agreement	N/A	N/A	
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	Loss of federal funding due to not meeting federal data and reporting requirements potentially causing the Vocational Rehabilitation program to become unviable, which will drastically reduce our ability to serve Nevadans with a disability.

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?
	Staff reached out to other states' Vocational Rehabilitation programs and researched the internet. Many other states are either using Alliance's products or are using custom systems built in-house.

#260308@

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u>NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.</u>	XX	
a. If yes, please provide details regarding future obligations or needs.			
As long as VR is utilizing AWARE, we must pay for licensing of the product. Also, changing state and federal regulations will require customization of the system, thus requiring the ability to use Alliances professional programming services, since AWARE is proprietary.			

Purchasing Use Only:	
Approval #:	

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. NOTE: The same individual cannot provide approval signatures in both sections.

Lauren Ford

Signature of Agency Representative Initiating Request

Lauren Ford

Print Name of Agency Representative Initiating Request

03/26/2026

Date

Drazen Elez

Signature of Agency Head Authorizing Request

Drazen Elez

Print Name of Agency Head Authorizing Request

3/24/2026

Date

#260308@

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

3.25.26
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32258**Agency Name: **DETR - EMPLOYMENT SECURITY**Agency Code: **902**Appropriation Unit: **1004-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ESTIPONA GROUP**Contractor Name: **ESTIPONA GROUP**Address: **PO BOX 10606**City/State/Zip: **RENO, NV 89510-0606**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? **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 **85.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **15.00 % CAREER ENHANCEMENT PROGRAM**Agency Reference #: **4041-28-OWINN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/30/2027**Contract term: **1 year and 59 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Career Pathways App**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17892 which provides consulting, marketing, and education services. This service agreement provides development and project management for an interactive game that introduces students to foundational healthcare tasks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$165,000.00**

Other basis for payment: As invoiced by vendor and approved by the State. Total contract not to exceed: \$165,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

OWINN has been working with the youth of Nevada to develop an interactive game to spark interest in the healthcare career field.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

OWINN does not have the capabilities to develop an app.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Statewide Contract# 99SWC-NV23-17892

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? 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 various state agencies since August 2014 and ESD since March 2025.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	mmellow	04/28/2026 14:12:12 PM
Division Approval	mmellow	04/28/2026 14:12:15 PM
Department Approval	rkin5	04/28/2026 15:11:57 PM
Contract Manager Approval	wcune1	05/01/2026 09:01:31 AM
EITS Approval	ljea	05/01/2026 09:30:22 AM
Budget Analyst Approval	Iramire7	05/01/2026 11:10:33 AM
BOE Agenda Approval	mranki1	05/13/2026 13:55:26 PM
BOE Final Approval	Pending	



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: Marchele Sneed, Executive Director, DETR
 Scott Jeffries, IT Manager, DETR
 Erin Carter, Management Analyst II, DETR
 Colleen Kiechler, Contract Manager, 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
 Michael D. Smith, Client Services Division Chief, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DETR – *Career Pathways Game App* – TIE 1760,
 Revision 1 – BA(s) 1004

DATE: April 13, 2026

We have completed our review of the Department of Employment, Training and Rehabilitation (DETR) investment which has an estimated total value of \$165,000.00, allocated to FY2026.

Funding source(s): 100% CAT 14 and CAT 15.

The Governor's Office of Technology approves this pilot investment as a targeted workforce and career exploration initiative intended to engage Nevada students through a mobile-first interactive application. The proposed solution, beginning with the Scrub On! pilot title, is designed to introduce students to foundational healthcare and nursing concepts through short, skills-based gameplay focused on observation, time management, and priority-driven decision-making. By presenting career activities in an

accessible and interactive format, the application is intended to help students better understand what specific professions may involve before making longer-term education and career decisions.

The investment is aligned with broader school and workforce programming goals by reinforcing career and technical education pathways, encouraging early exposure to in-demand fields, and producing engagement data that may help inform future program planning and policy decisions. GTO approval assumes that the agency has clearly defined hosting, data collection, privacy protections for student users, accessibility compliance, and long-term support expectations before any broader expansion.

The combined GTO investment and implementation, 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 CONTRACT1. Contract Number: **32209**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3274-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **PO BOX 911319**City/State/Zip: **DALLAS, TX 75391-1319**Contact/Phone: **Chelsey Bonilla 702-817-2091**Vendor No.: **PUR0005339A**NV Business ID: **NV19941112701**To what State Fiscal Year(s) will the contract be charged? **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**Agency Reference #: **4042-27-ITD**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Other (include description): Statewide Contract Service Agreement**Contract description: **ITD Gartner**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides information technology research and advisory services. This service agreement provides access Gartner products for Executive Programs Member Services and IT Leaders Individual Access Advisor.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$148,325.00**

Payment for services will be made at the rate of \$148,325.00 per year

Other basis for payment: As invoiced by the vendor and approved for payment by the State. Total not to exceed: \$148,325.00

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR ITD needs a continued independent review of Department structure and operations to assist in the development and maintenance of long-term strategic planning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DETR ITD does not possess the expertise to perform this type of analysis and relies on the independent study for an unbiased view.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This software was selected in conformance with Statewide Contract 99SWC-NV26-28049.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory service to various state agencies since July 2013 and DETR since March 2018.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	kleal	04/29/2026 11:48:54 AM
Division Approval	mzich	04/29/2026 11:53:57 AM
Department Approval	cjacob	04/29/2026 12:18:06 PM
Contract Manager Approval	wcune1	04/30/2026 08:36:08 AM
Budget Analyst Approval	Iramire7	05/01/2026 11:20:56 AM
BOE Agenda Approval	mranki1	05/13/2026 08:36:14 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 CONTRACT1. Contract Number: **32377**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	RICH WIGHTMAN & CO, CPAS, LLC
Agency Code:	BDC	Contractor Name:	RICH WIGHTMAN & CO, CPAS, LLC
Appropriation Unit:	B007 - All Categories	Address:	1301 S JONES BLVD
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89146
If "No" please explain:	Not Applicable	Contact/Phone:	Tyler Frigaard, CPA 702/878-0959
		Vendor No.:	T32002016
		NV Business ID:	NV20021065105

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 #: **BRDCOM-S3666 JW**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/08/2028**Contract term: **2 years and 8 days**4. Type of contract: **Contract**Contract description: **CPA/Bookkeeping**

5. Purpose of contract:

This is a new contract to provide certified public accountant bookkeeping services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$306,240.00**

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

There is the necessity for CPA/Bookkeeping Services that the Board does not have the bandwidth or training to provide these services in a successful manner.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board of Dental Examiners staff serves as lead in bookkeeping and AP/AR processing. Contracted vendor performs accounting and on-going auditing. Serves as backup for bookkeeping and AP/AR processing during high volume renewal periods.

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):

Maze & Associates Accounting
Eide Bailly LLP
Casey Neilon Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP BRDCOM-S3666, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/23/2026 Anticipated re-bid date: 01/01/2028

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	adamhigg	05/12/2026 10:00:10 AM
Division Approval	adamhigg	05/12/2026 10:00:12 AM
Department Approval	adamhigg	05/12/2026 10:00:14 AM
Contract Manager Approval	jwixon	05/12/2026 10:01:41 AM
Budget Analyst Approval	vyoungb	05/14/2026 10:19:10 AM
BOE Agenda Approval	nrezaie	05/14/2026 10:53:27 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 CONTRACT1. Contract Number: **29862**Amendment Number: **1**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Legal Entity Name: **Bamboo Health, Inc.**Agency Code: **BDC**Contractor Name: **Bamboo Health, Inc.**Appropriation Unit: **B022 - All Categories**Address: **9901 Linn Station Road**Is budget authority available?: **Yes**City/State/Zip: **Louisville, KY 40223**If "No" please explain: **Not Applicable**Contact/Phone: **Sara White 502-815-3861**

Vendor No.:

NV Business ID: **NV20212301092**To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	11.00 % Licensing
X Federal Funds	89.00 %		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 **11/19/2024**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **11/18/2028**

Termination Date:

Contract term: **4 years**4. Type of contract: **Contract**Contract description: **PDMP License**

5. Purpose of contract:

This is the first amendment to the original contract which provides licensing, support, and training for a prescription drug monitoring program. This amendment increases the maximum amount from \$3,060,710 to \$3,365,710 due to the addition of opioid medication activity to the data collected.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,060,710.00	\$3,060,710.00	\$3,060,710.00	Yes - Action
2. Amount of current amendment (#1):	\$305,000.00	\$305,000.00	\$305,000.00	Yes - Action
3. New maximum contract amount:	\$3,365,710.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 453.162 requires the Board and the Division shall cooperatively develop a computerized program to track each prescription for a controlled substance listed in schedule II, III, IV or V that is filled by a pharmacy that is registered with the Board or that is dispensed by a practitioner who is registered with the Board.
NarxCare provides patient data from the program implemented pursuant to NRS 453.162 to help prevent the manage substance use disorder in patients receiving scheduled drugs.
Intergration provides patient data from the program implemented pursuant to NRS 453.162 within the patient's electronic health record (EHR), electronic medical record (EMR, and pharmacy management systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Prescription Drug Monitoring Program (PDMP) is a complex software system that must interface with several external platforms including but not limited to; healthcare provider electronic records, treatment facility availability, and a federal data exchange. Due to the complexity of data exchange and rapidly evolving state and federal requirements an enterprise system is not practical.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 241003

Approval Date: 10/04/2024

- c. Why was this contractor chosen in preference to other?

This is the only vendor with a commercially available off the shelf product that will fulfill all state and federal requirements, as well as the only platform that will integrate will all platforms desired by the state related to the PDMP

- 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:

Vendor provides the statewide VINE platform and statewide PDMP platform and provides exceptional services and products.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	kbains12	04/30/2026 09:04:04 AM
Division Approval	kbains12	04/30/2026 09:04:13 AM
Department Approval	kbains12	04/30/2026 09:04:24 AM
Contract Manager Approval	kbains12	04/30/2026 09:04:33 AM
EITS Approval	ljean	05/01/2026 07:06:19 AM
Budget Analyst Approval	pokeefe	05/14/2026 07:49:12 AM
BOE Agenda Approval	pokeefe	05/14/2026 07:49:16 AM



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: David Wuest, Executive Secretary, Pharmacy
Kiran Bains, Finance Manager, Pharmacy

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
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – Pharmacy – *Prescription Durg Monitoring Program - Bamboo Health, Inc* – TIE 1048, Revision 2 – BA(s) B022

DATE: April 21, 2026

We have completed our review of the Nevada Board of Pharmacy (Pharmacy) investment which has an estimated total value of \$3,365,699.00, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	Grand Total
One-Time Cost		\$ 202,500.00		\$ 202,500.00
Services - Other		\$ 202,500.00		\$ 202,500.00
Ongoing Cost	\$ 763,732.00	\$ 766,545.00	\$ 871,922.00	\$ 2,402,199.00
Services - Other	\$ 763,732.00	\$ 766,545.00	\$ 769,422.00	\$ 2,299,699.00
Services-Other			\$ 102,500.00	\$ 102,500.00
Grand Total	\$ 763,732.00	\$ 969,045.00	\$ 871,922.00	\$ 2,604,699.00

Funding source(s): 88% Federal Grant and 12% Nevada State Board of Pharmacy Agency Funds.

GTO approves this cost update for the State's Prescription Monitoring Program infrastructure, which supports Nevada's statutory obligation under NRS 453.162 to maintain a computerized program for tracking prescriptions for controlled substances in schedules II, III, IV, and V. The investment continues support for core Bamboo Health capabilities that enable pharmacies, practitioners, and authorized

healthcare organizations to securely access and use prescription monitoring data as part of routine clinical and regulatory workflows. Through PMP Gateway, Nevada PMP data can be integrated directly into electronic health records and pharmacy management systems, allowing clinicians to request patient prescription history reports in real time and incorporate that information into prescribing decisions. NarxCare further enhances the platform by aggregating and analyzing prescription data from providers and pharmacies, presenting interactive patient risk information and clinical insights that support patient safety, care coordination, and referral to treatment resources when appropriate. The PMP AWARe platform also provides operational and compliance functionality through tools such as the Mandatory Use Compliance Module, which helps authorized users and administrators assess prescriber adherence to state querying requirements, as well as a training module integrated into the Board of Pharmacy registration process.

This investment is supported because it advances a clear statutory mandate while improving the State's ability to promote safe prescribing practices, reduce misuse of controlled substances, and strengthen clinical decision-making through timely access to prescription history information. The solution is not a discretionary or duplicative enhancement, but rather an operationally significant continuation of an established statewide capability that serves regulatory, public health, and provider needs. Overall, the investment represents a necessary and appropriate continuation of a statewide health and safety platform that supports compliance, improves visibility into controlled substance prescribing, and helps reduce risk to patients and providers.

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: **29147** Amendment Number: **2**

Legal Entity Name: **Tri-Strategies Ltd**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Contractor Name: **Tri-Strategies Ltd**

Agency Code: **BDC** Address: **59 Damonte Ranch Pkwy Suite B-552**

Appropriation Unit: **B023 - All Categories** City/State/Zip: **Reno, NV 89521**

Is budget authority available?: **Yes** Contact/Phone: **Eddie Ableser 480-343-1602**

If "No" please explain: **Not Applicable** Vendor No.:

NV Business ID: **NV20171743365**

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 % 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 **04/01/2024**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **2 years and 182 days**

4. Type of contract: **Contract**

Contract description: **Legislative Svs**

5. Purpose of contract:

This is the second amendment to the original contract which provides legislative services. This amendment extends the termination date from June 30, 2026 to September 30, 2026 and increases the maximum amount from \$88,000 to \$124,000 to allow services to continue while a solicitation is completed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$88,000.00	\$88,000.00	\$88,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$88,000.00	No
2. Amount of current amendment (#2):	\$36,000.00	\$36,000.00	\$124,000.00	Yes - Action
3. New maximum contract amount:	\$124,000.00			
and/or the termination date of the original contract has changed to:	09/30/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

It is a necessity for the Board to receive expert advice on legislative and government affairs which requires the special skills, expertise and knowledge of an experienced legislative liaison.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Assistance is needed in the planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with a small staff and does not have the availability, expertise or knowledge to perform the needed services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

- b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

The vendor was the most responsive and met all requirements and was determined cost effective.

- d. Last bid date: 10/18/2023 Anticipated re-bid date: 10/15/2025

10. a. Does the contract contain any IT components? No

- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been providing service to the Nevada Physical Therapy Board for 2 years and the quality of service has been exceptional.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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

Budget Account Approval

User

jaderose

Signature Date

04/28/2026 14:15:18 PM

Division Approval	jederose	05/06/2026 14:20:08 PM
Department Approval	jederose	05/06/2026 14:20:37 PM
Contract Manager Approval	jederose	05/06/2026 14:20:53 PM
Budget Analyst Approval	pokeefe	05/21/2026 17:06:38 PM
BOE Agenda Approval	pokeefe	05/21/2026 17:06:42 PM

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	ABLE ABILITIES GROUP	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing case management, disabilities support, and supportive living arrangement services.				
	Term of Contract:	07/01/2026 - 06/30/2030		Contract # 32305		
2.		VARIOUS STATE AGENCIES	BPW CARES LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, counseling, early intervention, educational tutoring and education support, employment support, marriage and family therapy, mental health, social worker, and substance abuse counseling services.				
	Term of Contract:	Upon Approval - 05/31/2030		Contract # 32337		
3.		VARIOUS STATE AGENCIES	BAMBOO SUNRISE LLC	OTHER: VARIOUS AGENCIES	\$11,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, community work experience programs, counseling, early intervention, emergency shelter care, foster care, group home, marriage and family therapy, mental health, rehabilitation, and residential provider services.				
	Term of Contract:	Upon Approval - 05/31/2030		Contract # 32312		
4.		VARIOUS STATE AGENCIES	CONFIDENCE HEALTH RESOURCES, LLC	OTHER: VARIOUS AGENCIES	\$15,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
	Term of Contract:	Upon Approval - 05/31/2030		Contract # 32307		
5.		VARIOUS STATE AGENCIES	CONSUMER DIRECT SERVICES FOR NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing case management, disabilities support, home health care, personal care, and senior care services.				
	Term of Contract:	07/01/2026 - 06/30/2030		Contract # 32198		
6.		VARIOUS STATE AGENCIES	DENHAM ORTHOTICS AND FITNESS	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing prosthetics and orthotics services.				
	Term of Contract:	07/01/2026 - 06/30/2030		Contract # 32277		
7.		VARIOUS STATE AGENCIES	DENNIS CHANG MD PLLC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychiatry services.				
	Term of Contract:	Upon Approval - 05/31/2030		Contract # 32223		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	ERH WCH OPCO LLC	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living services.				
	Term of Contract:		Upon Approval - 05/31/2030	Contract # 32224		
9.		VARIOUS STATE AGENCIES	EAGLE QUEST	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, counseling, early intervention, emergency shelter care, foster care, group home, marriage and family therapy, medical services, mental health, rehabilitation, residential provider, respite care, social worker, speech pathology, therapy and counseling, and substance abuse counseling services.				
	Term of Contract:		07/01/2026 - 06/30/2030	Contract # 32197		
10.		VARIOUS STATE AGENCIES	EMERGENCY LIFELINE WEST	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing personal emergency response system services.				
	Term of Contract:		07/01/2026 - 06/30/2030	Contract # 32292		
11.		VARIOUS STATE AGENCIES	EMPHASIS HOME SERVICES LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing home health care services.				
	Term of Contract:		Upon Approval - 05/31/2030	Contract # 32232		
12.		VARIOUS STATE AGENCIES	FUNCTIONAL PATHWAYS OF TN, L.L.C.	OTHER: VARIOUS AGENCIES	\$2,300,000	
	Contract Description:	This is a new contract to provide ongoing occupational therapy, physical therapy, rehabilitation, and speech pathology therapy and counseling services.				
	Term of Contract:		07/01/2026 - 06/30/2030	Contract # 32222		
13.		VARIOUS STATE AGENCIES	GOLDEN DAYS PCA LLP	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing respite care services.				
	Term of Contract:		Upon Approval - 05/31/2030	Contract # 32336		
14.		VARIOUS STATE AGENCIES	GRACEFUL TOUCH LLC	OTHER: VARIOUS AGENCIES	\$2,700,000	
	Contract Description:	This is a new contract to provide ongoing home health care, personal care, and respite care services.				
	Term of Contract:		07/01/2026 - 06/30/2030	Contract # 32191		
15.		VARIOUS STATE AGENCIES	HEAVENLY ANGELS HOME CARE SERVICES L.L.C.	OTHER: VARIOUS AGENCIES	\$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and respite care services.				
	Term of Contract:		07/01/2026 - 06/30/2030	Contract # 32192		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.		VARIOUS STATE AGENCIES	IGNITE PRODUCTIONS LLC	OTHER: VARIOUS AGENCIES	\$7,500,000	
	Contract Description:	This is a new contract to provide ongoing community work experience programs, customized employment, employment support, job development, and pre-employment services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32231		
17.		VARIOUS STATE AGENCIES	JADELLE LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support and community-based living arrangement services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32317		
18.		VARIOUS STATE AGENCIES	JENNIFER R. HIGHSMITH, PHD L.L.C. DBA SIERRA PSYCHOLOGICAL TESTING AND ASSESSMENTS	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing psychology services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32304		
19.		VARIOUS STATE AGENCIES	JOURNEY HEALTH TECHNOLOGIES U.S. INC.	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32225		
20.		VARIOUS STATE AGENCIES	KENNETH HOUCHIN DBA ELKO EYE CENTER	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing ophthalmology services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32301		
21.		VARIOUS STATE AGENCIES	KENNETH MCKAY LTD.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing counseling, disabilities support, mental health, psychology, and rehabilitation services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32194		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.		VARIOUS STATE AGENCIES	LIFESKILLS UNLIMITED, INC.	OTHER: VARIOUS AGENCIES	\$56,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32293		
23.		VARIOUS STATE AGENCIES	MML PHYSICAL THERAPY GROUP, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing physical therapy services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32285		
24.		VARIOUS STATE AGENCIES	MELANIE OCAMPO, DNP PROF. L.L.C.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing psychiatry services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32303		
25.		VARIOUS STATE AGENCIES	MIRACLE HANDS PERSONAL HOME CARE L.L.C.	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing home health care services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32202		
26.		VARIOUS STATE AGENCIES	MULLISSA CHILDRESS CCM MEDICAL SERVICES	OTHER: VARIOUS AGENCIES	\$800,000	
	Contract Description:	This is a new contract to provide ongoing acute medical, general medicine, and medical services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32230		
27.		VARIOUS STATE AGENCIES	ON POINT BEHAVIOR LLC	OTHER: VARIOUS AGENCIES	\$8,000,000	CURRENT EMPLOYEE
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs, behavioral support, case management, and respite care services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32308		
28.		VARIOUS STATE AGENCIES	PARADISE HEALTHCARE SERVICES, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support, personal care, respite care, and senior care services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32306		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.		VARIOUS STATE AGENCIES	PATTERNS BEHAVIORAL SERVICES NEVADA, INC	OTHER: VARIOUS AGENCIES	\$4,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs, and behavioral support services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32297		
30.		VARIOUS STATE AGENCIES	QMEDIC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing personal emergency response system services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32226		
31.		VARIOUS STATE AGENCIES	RENO CENTER FOR CHILDREN, LLC	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32266		
32.		VARIOUS STATE AGENCIES	RISING STAR LLC	OTHER: VARIOUS AGENCIES	\$14,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, community-based living arrangement, group home, mental health, residential provider, and supportive living arrangement services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32298		
33.		VARIOUS STATE AGENCIES	SKYDANCE HELICOPTERS OF NORTHERN NEVADA	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide aerial fire suppression services.				
		Term of Contract:	Upon Approval - 04/13/2028	Contract # 32217		
34.		VARIOUS STATE AGENCIES	SUNNIE&CO LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing community work experience, disabilities support, educational tutoring and education support, employment support, job development, mental health, pre-employment, rehabilitation, and supportive services for the blind and visually impaired services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32233		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.		VARIOUS STATE AGENCIES	SUPPORTED LIVING SOLUTIONS	OTHER: VARIOUS AGENCIES	\$10,000,000	CURRENT EMPLOYEE
	Contract Description:	This is a new contract to provide ongoing adult daycare, applied behavioral analysis, autism treatment assistance program, behavioral support, case management, community-based living arrangement, community work experience, counseling, dietician-nutrition, disabilities support, educational tutoring and education support, employment support, job development, mental health, personal care, pre-employment, safe-housing, and supportive living arrangement services.				
	Term of Contract:		Upon Approval - 05/31/2030	Contract # 32316		
36.		VARIOUS STATE AGENCIES	TGLR LLC	OTHER: VARIOUS AGENCIES	\$12,300,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, group home, residential provider, and supportive living arrangement services.				
	Term of Contract:		Upon Approval - 05/31/2030	Contract # 32315		
37.		VARIOUS STATE AGENCIES	UNLIMITED CHOICES, LLC	OTHER: VARIOUS AGENCIES	\$7,500,000	
	Contract Description:	This is a new contract to provide ongoing case management and supportive living arrangement services.				
	Term of Contract:		Upon Approval - 05/31/2030	Contract # 32311		
38.		VARIOUS STATE AGENCIES	VARIEGATED INDUSTRIES, INC.	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide fire fuels reduction and vegetation management services.				
	Term of Contract:		Upon Approval - 06/30/2027	Contract # 32262		
39.		VARIOUS STATE AGENCIES	VISTA CARE NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
	Term of Contract:		Upon Approval - 05/31/2030	Contract # 32290		
40.		VARIOUS STATE AGENCIES	WELL HEARD COUNSELING LLC DBA WELL HEARD COUNSELING	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing mental health and social worker services.				
	Term of Contract:		Upon Approval - 05/31/2030	Contract # 32338		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.		VARIOUS STATE AGENCIES	WESTCARE NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$18,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, counseling, mental health, residential provider and substance abuse counseling services.				
		Term of Contract:	Upon Approval - 05/31/2030	Contract # 32296		
42.		VARIOUS STATE AGENCIES	YOUR CHOICE HOME HEALTH CARE LLC	OTHER: VARIOUS AGENCIES	\$5,600,000	
	Contract Description:	This is a new contract to provide ongoing home health care, medical, mental health, personal care, physical therapy, residential provider, respite care, and senior care services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32220		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32305**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Able Abilities Group
Agency Code:	MSA	Contractor Name:	Able Abilities Group
Appropriation Unit:	9999 - All Categories	Address:	806 Ryland Street
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Beatrice Ogundimu 775-972-9191
		Vendor No.:	T29000861
		NV Business ID:	NV20041480876

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 %	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-VQ18587**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, disabilities support, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 10:34:43 AM
Division Approval	ldeloach	04/30/2026 10:34:46 AM
Department Approval	ldeloach	04/30/2026 10:34:48 AM
Contract Manager Approval	ascaffid	04/30/2026 16:42:18 PM
Budget Analyst Approval	vfajota	05/04/2026 15:52:30 PM
BOE Agenda Approval	mranki1	05/11/2026 16:04:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32337**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BPW Cares LLC**Contractor Name: **BPW Cares LLC**Address: **7609 Brocade Court**City/State/Zip: **Las Vegas, NV 89149**Contact/Phone: **Tanya Burns 219-765-8161**Vendor No.: **PENDING**NV Business ID: **NV20253484342**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-VQ17962**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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 behavioral support, case management, counseling, early intervention, educational tutoring and education support, employment support, marriage and family therapy, mental health, social worker, and substance abuse counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 10:57:10 AM
Division Approval	ldeloach	04/30/2026 10:57:13 AM
Department Approval	ldeloach	04/30/2026 10:57:15 AM
Contract Manager Approval	ascaffid	04/30/2026 16:49:37 PM
Budget Analyst Approval	vfajota	05/04/2026 16:28:38 PM
BOE Agenda Approval	mranki1	05/12/2026 09:20:40 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 CONTRACT1. Contract Number: **32312**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Bamboo Sunrise LLC**Contractor Name: **Bamboo Sunrise LLC**Address: **98 East Lake Mead Parkway**City/State/Zip: **Henderson, NV 89015**Contact/Phone: **Michael Flynn 702-433-3038**Vendor No.: **T32014184**NV Business ID: **NV20111717709**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-VQ18428**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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 behavioral support, case management, community work experience programs, counseling, early intervention, emergency shelter care, foster care, group home, marriage and family therapy, mental health, rehabilitation, and residential provider services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 10:41:14 AM
Division Approval	ldeloach	04/30/2026 10:41:17 AM
Department Approval	ldeloach	04/30/2026 10:41:19 AM
Contract Manager Approval	ascaffid	04/30/2026 16:46:40 PM
Budget Analyst Approval	vfajota	05/04/2026 15:14:30 PM
BOE Agenda Approval	mranki1	05/11/2026 14:45:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32307**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Confidence Health Resources, LLC

Contractor Name: **Confidence Health Resources, LLC**Address: **885 Tyler Way**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Camella Stephens 775-332-2116

Vendor No.: T29019572

NV Business ID: NV20071653239

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-VQ18521

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 11:00:17 AM
Division Approval	ldeloach	04/30/2026 11:00:20 AM
Department Approval	ldeloach	04/30/2026 11:00:25 AM
Contract Manager Approval	ascaffid	04/30/2026 16:43:13 PM
Budget Analyst Approval	vfajota	05/04/2026 15:57:00 PM
BOE Agenda Approval	mranki1	05/11/2026 16:10:43 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 CONTRACT1. Contract Number: **32198**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Consumer Direct Services for Nevada, LLC

Contractor Name: **Consumer Direct Services for Nevada, LLC**Address: **1005 Terminal Way Suite 125**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Evelyn Ortiz 877-786-4999

Vendor No.: T27008157

NV Business ID: NV20021134616

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 % 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-VQ18449

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**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 case management, disabilities support, home health care, personal care, and senior care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 11:05:06 AM
Division Approval	ldeloach	04/30/2026 11:05:08 AM
Department Approval	ldeloach	04/30/2026 11:05:10 AM
Contract Manager Approval	ascaffid	04/30/2026 16:22:41 PM
Budget Analyst Approval	vfajota	05/04/2026 16:27:00 PM
BOE Agenda Approval	mranki1	05/12/2026 09:17:55 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 CONTRACT1. Contract Number: **32277**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DENHAM ORTHOTICS AND FITNESS**Contractor Name: **DENHAM ORTHOTICS AND FITNESS**Address: **601 Whitney Ranch Drive
Suite C-17**City/State/Zip: **Henderson, NV 89014**Contact/Phone: **Kimberly Floth 702-898-6000**Vendor No.: **T29005860**NV Business ID: **NV19991451856**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 % 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-VQ18646**

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing prosthetics and orthotics services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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:

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	04/30/2026 11:08:31 AM
Division Approval	ldeloach	04/30/2026 11:08:33 AM
Department Approval	ldeloach	04/30/2026 11:08:35 AM
Contract Manager Approval	ascaffid	04/30/2026 16:35:13 PM
Budget Analyst Approval	vfajota	05/05/2026 08:51:10 AM
BOE Agenda Approval	mranki1	05/12/2026 11:27:01 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 CONTRACT1. Contract Number: **32223**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Dennis Chang MD PLLC**Contractor Name: **Dennis Chang MD PLLC**Address: **3204 Shallow Point Circle**City/State/Zip: **Las Vegas, NV 89117**Contact/Phone: **Dennis Chang 909-260-0494**Vendor No.: **T27042318**NV Business ID: **NV20181276389**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-VQ18391**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychiatry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 11:12:16 AM
Division Approval	ldeloach	04/30/2026 11:12:18 AM
Department Approval	ldeloach	04/30/2026 11:12:21 AM
Contract Manager Approval	ascaffid	04/30/2026 16:24:50 PM
Budget Analyst Approval	vfajota	05/05/2026 09:06:34 AM
BOE Agenda Approval	mranki1	05/12/2026 14:04:28 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32224**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ERH WCH OpCo LLC**Contractor Name: **ERH WCH OpCo LLC**Address: **5975 West Twain Avenue**City/State/Zip: **Las Vegas, NV 89103**Contact/Phone: **Nichole Schmal 702-367-7700**Vendor No.: **T27045237**NV Business ID: **NV20222405371**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-VQ17482**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing assisted living services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 11:48:36 AM
Division Approval	ldeloach	04/30/2026 11:48:38 AM
Department Approval	ldeloach	04/30/2026 11:48:40 AM
Contract Manager Approval	ascaffid	04/30/2026 16:25:16 PM
Budget Analyst Approval	vfajota	05/05/2026 08:53:08 AM
BOE Agenda Approval	mranki1	05/12/2026 11:24:51 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 CONTRACT1. Contract Number: **32197**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Eagle Quest**Contractor Name: **Eagle Quest**Address: **3680 North Rancho Drive**City/State/Zip: **Las Vegas, NV 89130**Contact/Phone: **David Doyle 702-376-0612**Vendor No.: **T29028509**NV Business ID: **NV20101748977**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 % 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-VQ18388**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, case management, counseling, early intervention, emergency shelter care, foster care, group home, marriage and family therapy, medical services, mental health, rehabilitation, residential provider, respite care, social worker, speech pathology, therapy and counseling, and substance abuse counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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:

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	04/30/2026 11:30:12 AM
Division Approval	ldeloach	04/30/2026 11:30:15 AM
Department Approval	ldeloach	04/30/2026 11:30:18 AM
Contract Manager Approval	ascaffid	04/30/2026 16:22:02 PM
Budget Analyst Approval	vfajota	05/04/2026 16:25:12 PM
BOE Agenda Approval	mranki1	05/12/2026 08:52:13 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 CONTRACT1. Contract Number: **32292**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Emergency LifeLine West
Agency Code:	MSA	Contractor Name:	Emergency LifeLine West
Appropriation Unit:	9999 - All Categories	Address:	7929 Coral Point Avenue
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89128
If "No" please explain:	Not Applicable	Contact/Phone:	Adina Kullman 702-900-7543
		Vendor No.:	T29032150
		NV Business ID:	NV20081041689

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 %	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-VQ18266

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal emergency response system services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 11:35:39 AM
Division Approval	ldeloach	04/30/2026 11:35:41 AM
Department Approval	ldeloach	04/30/2026 11:35:43 AM
Contract Manager Approval	ascaffid	04/30/2026 16:36:42 PM
Budget Analyst Approval	vfajota	05/04/2026 16:05:43 PM
BOE Agenda Approval	mranki1	05/11/2026 16:14:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32232**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Emphasis Home Services LLC**Contractor Name: **Emphasis Home Services LLC**Address: **7465 West Lake Mead Boulevard Suite 100**City/State/Zip: **Las Vegas, NV 89128**Contact/Phone: **Rosmary Garcia 702-661-5530**Vendor No.: **PENDING**NV Business ID: **NV20232837976**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-VQ18470**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing home health care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 11:45:29 AM
Division Approval	ldeloach	04/30/2026 11:45:31 AM
Department Approval	ldeloach	04/30/2026 11:45:33 AM
Contract Manager Approval	ascaffid	04/30/2026 16:32:58 PM
Budget Analyst Approval	vfajota	05/05/2026 09:27:05 AM
BOE Agenda Approval	mranki1	05/12/2026 14:46:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32222**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Functional Pathways of TN, L.L.C.

Contractor Name: **Functional Pathways of TN, L.L.C.**Address: **10133 Sherrill Boulevard Suite 200**City/State/Zip: **Knoxville, TN 37932**

Contact/Phone: Brad Carter 865-531-2204

Vendor No.: T29026908

NV Business ID: NV20111085153

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 % 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-VQ18499

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing occupational therapy, physical therapy, rehabilitation, and speech pathology therapy and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 11:51:11 AM
Division Approval	ldeloach	04/30/2026 11:51:13 AM
Department Approval	ldeloach	04/30/2026 11:51:15 AM
Contract Manager Approval	ascaffid	04/30/2026 16:24:07 PM
Budget Analyst Approval	vfajota	05/05/2026 09:04:13 AM
BOE Agenda Approval	mranki1	05/12/2026 14:02:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32336**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Golden Days PCA LLP

Contractor Name: **Golden Days PCA LLP**Address: **6077 South Fort Apache Road #120**City/State/Zip: **Las Vegas, NV 89148**

Contact/Phone: Davit Hakobyan 702-332-9977

Vendor No.: PENDING

NV Business ID: NV20243069018

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-VQ18071

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing respite care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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:

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	ldeloach	04/30/2026 11:54:07 AM
Division Approval	ldeloach	04/30/2026 11:54:09 AM
Department Approval	ldeloach	04/30/2026 11:54:11 AM
Contract Manager Approval	ascaffid	04/30/2026 16:48:57 PM
Budget Analyst Approval	vfajota	05/05/2026 08:37:13 AM
BOE Agenda Approval	mranki1	05/12/2026 10:30:36 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 CONTRACT1. Contract Number: **32191**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Graceful Touch LLC

Contractor Name: **Graceful Touch LLC**Address: **800 North Rainbow Boulevard Suite 28**City/State/Zip: **Las Vegas, NV 89107**

Contact/Phone: Charles Mitchell 702-293-3888

Vendor No.: T27033236

NV Business ID: NV20101141308

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 % 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-VQ18275

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing home health care, personal care, and respite care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,700,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 11:56:37 AM
Division Approval	ldeloach	04/30/2026 11:56:39 AM
Department Approval	ldeloach	04/30/2026 11:56:42 AM
Contract Manager Approval	ascaffid	04/30/2026 16:20:17 PM
Budget Analyst Approval	vfajota	05/04/2026 16:18:25 PM
BOE Agenda Approval	mranki1	05/12/2026 08:45:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32192**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Heavenly Angels Home Care Services L.L.C.**Contractor Name: **Heavenly Angels Home Care Services L.L.C.**Address: **5609 Pella Pompano Street**City/State/Zip: **North Las Vegas, NV 89031**Contact/Phone: **Lucy Fajardo 702-778-7440**Vendor No.: **T32012205**NV Business ID: **NV20171303338**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 % 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-VQ18365**

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care and respite care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 12:03:21 PM
Division Approval	ldeloach	04/30/2026 12:03:23 PM
Department Approval	ldeloach	04/30/2026 12:03:25 PM
Contract Manager Approval	ascaffid	04/30/2026 16:21:06 PM
Budget Analyst Approval	vfajota	05/04/2026 16:20:35 PM
BOE Agenda Approval	mranki1	05/12/2026 08:47:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32231**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Ignite Productions LLC**Contractor Name: **Ignite Productions LLC**Address: **1885 Halite Drive**City/State/Zip: **Sparks, NV 89436**Contact/Phone: **Kyle Christiansen 310-266-8648**Vendor No.: **T29052166**NV Business ID: **NV20222639792**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-VQ18248**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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 community work experience programs, customized employment, employment support, job development, and pre-employment services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 12:07:53 PM
Division Approval	ldeloach	04/30/2026 12:07:55 PM
Department Approval	ldeloach	04/30/2026 12:07:57 PM
Contract Manager Approval	ascaffid	04/30/2026 16:32:24 PM
Budget Analyst Approval	vfajota	05/05/2026 09:24:22 AM
BOE Agenda Approval	mranki1	05/12/2026 14:45:01 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32317**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Jadelle LLC
Agency Code:	MSA	Contractor Name:	Jadelle LLC
Appropriation Unit:	9999 - All Categories	Address:	6282 Windy Waters Court
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89110
If "No" please explain:	Not Applicable	Contact/Phone:	Maria Basilio 702-793-1104
		Vendor No.:	T29041035
		NV Business ID:	NV20181132289

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-VQ18699

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support and community-based living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 12:10:27 PM
Division Approval	ldeloach	04/30/2026 12:10:29 PM
Department Approval	ldeloach	04/30/2026 12:10:31 PM
Contract Manager Approval	ascaffid	04/30/2026 16:48:27 PM
Budget Analyst Approval	vfajota	05/05/2026 08:41:43 AM
BOE Agenda Approval	mranki1	05/12/2026 10:32:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32304**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Jennifer R. Highsmith, PhD L.L.C. dba Sierra Psychological Testing and Assessments
Agency Code:	MSA	Contractor Name:	Jennifer R. Highsmith, PhD L.L.C. dba Sierra Psychological Testing and Assessments
Appropriation Unit:	9999 - All Categories	Address:	2450 Vassar Street 3A
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Jennifer Highsmith 775-386-2189
		Vendor No.:	T29034366
		NV Business ID:	NV20131695973

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-VQ18429

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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 psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 12:13:34 PM
Division Approval	ldeloach	04/30/2026 12:13:36 PM
Department Approval	ldeloach	04/30/2026 12:13:38 PM
Contract Manager Approval	ascaffid	04/30/2026 16:41:40 PM
Budget Analyst Approval	vfajota	05/04/2026 15:17:11 PM
BOE Agenda Approval	mranki1	05/11/2026 14:46:58 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32225**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Journey Health Technologies U.S. Inc.

Contractor Name: **Journey Health Technologies U.S. Inc.**Address: **3621 Marion Lane**City/State/Zip: **Las Cruces, NM 88012**

Contact/Phone: Clinical Compliance 844-873-4664

Vendor No.: PENDING

NV Business ID: NV20243232644

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-VQ17632

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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 and autism treatment assistance program services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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:
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	04/30/2026 12:16:33 PM
Division Approval	ldeloach	04/30/2026 12:16:36 PM
Department Approval	ldeloach	04/30/2026 12:16:38 PM
Contract Manager Approval	ascaffid	04/30/2026 16:25:44 PM
Budget Analyst Approval	vfajota	05/05/2026 08:55:10 AM
BOE Agenda Approval	mranki1	05/12/2026 11:19:42 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 CONTRACT1. Contract Number: **32301**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Kenneth Houchin dba Elko Eye Center

Contractor Name: **Kenneth Houchin dba Elko Eye Center**Address: **875 14th Street**City/State/Zip: **Elko, NV 89801**

Contact/Phone: Kenneth Houchin, MD 775-738-5193

Vendor No.: T81071238

NV Business ID: NV20101287809

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-VQ18409

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing ophthalmology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	04/30/2026 12:25:12 PM
Division Approval	ldeloach	04/30/2026 12:25:15 PM
Department Approval	ldeloach	04/30/2026 12:25:17 PM
Contract Manager Approval	ascaffid	04/30/2026 16:40:21 PM
Budget Analyst Approval	vfajota	05/05/2026 08:27:51 AM
BOE Agenda Approval	mranki1	05/12/2026 09:26:46 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 CONTRACT1. Contract Number: **32194**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Kenneth McKay LTD.**Contractor Name: **Kenneth McKay LTD.**Address: **7385 El Parque Avenue**City/State/Zip: **Las Vegas, NV 89117**Contact/Phone: **Ken McKay 702-419-8920**Vendor No.: **T29050869**NV Business ID: **NV20071564002**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 % 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-VQ18379**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**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 counseling, disabilities support, mental health, psychology, and rehabilitation services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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:
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	04/30/2026 12:29:04 PM
Division Approval	ldeloach	04/30/2026 12:29:06 PM
Department Approval	ldeloach	04/30/2026 12:29:08 PM
Contract Manager Approval	ascaffid	04/30/2026 16:21:35 PM
Budget Analyst Approval	vfajota	05/04/2026 16:22:34 PM
BOE Agenda Approval	mranki1	05/12/2026 08:49:42 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 CONTRACT1. Contract Number: **32293**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: LifeSkills Unlimited, Inc.

Contractor Name: **LifeSkills Unlimited, Inc.**Address: **4330 West Cheyenne Avenue**City/State/Zip: **North Las Vegas, NV 89032**

Contact/Phone: Philip Lajoie 702-364-0211

Vendor No.: T80976181

NV Business ID: NV19931096364

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-VQ18011

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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:

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	04/30/2026 12:33:04 PM
Division Approval	ldeloach	04/30/2026 12:33:10 PM
Department Approval	ldeloach	04/30/2026 12:33:13 PM
Contract Manager Approval	ascaffid	04/30/2026 16:37:18 PM
Budget Analyst Approval	vfajota	05/04/2026 16:07:19 PM
BOE Agenda Approval	mranki1	05/12/2026 09:24:39 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32285**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MML Physical Therapy Group, Inc.**Contractor Name: **MML Physical Therapy Group, Inc.**Address: **600 South Tonopah Drive Suite 350**City/State/Zip: **Las Vegas, NV 89106**Contact/Phone: **Kimberly Floth 702-384-6330**Vendor No.: **T80963036**NV Business ID: **NV19921030800**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 % 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-VQ18645**

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing physical therapy services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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:

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	04/30/2026 12:51:23 PM
Division Approval	ldeloach	04/30/2026 12:51:25 PM
Department Approval	ldeloach	04/30/2026 12:51:28 PM
Contract Manager Approval	ascaffid	04/30/2026 16:35:45 PM
Budget Analyst Approval	vfajota	05/05/2026 08:31:39 AM
BOE Agenda Approval	mranki1	05/12/2026 10:23:30 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 CONTRACT1. Contract Number: **32303**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Melanie Ocampo, DNP Prof. L.L.C.**Contractor Name: **Melanie Ocampo, DNP Prof. L.L.C.**Address: **4185 West Mardon Avenue**City/State/Zip: **Las Vegas, NV 89139**Contact/Phone: **Melanie Ocampo 702-332-9042**Vendor No.: **T32017421**NV Business ID: **NV20222472066**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 % 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-VQ18615**

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychiatry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 12:43:09 PM
Division Approval	ldeloach	04/30/2026 12:43:11 PM
Department Approval	ldeloach	04/30/2026 12:43:14 PM
Contract Manager Approval	ascaffid	04/30/2026 16:41:02 PM
Budget Analyst Approval	vfajota	05/05/2026 08:47:08 AM
BOE Agenda Approval	mranki1	05/12/2026 11:28:50 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 CONTRACT1. Contract Number: **32202**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Miracle Hands Personal Home Care L.L.C.**Contractor Name: **Miracle Hands Personal Home Care L.L.C.**Address: **7465 West Lake Mead Boulevard Suite 100**City/State/Zip: **Las Vegas, NV 89128**Contact/Phone: **Rosemary Garcia 702-562-1245**Vendor No.: **T32003967**NV Business ID: **NV20151277261**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 % 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-VQ18458**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing home health care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 12:47:09 PM
Division Approval	ldeloach	04/30/2026 12:47:12 PM
Department Approval	ldeloach	04/30/2026 12:47:14 PM
Contract Manager Approval	ascaffid	04/30/2026 16:23:08 PM
Budget Analyst Approval	vfajota	05/05/2026 08:59:17 AM
BOE Agenda Approval	mranki1	05/12/2026 13:51:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32230**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Mullissa Childress CCM Medical Services

Contractor Name: **Mullissa Childress CCM Medical Services**Address: **5300 Bright Sun Court**City/State/Zip: **Las Vegas, NV 89130**

Contact/Phone: Mullissa Childress 614-496-8420

Vendor No.: T29052097

NV Business ID: NV20243114689

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-VQ18328

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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 acute medical, general medicine, and medical services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 12:54:57 PM
Division Approval	ldeloach	04/30/2026 12:54:59 PM
Department Approval	ldeloach	04/30/2026 12:55:02 PM
Contract Manager Approval	ascaffid	04/30/2026 16:31:54 PM
Budget Analyst Approval	mranki1	05/12/2026 14:06:29 PM
BOE Agenda Approval	mranki1	05/12/2026 14:06:30 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32308**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: On Point Behavior LLC

Contractor Name: **On Point Behavior LLC**Address: **4894 Sparks Boulevard Suite 109**City/State/Zip: **Sparks, NV 89436**

Contact/Phone: Randi Melvin-Brown 775-444-9141

Vendor No.: T32009364

NV Business ID: NV20191609788

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-VQ18583

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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, autism treatment assistance programs, behavioral support, case management, and respite care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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?

Yes

See the attached Authorization to Contract form for details.

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or 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	04/30/2026 13:04:59 PM
Division Approval	ldeloach	04/30/2026 13:05:02 PM
Department Approval	ldeloach	04/30/2026 13:05:05 PM
Contract Manager Approval	ascaffid	04/30/2026 16:43:39 PM
Budget Analyst Approval	mranki1	05/12/2026 16:06:22 PM
BOE Agenda Approval	mranki1	05/12/2026 16:06:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32306**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Paradise Healthcare Services, Inc.

Contractor Name: **Paradise Healthcare Services, Inc.**Address: **3175 South Eastern Avenue**City/State/Zip: **Las Vegas, NV 89169**

Contact/Phone: Bedri Abdullahi 702-320-5222

Vendor No.: T29010230

NV Business ID: NV20041623168

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-VQ18158

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support, personal care, respite care, and senior care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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:

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	04/30/2026 13:08:00 PM
Division Approval	ldeloach	04/30/2026 13:08:02 PM
Department Approval	ldeloach	04/30/2026 13:08:05 PM
Contract Manager Approval	ascaffid	04/30/2026 16:42:46 PM
Budget Analyst Approval	vfajota	05/04/2026 15:55:04 PM
BOE Agenda Approval	mranki1	05/11/2026 16:07:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32297**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Patterns Behavioral Services Nevada, Inc
Agency Code:	MSA	Contractor Name:	Patterns Behavioral Services Nevada, Inc
Appropriation Unit:	9999 - All Categories	Address:	74 North Pecos Road Suite C
Is budget authority available?:	Yes	City/State/Zip	Henderson, NV 89074
If "No" please explain:	Not Applicable	Contact/Phone:	Ariana Lopez 714-334-3839
		Vendor No.:	T32011268
		NV Business ID:	NV20171547487

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-VQ18353

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs, and behavioral support services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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:
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	04/30/2026 13:12:58 PM
Division Approval	ldeloach	04/30/2026 13:13:01 PM
Department Approval	ldeloach	04/30/2026 13:13:03 PM
Contract Manager Approval	ascaffid	04/30/2026 16:38:11 PM
Budget Analyst Approval	vfajota	05/05/2026 08:35:47 AM
BOE Agenda Approval	mranki1	05/12/2026 10:28:42 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 CONTRACT1. Contract Number: **32226**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	QMedic
Agency Code:	MSA	Contractor Name:	QMedic
Appropriation Unit:	9999 - All Categories	Address:	44 School Street Suite B5
Is budget authority available?:	Yes	City/State/Zip	Boston, MA 02108
If "No" please explain:	Not Applicable		
		Contact/Phone:	Rebecca Groisser 877-241-2244
		Vendor No.:	T29051523
		NV Business ID:	NV20243025427

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-VQ17644**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal emergency response system services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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:

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	04/30/2026 13:21:21 PM
Division Approval	ldeloach	04/30/2026 13:21:23 PM
Department Approval	ldeloach	04/30/2026 13:21:26 PM
Contract Manager Approval	ascaffid	04/30/2026 16:26:22 PM
Budget Analyst Approval	vfajota	05/05/2026 08:56:40 AM
BOE Agenda Approval	mranki1	05/12/2026 11:18:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32266**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Reno Center for Children, LLC**Contractor Name: **Reno Center for Children, LLC**Address: **1698 Meadow Wood Lane**City/State/Zip: **Reno, NV 89502**Contact/Phone: **Marshanna McFarlin 916-809-2015**Vendor No.: **T29045923**NV Business ID: **NV20222347038**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-VQ18667**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis services.

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?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 13:32:39 PM
Division Approval	ldeloach	04/30/2026 13:32:41 PM
Department Approval	ldeloach	04/30/2026 13:32:44 PM
Contract Manager Approval	ascaffid	04/30/2026 16:34:44 PM
Budget Analyst Approval	vfajota	05/05/2026 10:02:42 AM
BOE Agenda Approval	mranki1	05/12/2026 14:48:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32298**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Rising Star LLC**Contractor Name: **Rising Star LLC**Address: **7105 Gazin Court**City/State/Zip: **Reno, NV 89506**Contact/Phone: **Vicki Winfield 775-224-5940**Vendor No.: **T29036802**NV Business ID: **NV20171514326**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 % 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-VQ18607**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**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 behavioral support, community-based living arrangement, group home, mental health, residential provider, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 13:40:34 PM
Division Approval	ldeloach	04/30/2026 13:40:36 PM
Department Approval	ldeloach	04/30/2026 13:40:39 PM
Contract Manager Approval	ascaffid	04/30/2026 16:38:37 PM
Budget Analyst Approval	vfajota	05/04/2026 16:33:29 PM
BOE Agenda Approval	mranki1	05/12/2026 08:43:12 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 CONTRACT1. Contract Number: **32217**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SKYDANCE HELICOPTERS OF NORTHERN NEVADA**Contractor Name: **SKYDANCE HELICOPTERS OF NORTHERN NEVADA**Address: **101 WASS WAY**City/State/Zip: **MINDEN, NV 89423-8972**Contact/Phone: **JASON LEGGE 775/782-4040**Vendor No.: **T2905244**NV Business ID: **NV20031424740**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 #: **RFQ 99SWC-S2380**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/13/2028**Contract term: **1 year and 317 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Air Craft**

5. Purpose of contract:

This is a new contract to provide aerial fire suppression services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To help reduce the spread of wildfires in various locations with the use of air craft for all jurisdictional wildfires 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):

CO Fire Aviation
Northwind Aviation
Reeder Flying

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is an on-going RFQ that is awarded to vendors that qualify within the scope of work.

d. Last bid date: 11/07/2023 Anticipated re-bid date: 09/01/2027

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	Ideloach	04/13/2026 08:29:01 AM
Division Approval	Ideloach	04/13/2026 08:29:04 AM
Department Approval	Ideloach	04/13/2026 08:29:07 AM
Contract Manager Approval	hmoon	04/13/2026 08:36:44 AM
Budget Analyst Approval	vfajota	04/20/2026 10:50:18 AM
BOE Agenda Approval	mranki1	04/27/2026 14:37:41 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 CONTRACT1. Contract Number: **32233**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Sunnie&Co LLC**Contractor Name: **Sunnie&Co LLC**Address: **5769 Yellow Ridge Avenue**City/State/Zip: **Las Vegas, NV 89131**Contact/Phone: **Storm Smith 626-893-3979**Vendor No.: **T29052058**NV Business ID: **NV20243206371**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-VQ18510**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing community work experience, disabilities support, educational tutoring and education support, employment support, job development, mental health, pre-employment, rehabilitation, and supportive services for the blind and visually impaired services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 13:44:00 PM
Division Approval	ldeloach	04/30/2026 13:44:02 PM
Department Approval	ldeloach	04/30/2026 13:44:05 PM
Contract Manager Approval	ascaffid	05/05/2026 10:01:51 AM
Budget Analyst Approval	vfajota	05/05/2026 10:06:00 AM
BOE Agenda Approval	mranki1	05/11/2026 14:36:04 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 CONTRACT1. Contract Number: **32316**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Supported Living Solutions

Contractor Name: **Supported Living Solutions**Address: **7380 South Eastern Avenue #124**City/State/Zip: **Las Vegas, NV 89123**

Contact/Phone: Michael Friedman 626-848-5990

Vendor No.: T32016335

NV Business ID: NV20232935964

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-VQ18141

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing adult daycare, applied behavioral analysis, autism treatment assistance program, behavioral support, case management, community-based living arrangement, community work experience, counseling, dietician-nutrition, disabilities support, educational tutoring and education support, employment support, job development, mental health, personal care, pre-employment, safe-housing, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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?

Yes

See the attached Authorization to Contract form for details.

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ideloach	04/30/2026 13:51:35 PM
Division Approval	Ideloach	04/30/2026 13:51:37 PM
Department Approval	Ideloach	04/30/2026 13:51:39 PM
Contract Manager Approval	ascaffid	04/30/2026 16:47:44 PM
Budget Analyst Approval	vfajota	05/11/2026 10:44:25 AM
BOE Agenda Approval	mranki1	05/12/2026 16:03:13 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 CONTRACT1. Contract Number: **32315**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	TGLR LLC
Agency Code:	MSA	Contractor Name:	TGLR LLC
Appropriation Unit:	9999 - All Categories	Address:	2300 Almond Creek Drive
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89523
If "No" please explain:	Not Applicable	Contact/Phone:	Geanann Liccardi 904-716-4095
		Vendor No.:	T32017072
		NV Business ID:	NV20243212580

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-VQ18396**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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 behavioral support, case management, group home, residential provider, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 13:56:52 PM
Division Approval	ldeloach	04/30/2026 13:56:54 PM
Department Approval	ldeloach	04/30/2026 13:56:56 PM
Contract Manager Approval	ascaffid	04/30/2026 16:47:09 PM
Budget Analyst Approval	vfajota	05/04/2026 13:35:32 PM
BOE Agenda Approval	mranki1	05/11/2026 14:38:19 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32311**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Unlimited Choices, LLC

Contractor Name: **Unlimited Choices, LLC**Address: **1320 Freeport #110**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Jennifer Pershing-Osborne 775-843-2430

Vendor No.: T29001531

NV Business ID: NV20121082621

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-VQ18247

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**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 case management and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 14:00:00 PM
Division Approval	ldeloach	04/30/2026 14:00:03 PM
Department Approval	ldeloach	04/30/2026 14:00:06 PM
Contract Manager Approval	ascaffid	04/30/2026 16:46:03 PM
Budget Analyst Approval	vfajota	05/04/2026 15:10:53 PM
BOE Agenda Approval	mranki1	05/11/2026 14:43:02 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32262**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Variegated Industries, Inc.

Contractor Name: **Variegated Industries, Inc.**Address: **1324 Cedar Creek Circle**City/State/Zip: **Gardnerville, NV 89460**

Contact/Phone: Joe Benigno 530-545-0409

Vendor No.: T29051023

NV Business ID: NV20141646124

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 #: RFP 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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 29 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide fire fuels reduction and vegetation 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.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contract provides fuels reduction services for agencies that do not have the capacity 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):

RK Contractors
Bordges Timber
Paleo Westb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is an on-going RFQ that is awarded to vendors that qualify within the various scopes of work.

d. Last bid date: 04/05/2022 Anticipated re-bid date: 01/01/2027

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	Ideloach	04/20/2026 10:08:41 AM
Division Approval	Ideloach	04/20/2026 10:08:43 AM
Department Approval	Ideloach	04/20/2026 10:08:45 AM
Contract Manager Approval	hmoon	04/20/2026 11:19:44 AM
Budget Analyst Approval	vfajota	04/22/2026 08:48:55 AM
BOE Agenda Approval	mranki1	04/27/2026 14:34:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32290**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Vista Care Nevada, LLC

Contractor Name: **Vista Care Nevada, LLC**Address: **3560 West Cheyenne Avenue Suite 120**City/State/Zip: **North Las Vegas, NV 89032**

Contact/Phone: adminasst@vistacare.org 705-525-1240

Vendor No.: T27043200

NV Business ID: NV20191069858

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-VQ18522

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 14:24:33 PM
Division Approval	ldeloach	04/30/2026 14:24:36 PM
Department Approval	ldeloach	04/30/2026 14:24:38 PM
Contract Manager Approval	ascaffid	04/30/2026 16:36:11 PM
Budget Analyst Approval	vfajota	05/04/2026 16:00:11 PM
BOE Agenda Approval	mranki1	05/11/2026 16:12:49 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 CONTRACT1. Contract Number: **32338**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Well Heard Counseling LLC dba Well Heard Counseling

Contractor Name: **Well Heard Counseling LLC dba Well Heard Counseling**Address: **401 Railroad Street Suite 206**City/State/Zip: **Elko, NV 89801**

Contact/Phone: Malaina Fesenmaier 775-934-0394

Vendor No.: T32018682

NV Business ID: NV20212135012

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-VQ17775

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and social worker 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 agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	04/30/2026 14:27:21 PM
Division Approval	ldeloach	04/30/2026 14:27:24 PM
Department Approval	ldeloach	04/30/2026 14:27:26 PM
Contract Manager Approval	ascaffid	04/30/2026 16:50:11 PM
Budget Analyst Approval	vfajota	05/04/2026 16:30:15 PM
BOE Agenda Approval	mranki1	05/12/2026 09:22:36 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 CONTRACT1. Contract Number: **32296**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: WestCare Nevada, Inc.

Contractor Name: **WestCare Nevada, Inc.**Address: **1711 Whitney Mesa Drive**City/State/Zip: **Henderson, NV 89014**

Contact/Phone: Leo Magrdichian 702-385-2090

Vendor No.: T80928668

NV Business ID: NV19811004704

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-VQ17855

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, case management, counseling, mental health, residential provider and substance abuse counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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:
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	Ideloach	04/30/2026 14:31:08 PM
Division Approval	Ideloach	04/30/2026 14:31:11 PM
Department Approval	Ideloach	04/30/2026 14:31:13 PM
Contract Manager Approval	ascaffid	04/30/2026 16:37:44 PM
Budget Analyst Approval	vfajota	05/05/2026 08:33:20 AM
BOE Agenda Approval	mranki1	05/12/2026 10:25:35 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32220**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Your Choice Home Health Care LLC

Contractor Name: **Your Choice Home Health Care LLC**Address: **1135 Terminal Way Suite 208**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Patricia A. Dotson 775-686-6021

Vendor No.: T29038378

NV Business ID: NV20141164137

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 % 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-VQ18496

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing home health care, medical, mental health, personal care, physical therapy, residential provider, respite care, and senior care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,600,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-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	04/30/2026 14:33:48 PM
Division Approval	ldeloach	04/30/2026 14:33:50 PM
Department Approval	ldeloach	04/30/2026 14:33:52 PM
Contract Manager Approval	ascaffid	04/30/2026 16:23:37 PM
Budget Analyst Approval	vfajota	05/05/2026 09:00:33 AM
BOE Agenda Approval	mranki1	05/12/2026 14:00:50 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE	NVISION INSIGHTS LLC	GENERAL	\$24,840	Professional Service
	Contract Description:	This is a new contract to provide support to Chief Financial Officers of School Districts				
		Term of Contract:	04/17/2026 - 10/31/2026	Contract # 32204		
2.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	EDGAR BASILIO	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$30,000	
	Contract Description:	This is a new contract to provide ongoing inspector services during weigh-ins and events.				
		Term of Contract:	05/05/2026 - 05/31/2030	Contract # 32178		
3.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	FRANK MICHAEL DEMARTINO	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$30,000	
	Contract Description:	This is a new contract to provide ongoing inspector services during weigh-ins and events.				
		Term of Contract:	05/06/2026 - 05/31/2030	Contract # 32180		
4.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	CHARLES DIMINO	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$30,000	
	Contract Description:	This is a new contract to provide ongoing inspector services during weigh-ins and events.				
		Term of Contract:	05/05/2026 - 05/31/2030	Contract # 32181		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	JOSEPH OJEDA	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$30,000	
		Contract Description:	This is a new contract to provide ongoing inspector services during weigh-ins and events.			
		Term of Contract:	05/05/2026 - 05/31/2030	Contract # 32182		
6.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	LAUREN P SUMMERS	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$30,000	
		Contract Description:	This is a new contract to provide ongoing inspector services during weigh-ins and events.			
		Term of Contract:	05/05/2026 - 05/31/2030	Contract # 32183		
7.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	TARO TAKAGI	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$30,000	
		Contract Description:	This is a new contract to provide ongoing inspector services during weigh-ins and events.			
		Term of Contract:	05/08/2026 - 05/31/2030	Contract # 32184		
8.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	LAW ENFORCEMENT RISK MANAGEMENT GROUP INC	OTHER: COST ALLOCATION	\$20,000	Professional Service
		Contract Description:	This is a new contract to provide expert witness services.			
		Term of Contract:	04/01/2026 - 04/01/2027	Contract # 32282		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	030	ATTORNEY GENERAL'S OFFICE - MEDICAID FRAUD	JOHNSON CONTROLS SECURITY SOLUTIONS LLC	FEDERAL	\$14,991	
	Contract Description:	This is a new contract to provide replacement of the security and intrusion alarm system at the office located in Las Vegas.				
		Term of Contract:	04/27/2026 - 04/01/2030	Contract # 32247		
10.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	ANDREA M. MILLER-FINCH	OTHER: TORT CLAIMS	\$16,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing expert witness services.				
		Term of Contract:	03/13/2026 - 05/31/2027	Contract # 32255		
11.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	ESTIPONA GROUP	GENERAL	\$90,500	
	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 strategic communications, creative production, and media support to assist with statewide voter education and public information initiatives.				
		Term of Contract:	05/07/2026 - 11/30/2026	Contract # 32374		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BUREAU VERITAS NATIONAL ELEVATOR INSPECTION SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$41,400	
	Contract Description:	This is the first amendment to the original contract which provides ongoing third-party elevator inspection services. This amendment increases the maximum amount from \$56,000 to \$97,400 due to the additional filing fees for elevator inspection and issuance of permits.				
		Term of Contract:	08/07/2025 - 06/30/2029	Contract # 30827		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DAVIS GLASS & MIRROR, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$20,000	
	Contract Description:	This is the third amendment to the original contract which provides ongoing glass and mirror repair services in southern Nevada. This amendment increases the maximum amount from \$48,696.27 to \$68,696.27 due to the increased need for these services.				
		Term of Contract:	04/03/2023 - 03/31/2027	Contract # 27401		

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 - BUILDINGS AND GROUNDS	DIVERSIFIED THERMAL SERVICES, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$93,652	
	Contract Description:	This is the first amendment to the original contract which provides ongoing services for the heating, ventilation, and air conditioning systems at the McCarran Center located in Las Vegas. This amendment increases the maximum amount from \$282,496.00 to \$376,147.75 due to the addition of the Walker, Mead, Tahoe, Ormsby MC41, Ormsby MC42, and Pyramid MC43 buildings.				
		Term of Contract:	07/08/2025 - 06/30/2029	Contract # 30665		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JMA CONSTRUCTION CO. INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$23,400	
	Contract Description:	This is a new contract to provide cleaning and sealing of the granite terrace at the Nevada Supreme Court facility located in Las Vegas.				
		Term of Contract:	04/14/2026 - 04/01/2027	Contract # 32107		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	OVERHEAD DOOR CO. OF SIERRA NEVADA/RENO	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$15,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing repair and maintenance services to all types of overhead doors in northern Nevada. This amendment increases the maximum amount from \$20,000 to \$35,000 due to the increased need for these services.				
		Term of Contract:	01/13/2023 - 12/31/2026	Contract # 27127		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	WISE CONSULTING AND TRAINING INC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$27,132	
	Contract Description:	This is a new contract to provide ongoing environmental consultation, analytical testing, and employee training for various buildings in northern Nevada.				
		Term of Contract:	04/15/2026 - 04/30/2030	Contract # 32201		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	WOW CLEANING CORPORATION	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$34,648	
	Contract Description:	This is a new contract to provide janitorial services for the State Purchasing warehouse located in Reno.				
		Term of Contract:	08/01/2026 - 07/30/2030	Contract # 32010		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$24,520	
	Contract Description:	This is the first amendment to the original contract which provides ongoing janitorial services for the Parole and Probation Campos building located in Las Vegas. This amendment extends the termination date from January 1, 2026 to January 31, 2027 and increases the maximum amount from \$673,907.10 to \$698,427.10 to allow services to continue while solicitation is completed.				
	Term of Contract:	12/01/2022 - 01/31/2027	Contract # 26702			
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	GENERAL	\$15,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Southern Desert Correctional Center, Housing Units 1-7 - Fire Sprinkler Installation CIP Project: CIP Project No. 23-S03-1; SPWD Contract No. 116004. This amendment increases the maximum amount from \$181,725 to \$196,725 due to an increase of construction administration fees.				
	Term of Contract:	12/12/2023 - 06/30/2027	Contract # 28403			
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT LLC	BONDS	\$18,800	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Carson City - State Mail Services Building CIP Project: CIP Project No. 23-C01; SPWD Contract No. 115611. This amendment increases the maximum amount from \$1,363,317.50 to \$1,382,117.50 due to needed updates to the project civil improvement drawings to incorporate revisions to the site civil improvement plans as coordinated.				
	Term of Contract:	09/12/2023 - 06/30/2027	Contract # 28006			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	083	DEPARTMENT OF ADMINISTRATION - PURCHASING	NLS GROUNDS MANAGEMENT LLC	FEE: PURCHASING ASSESSMENT 50% FEDERAL 50%	\$10,400	
	Contract Description:	This is a new contract to provide ongoing landscaping services at the Las Vegas office.				
		Term of Contract:	04/20/2026 - 06/30/2028	Contract # 32214		
23.	180	GOVERNOR'S TECHNOLOGY OFFICE - COMPUTER FACILITY	CDW GOVERNMENT INC	OTHER: INTERNAL SERVICE FUNDS	\$10,476	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV25-25448 which provides cloud solutions. This service agreement provides advisory services specific to the ongoing threat of ransomware events and data protection.				
		Term of Contract:	04/13/2026 - 12/31/2026	Contract # 32039		
24.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	BEHAVIORAL HEALTH SOLUTIONS LLC	OTHER: FEDERAL 65% PRIVATE PAY 20%, HOSPICE 10% INSURANCE 5%	\$41,173	
	Contract Description:	This is the second amendment to the original contract which provides behavioral health services. This amendment increases the maximum amount from \$39,000.00 to \$80,173.16 due to the increased utilization and need for these services.				
		Term of Contract:	06/01/2024 - 05/31/2028	Contract # 29065		
25.	300	DEPARTMENT OF EDUCATION - EDUCATOR LICENSURE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO WESTERN NEVADA COLLEGE	FEE: LICENSURE	\$32,328	Exempt
	Contract Description:	This is a new interlocal agreement which provides a Career and Technical Education (CTE) certificate program to current CTE teachers.				
		Term of Contract:	12/01/2024 - 06/30/2026	Contract # 31397		
26.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$57,276	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides evaluation measures and reporting requirements related to Preschool Development Birth through Five Renewal grant activities. This amendment extends the termination date from June 30, 2026 to September 30, 2026 and increases the maximum amount from \$574,000 to \$631,276 due to the continued need for these services.				
		Term of Contract:	06/10/2025 - 09/30/2026	Contract # 30597		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	300	DEPARTMENT OF EDUCATION - INDIVIDUALS WITH DISABILITIES ACT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$52,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide support for Native Youth Community Project conferences and events.				
	Term of Contract:	03/23/2026 - 09/30/2026	Contract # 32050			
28.	300	DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$27,930	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides support for the development and implementation of a graduate-level course and certification program focused on trauma-informed home visiting practices. This amendment increases the maximum amount from \$113,051.56 to \$140,981.56 due to the addition of a new course.				
	Term of Contract:	08/25/2025 - 12/30/2027	Contract # 30992			
29.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	BRUSTEIN & MANASEVIT DBA THE BRUMAN GROUP, PLLC	FEDERAL	\$24,800	Professional Service
	Contract Description:	This is a new contract to provide legal interpretations, advice, and guidance on education grant requirements and allowances.				
	Term of Contract:	04/17/2026 - 01/31/2029	Contract # 32234			
30.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	BETHANY FIGUEROA	FEE: SPONSORSHIP	\$24,000	
	Contract Description:	This is a new contract to provide for an external reviewer to read and evaluate charter school applications.				
	Term of Contract:	04/30/2026 - 06/30/2030	Contract # 32248			
31.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	GINA M. POST	FEE: SPONSORSHIP	\$24,000	
	Contract Description:	This is a new contract to provide for an external reviewer to read and evaluate charter school applications.				
	Term of Contract:	04/24/2026 - 06/30/2030	Contract # 32239			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	PAC LEGACY GROUP - NEVADA, LLC	FEE: SPONSORSHIP	\$24,000	
	Contract Description:	This is a new contract to provide for an external reviewer to read and evaluate charter school applications.				
	Term of Contract:	04/24/2026 - 06/30/2030	Contract # 32257			
33.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	TESS STOVALL	FEE: SPONSORSHIP	\$24,000	
	Contract Description:	This is a new contract to provide for an external reviewer to read and evaluate charter school applications.				
	Term of Contract:	04/24/2026 - 06/30/2030	Contract # 32268			
34.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - STATE LIBRARY	HYATT CORPORATION	FEDERAL	\$17,791	
	Contract Description:	This is a new contract to provide lodging and meeting space for the Nevada Libraries Directors' Summit.				
	Term of Contract:	04/22/2026 - 05/20/2026	Contract # 32041			
35.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	EXECUTIVE PEST SERVICES LLC	GENERAL	\$14,400	
	Contract Description:	This is a new contract to provide ongoing pest control services.				
	Term of Contract:	04/29/2026 - 04/30/2028	Contract # 32168			
36.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ADMINISTRATION	KPS/3	FEDERAL	\$19,950	Exempt
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides Nevada State Nutrition Action Council (NV SNAC) enhancements to the Healthy Eating and Active Living Nevada website to make the NV SNAC initiatives publicly accessible.				
	Term of Contract:	04/24/2026 - 09/30/2026	Contract # 32122			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ADMINISTRATION	SOCIAL ENTREPRENEURS, INC.	FEDERAL	\$50,000	
	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 facilitation, implementation, and monitoring of the Nevada State Nutrition Action Council initiative to provide nutrition education and obesity prevention strategies.				
		Term of Contract:	04/24/2026 - 09/30/2026	Contract # 32028		
38.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	NINTH JUDICIAL DISTRICT COURT - DOUGLAS COUNTY	OTHER: COUNTY 34% FEDERAL 66%	\$42,540	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Judicial Officer and Court Services to enforce child support obligations owed by non-custodial parents to their children and locate non-custodial parents, establish paternity, and adjust support orders.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31809		
39.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	BAMBOO SUNRISE LLC	GENERAL 76% FEDERAL 24%	\$17,627	
	Contract Description:	This is a new contract to provide ongoing specialized foster care for youth.				
		Term of Contract:	05/01/2026 - 06/30/2026	Contract # 32069		
40.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	NEW VISTA RANCH, INC.	GENERAL 76% FEDERAL 24%	\$24,400	
	Contract Description:	This is a new contract to provide ongoing specialized foster care for youth.				
		Term of Contract:	05/01/2026 - 06/30/2026	Contract # 32067		
41.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES	STUYVESANT & MERCIER LIMITED LIABILITY COMPANY	GENERAL 50% OTHER: COUNTY REIMBURSEMENTS 50%	\$99,280	
	Contract Description:	This is a new contract to provide therapeutic treatment and evaluations.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 32090		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	A-1 MECHANICAL, INC.	GENERAL 60% FEDERAL 40%	\$44,000	
		Contract Description:	This is a new contract to provide ongoing electrical services.			
		Term of Contract:	04/30/2026 - 02/28/2030	Contract # 31971		
43.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	ANYTIME PLUMBING, LLC	GENERAL 60% FEDERAL 40%	\$96,000	
		Contract Description:	This is a new contract to provide ongoing plumbing services.			
		Term of Contract:	04/27/2026 - 03/31/2030	Contract # 31917		
44.	431	OFFICE OF THE MILITARY	ALL CLEAN TECHNOLOGY LLC	GENERAL 50% FEDERAL 50%	\$57,223	
		Contract Description:	This is a new contract to provide concrete polishing in the drill hall and hallways for the Clark County Armory.			
		Term of Contract:	05/07/2026 - 04/24/2028	Contract # 32340		
45.	431	OFFICE OF THE MILITARY	AMERICAN LAWN AND LANDSCAPING LLC	GENERAL	\$22,165	
		Contract Description:	This is a new contract to provide installation, repair, or maintenance for the irrigation system and thatching for the Carlin facility.			
		Term of Contract:	05/07/2026 - 04/09/2028	Contract # 32171		
46.	431	OFFICE OF THE MILITARY	BRIGGS ELECTRIC, INC.	GENERAL 50% FEDERAL 50%	\$24,915	
		Contract Description:	This is a new contract to provide a new electrical circuit installation at the Carson City location.			
		Term of Contract:	04/14/2026 - 04/01/2028	Contract # 32143		
47.	431	OFFICE OF THE MILITARY	GARRATT-CALLAHAN COMPANY	GENERAL 50% FEDERAL 50%	\$99,600	
		Contract Description:	This is a new contract to provide ongoing water treatment services for the southern Nevada locations.			
		Term of Contract:	04/28/2026 - 04/09/2030	Contract # 32237		
48.	431	OFFICE OF THE MILITARY	KAP MECHANICAL SERVICES, LLC	GENERAL	\$90,000	
		Contract Description:	This is a new contract to provide concrete repair services at the Carlin facility.			
		Term of Contract:	05/07/2026 - 06/30/2028	Contract # 32360		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	431	OFFICE OF THE MILITARY	MESA ENERGY SYSTEMS, INC.	GENERAL 25% FEDERAL 75%	\$20,797	
	Contract Description:	This is a new contract to provide maintenance and repair for the heating, ventilation and air conditioning for the Carlin facility.				
		Term of Contract:	04/14/2026 - 03/31/2030	Contract # 32123		
50.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	THERMOGENICS LLC	GENERAL	\$29,345	
	Contract Description:	This is a new contract to provide the installation of two previously purchased boilers at Casa Grande Transitional Housing.				
		Term of Contract:	05/08/2026 - 06/30/2026	Contract # 31700		
51.	440	DEPARTMENT OF CORRECTIONS	NEVADA DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	OTHER: REVENUE	\$92,449	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing inmate camp and fire labor.				
		Term of Contract:	05/08/2026 - 06/30/2030	Contract # 32375		
52.	550	STATE DEPARTMENT OF AGRICULTURE - MEASUREMENT STANDARDS	SMITH POWER PRODUCTS, INC.	FEE: VARIOUS	\$32,000	
	Contract Description:	This is a new contract to provide maintenance and repair for vehicles and heavy equipment for the office located in Elko.				
		Term of Contract:	04/22/2026 - 04/30/2030	Contract # 32092		
53.	550	STATE DEPARTMENT OF AGRICULTURE - AGRICULTURE ADMINISTRATION	CRYSTAL CLEAR ICE & SNOW LLC	OTHER: COST ALLOCATION	\$34,223	
	Contract Description:	This is a new contract to provide ongoing landscape maintenance and, snow and ice removal for the office located in Elko.				
		Term of Contract:	04/13/2026 - 02/28/2030	Contract # 31886		
54.	550	STATE DEPARTMENT OF AGRICULTURE - AGRICULTURE ADMINISTRATION	MESA ENERGY SYSTEMS, INC.	OTHER: COST ALLOCATION	\$94,823	
	Contract Description:	This is a new contract to provide preventative maintenance and repair services for heating, ventilation, and air conditioning systems.				
		Term of Contract:	04/27/2026 - 11/30/2029	Contract # 31141		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
55.	650	DEPARTMENT OF PUBLIC SAFETY - FORFEITURES - LAW ENFORCEMENT	INTERNATIONAL ASSOCIATION FOR PROPERTY AND EVIDENCE	OTHER: FORFEITURES	\$19,100	
	Contract Description:	This is a new contract to provide comprehensive accreditation to the Nevada State Police property and evidence rooms.				
	Term of Contract:	05/01/2026 - 04/30/2030	Contract # 32021			
56.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	BOULDER CREST FOUNDATION	FEDERAL	\$30,000	
	Contract Description:	This is a new contract to provide post-traumatic growth training tailored for first responder personnel and professional staff.				
	Term of Contract:	04/06/2026 - 06/30/2026	Contract # 31843			
57.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	WORLDWIDE ENVIRONMENTAL PRODUCTS, INC.	HIGHWAY	\$31,792	
	Contract Description:	This is a new contract to provide maintenance, service, support, training, and software/hardware updates for the emissions inspection system integrated analyzers.				
	Term of Contract:	04/20/2026 - 03/31/2030	Contract # 31813			
58.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	ALBERT SCOTT LONGORIA, LONGORIA SERVICES	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide storage, boat launch, and retrieval at Cave Rock State Park.				
	Term of Contract:	04/28/2026 - 11/01/2027	Contract # 32238			
59.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TAHOE TONY LLC DBA DAY GO ADVENTURES AND TAHOE PADDLESPOITS	OTHER: REVENUE	\$50,000	
	Contract Description:	This is a new revenue contract to provide guided tours at Sand Harbor and Spooner Lake State Parks.				
	Term of Contract:	04/28/2026 - 12/31/2026	Contract # 32216			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
60.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	OVERTON POWER DISTRICT #5	OTHER: SOUTHERN REGION SURCHARGE	\$10,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide electrical upgrades at the Valley of Fire State Park.				
		Term of Contract:	05/04/2026 - 10/31/2026	Contract # 32174		
61.	705	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	ATKINSREALIS USA INC.	FEDERAL	\$21,000	
	Contract Description:	This is a new contract to provide a needs assessment of the National Flood Insurance Program Coordination including strategy development and implementation guidelines.				
		Term of Contract:	04/23/2026 - 06/30/2026	Contract # 32132		
62.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - SELF INSURANCE INSOLVENCY-NON-EXEC	FTI CONSULTING, INC.	FEE: INSOLVENCY CLAIMS	\$95,000	Professional Service
	Contract Description:	This is a new contract to provide forensic auditing services.				
		Term of Contract:	05/06/2026 - 12/31/2028	Contract # 31877		
63.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	LAW OFFICE OF MIRIAM E. RODRIGUEZ PROFESSIONAL CORPORATION	FEE: ASSOCIATION UNIT	\$53,000	
	Contract Description:	This is a new contract to provide ongoing mediation services.				
		Term of Contract:	04/14/2026 - 01/12/2030	Contract # 31834		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
64.	810	DEPARTMENT OF MOTOR VEHICLES - DIRECTOR'S OFFICE	GARTNER, INC.	HIGHWAY 75% FEE: RECORDS SEARCH CHARGE 25%	\$53,697	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides information technology research and advisory services. This service agreement provides access to technical professionals for research and advice related to overall information technology needs.				
		Term of Contract:	05/01/2026 - 01/31/2027	Contract # 32160		
65.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	CHIEF SEPTIC & SEWER LLC	FEE: BUSINESS ENTERPRISE PROGRAM	\$25,000	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair services for grease traps and grease interceptors at the southern Nevada locations.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32189		
66.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO WESTERN NEVADA COLLEGE	FEDERAL	\$72,912	Exempt
	Contract Description:	This is a new interlocal agreement to provide pre-employment transition services to disabled youths.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32153		
67.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION - VOCATIONAL REHABILITATION	VEGAS TRASH OUT LLC	GENERAL 21.3% FEDERAL 78.7%	\$50,000	
	Contract Description:	This is a new contract to provide small scale maintenance and repairs at the offices located in southern Nevada.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32154		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
68.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION- OBO WESTERN NEVADA COLLEGE	OTHER: WAGE ASSESSMENT	\$40,000	Exempt
		Contract Description:	This is a new contract to provide ongoing financial support to apprenticeship training programs.			
		Term of Contract:	07/01/2026 - 06/30/2027	Contract # 32064		
69.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	JULIE'S SIGN SHOPPE, INC.	OTHER: WAGE ASSESSMENT	\$14,668	
		Contract Description:	This is the first amendment to the original contract which provides updated signage for EmployNV locations. This amendment increases the maximum amount from \$5,403 to \$20,071 due to additional locations.			
		Term of Contract:	10/17/2025 - 06/30/2026	Contract # 30954		
70.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	UNFORGETTABLE COATINGS INC.	FEDERAL	\$85,916	
		Contract Description:	This is a new contract to provide painting services for the southern Nevada location.			
		Term of Contract:	04/28/2026 - 06/30/2026	Contract # 32203		
71.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION	BRIGGS ELECTRIC, INC.	OTHER: COST ALLOCATION	\$40,000	
		Contract Description:	This is a new contract to provide electrical services for the northern Nevada facilities.			
		Term of Contract:	05/02/2026 - 06/30/2030	Contract # 32102		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
72.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION	CAPITAL GLASS, LLC	OTHER: COST ALLOCATION	\$20,000	
	Contract Description:	This is a new contract to provide ongoing commercial glass and automatic door replacement services for northern Nevada facilities.				
		Term of Contract:	04/14/2026 - 06/30/2030	Contract # 32089		
73.	B005	LICENSING BOARDS AND COMMISSIONS - CHIROPRACTIC PHYSICIANS	COLLEEN PLATT DBA PLATT LAW GROUP	FEE: LICENSURE	\$90,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services.				
		Term of Contract:	05/07/2026 - 04/30/2029	Contract # 32068		
74.	B024	LICENSING BOARDS AND COMMISSIONS - PODIATRY	COLLEEN PLATT DBA PLATT LAW GROUP	OTHER: LICENSURE	\$20,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services.				
		Term of Contract:	04/30/2026 - 06/30/2028	Contract # 32228		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32204**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **1000-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NVision Insights LLC**Contractor Name: **NVision Insights LLC**Address: **1250 Manchester Circle**City/State/Zip: **Fallon, NV 89406**Contact/Phone: **Dusty Casey 775-750-4430**Vendor No.: **T29052190**NV Business ID: **NV20253426039**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 **04/17/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2026**Contract term: **197 days**4. Type of contract: **Contract**Contract description: **School Districts**

5. Purpose of contract:

This is a new contract to provide support to Chief Financial Officers of School Districts

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,840.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The purpose of the Educational Service Center is to provide support to school districts. Supporting sitting Chief Financial Officers was one of the themes that emerged from the statewide needs sensing. Additionally, multiple school districts are facing eroding fiscal stability and declining ending fund balances.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a new area of support and the Educational Service Center does not have Position Control Number's approved.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcarlso4	04/08/2026 08:49:24 AM
Division Approval	rmill30	04/08/2026 09:43:25 AM
Department Approval	rmill30	04/08/2026 09:43:28 AM
Contract Manager Approval	ssands	04/16/2026 14:11:34 PM
Budget Analyst Approval	cpalme2	04/17/2026 10:01:01 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32178**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BASILIO, EDGAR**Contractor Name: **BASILIO, EDGAR**Address: **8710 KULKA ROAD**City/State/Zip: **LAS VEGAS, NV 89161**Contact/Phone: **EDGAR BASILIO 310/920-6796**Vendor No.: **T32004495**NV Business ID: **NV20171050146**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	90.00 %	ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	10.00 %	TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/05/2026**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years and 27 days**4. Type of contract: **Contract**Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide ongoing inspector services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per Monthly

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

EDGAR BASILIO
LAUREN SUMMERS
BERNIE BRUNO

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - APRIL 2022 - MAY 2026 - INSPECTOR SERVICES PERFORMED SATISFACTORILY

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-903-0018

MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/07/2026 09:44:20 AM
Division Approval	rmill30	04/14/2026 09:09:45 AM
Department Approval	rmill30	04/14/2026 09:09:47 AM
Contract Manager Approval	ssands	05/04/2026 10:28:50 AM
Budget Analyst Approval	spowel3	05/05/2026 11:28:52 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32180**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DEMARTINO, FRANK M**Contractor Name: **DEMARTINO, FRANK M**Address: **5775 N EULA ST**City/State/Zip: **LAS VEGAS, NV 89149-1481**Contact/Phone: **Frank DeMartino 702/338-3165**Vendor No.: **T32006477**NV Business ID: **NV20191218519**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	90.00 %	ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	10.00 %	TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/06/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years and 26 days**4. Type of contract: **Contract**Contract description: **SPECIALTY SERVICES**

5. Purpose of contract:

This is a new contract to provide ongoing inspector services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per Monthly

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - APRIL 2022 - MAY 2026 - PERFORMANCE SATISFACTORY

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-903-0018

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/07/2026 09:45:36 AM
Division Approval	rmill30	04/14/2026 09:13:30 AM
Department Approval	rmill30	04/14/2026 09:13:32 AM
Contract Manager Approval	ssands	05/04/2026 10:19:36 AM
Budget Analyst Approval	spowel3	05/05/2026 11:25:35 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32181**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DIMINO, CHARLES A**Contractor Name: **DIMINO, CHARLES A**Address: **6801 TALMEDGE CIRCLE**City/State/Zip: **SPARKS, NV 89436**Contact/Phone: **CHARLES DIMINO 775-287-5201**Vendor No.: **T27021504A**NV Business ID: **NV20243068094**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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/05/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years and 27 days**4. Type of contract: **Contract**Contract description: **SPECIALTY SERVICES**

5. Purpose of contract:

This is a new contract to provide ongoing inspector services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per MONTHLY

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

JOE OJEDA
TARO TAKAGI
LAUREN SUMMERS

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - FEBRUARY 2022 - JULY 2026 - PERFORMANCE SATISFACTORY

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-903-0018
MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/07/2026 09:42:56 AM
Division Approval	rmill30	04/14/2026 09:01:10 AM
Department Approval	rmill30	04/14/2026 09:01:12 AM
Contract Manager Approval	ssands	05/05/2026 08:13:48 AM
Budget Analyst Approval	spowel3	05/05/2026 11:37:48 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32182**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **JOE OJEDA**Contractor Name: **JOE OJEDA**Address: **10275 W TROPICAL PARKWAY**City/State/Zip: **LAS VEGAS, NV 89149**Contact/Phone: **JOE OJEDA 702-812-0033**Vendor No.: **T29045235**NV Business ID: **NV20222402508**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	90.00 %	ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	10.00 %	TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/05/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years and 27 days**4. Type of contract: **Contract**Contract description: **SPECIALTY SERVICES**

5. Purpose of contract:

This is a new contract to provide ongoing inspector services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per MONTHLY

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

CHARLES DIMINO
TARO TAKAGI
JOE OJEDA

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - APRIL 2022 - MAY 2026 - PERFORMED SATISFACTORILY

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-913-0018

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/07/2026 09:45:14 AM
Division Approval	rmill30	04/14/2026 09:12:08 AM
Department Approval	rmill30	04/14/2026 09:12:10 AM
Contract Manager Approval	ssands	05/05/2026 08:12:35 AM
Budget Analyst Approval	spowel3	05/05/2026 11:36:21 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32183**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LAUREN SUMMERS**Contractor Name: **LAUREN SUMMERS**Address: **117 EMERALD FOREST ST UNIT 104**City/State/Zip: **LAS VEGAS, NV 89145**Contact/Phone: **LAUREN SUMMERS 541-905-6939**Vendor No.: **T32012747**NV Business ID: **NV20222501987**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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/05/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years and 27 days**4. Type of contract: **Contract**Contract description: **SPECIALTY SERVICES**

5. Purpose of contract:

This is a new contract to provide ongoing inspector services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per MONTHLY

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

TARO TAKAGI
PEDRO YPINA
LAUREN SUMMERS

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - AUGUST 2022 - JULY 2026 - PERFORMANCE SATISFACTORY

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-903-0018

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/07/2026 09:45:58 AM
Division Approval	rmill30	04/14/2026 09:14:36 AM
Department Approval	rmill30	04/14/2026 09:14:38 AM
Contract Manager Approval	ssands	05/04/2026 10:30:59 AM
Budget Analyst Approval	spowel3	05/05/2026 11:40:16 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32184**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TARO DOMINIC TAKAGI**Contractor Name: **TARO DOMINIC TAKAGI**Address: **9507 WAYFARER SEEK CT**City/State/Zip: **LAS VEGAS, NV 89139**Contact/Phone: **TARO TAKAGI 702-885-2444**Vendor No.: **T29045311**NV Business ID: **NV20222415258**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	90.00 %	ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	10.00 %	TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years and 24 days**4. Type of contract: **Contract**Contract description: **SPECIALTY SERVICES**

5. Purpose of contract:

This is a new contract to provide ongoing inspector services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per MONTHLY

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

JOE OJEDA
PEDRO YPINA
TARO TAKAGI

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - APRIL 2022 - MAY 2026 - PERFORMANCE SATISFACTORY

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-903-0018

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	calizag1	04/19/2026 09:36:52 AM
Division Approval	rmill30	05/07/2026 13:51:39 PM
Department Approval	rmill30	05/07/2026 13:51:41 PM
Contract Manager Approval	ssands	05/07/2026 13:53:27 PM
Budget Analyst Approval	spowel3	05/08/2026 15:15:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32282**

Agency Name:	ATTORNEY GENERAL'S OFFICE	Legal Entity Name:	LAW ENFORCEMENT RISK MANAGEMENT GROUP INC
Agency Code:	030	Contractor Name:	LAW ENFORCEMENT RISK MANAGEMENT GROUP INC
Appropriation Unit:	1030-04	Address:	700 N CARR RD UNIT 595
Is budget authority available?:	Yes	City/State/Zip	PLAINFIELD, IN 46168-2919
If "No" please explain:	Not Applicable	Contact/Phone:	Amanda King 317-386-8325
		Vendor No.:	T29041344
		NV Business ID:	NV20232713932

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 % AG CAP

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 06/2026

Retroactive? **Yes**

If "Yes", please explain

During discovery, the Office of the Attorney General diligently searched for a police practices expert and found the Law Enforcement Risk Management Group, Inc. General Counsel began the contracting process. However, the Office of the Attorney General needed the Expert to immediately begin his work with a retroactive start date in order to comply with the April 17, 2026 disclosure deadline.

3. Termination Date: **04/01/2027**Contract term: **1 year**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide expert witness services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$300 per hour; \$3,000 per day (testifying)

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide expert witness services for Litigation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current State staff do not have the expertise.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	04/24/2026 14:07:45 PM
Division Approval	jhoba2	04/24/2026 14:07:48 PM
Department Approval	jhoba2	04/24/2026 14:07:50 PM
Contract Manager Approval	cthorso1	04/27/2026 13:00:59 PM
Budget Analyst Approval	dspeed1	04/27/2026 17:21:23 PM

CRAIG A. NEWBY
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General

AARON D. FORD
Attorney General



LESLIE NINO PIRO
General Counsel

HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
1 State of Nevada Way, Suite 100
Las Vegas, Nevada 89119

MEMORANDUM

To: Budd Milazzo, Executive Branch Budget Officer,
Governor's Finance Office, Budget Division

From: Leslie Nino Piro, General Counsel, ext. 6-3077, LNinoPiro@ag.nv.gov;
Sophia G. Long, Deputy General Counsel, ext. 6-3783,
SLong@ag.nv.gov

Date: April 27, 2026

Subject: Support for Approval of Retroactive Contract for Expert Witness Law
Enforcement Risk Management Group, Inc. per SAM 0114B
(CETS #32282) and Waiver of Insurance Requirement
Estrada v. State of Nevada et al, ProLaw No. 11866-699

SAM 0114 B provides as follows,

When an agency submits a retroactive contract for inclusion on the action item agenda, support documentation submitted to GFO and provided to Board Members must include a memorandum explaining why the proposed contract should be approved retroactively. The memorandum must be on agency letterhead and approved by the agency head or designee.

The purpose of the contract is to provide expert witness services to the OAG in support of litigation defending individuals sued in their personal and/or official capacity as employees of the State of Nevada.

On January 9, 2025, a lawsuit was commenced in the United States District Court, District of Nevada against the Nevada Highway Patrol, Kevin Provost, State of Nevada, ex rel. Department of Public Safety (collectively, "Clients"). *See Andrea*

Estrada v. State of Nevada, et al., USDC Case 2:25-cv-00053-GMN-MDC. The case was assigned to deputy attorneys general (“DAGs”) in the Office of the Attorney General’s (“OAG”) Department of Public Safety. The case is currently in discovery, and the parties have exchanged written discovery requests. Expert disclosures are due on April 17, 2026.

During discovery, the OAG diligently searched for a police practices expert and found John “Jack” Ryan of the Law Enforcement Risk Management Group, Inc. Once the Public Safety DAGs selected Law Enforcement Risk Management Group, Inc. (“Expert”), General Counsel began the contracting process. However, the OAG needed the Expert to immediately begin his work with a retroactive start date in order to comply with the April 17, 2026 disclosure deadline.

Accordingly, pursuant to SAM 0114 B, the OAG requests retroactive approval of CETS #32282 for Law Enforcement Risk Management Group, Inc. to April 1, 2026.

General Liability Insurance - Based on the Expert’s disclosures and scope of work, the OAG has determined that the contracted work will be performed from the Expert’s home/office and de minimis or no work will be performed on State property. Under these circumstances, the Risk Management Division’s requirement of General Liability Insurance does not apply and the OAG is authorized to waive this requirement based on the email exchange dated January 29, 2024, between OAG General Counsel Leslie Nino Piro and Maureen Martinez, Insurance and Loss Prevention Specialist of the Risk Management Division.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32247**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: JOHNSON CONTROLS SECURITY SOLUTIONS LLC
Agency Code: 030	Contractor Name: JOHNSON CONTROLS SECURITY SOLUTIONS LLC
Appropriation Unit: 1037-04	Address: 5757 N Green Bay Ave
Is budget authority available?: Yes	City/State/Zip: Milwaukee, WI 53209
If "No" please explain: Not Applicable	Contact/Phone: Kory Cipriano 725-328-0853
	Vendor No.: T32010866 A
	NV Business ID: NV19951070353

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 **04/27/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/01/2030**Contract term: **3 years and 340 days**4. Type of contract: **Contract**Contract description: **Upgrade Alarm System**

5. Purpose of contract:

This is a new contract to provide for the replacement and upgrading to the existing Security and Intrusion Alarm System at the Nevada Attorney General Medicaid Fraud Control Unit office located in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,991.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid Fraud Unit needs the existing Security and Intrusion Alarm System at the Nevada Attorney General Medicaid Fraud Control Unit leased office space in Las Vegas replaced and upgraded.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employee do not have the expertise needed for 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):

**Intraworks
 Stone Security
 Johnson Controls Security Solutions**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen due to cost, responsiveness, and previous work experience on another 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:

Johnson Controls as Johnson Controls Security Solutions, LLC, Johnson Controls Fire Protection LP and Johnson Controls US Holdings has been engaged in a multitude of contracts by various state agencies. This vendor has a statewide contract with Nevada.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	jhoba2	04/16/2026 13:25:14 PM
Division Approval	jhoba2	04/16/2026 13:25:17 PM
Department Approval	jhoba2	04/16/2026 13:25:20 PM
Contract Manager Approval	cthorso1	04/16/2026 13:28:15 PM
Budget Analyst Approval	dspeed1	04/27/2026 13:08:20 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32255**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Andrea M. Miller-Finch**Contractor Name: **Andrea M. Miller-Finch**Address: **9750 Crescent Park, Unit 164**City/State/Zip: **Orland Park, IL 60462**Contact/Phone: **Andrea M. Miller-Finch, DDS 312-934-4884**Vendor No.: **T29047796**NV Business ID: **NV20232921528**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 % TORT CLAIMS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2026**Anticipated BOE meeting date **06/2026**Retroactive? **Yes**

If "Yes", please explain

During discovery, the Office of the Attorney General diligently searched for an expert to opine on the propriety of the medical treatment. Once the Public Safety DAGs selected Dr. Miller-Finch, General Counsel began the contracting process. However, the Office of the Attorney General needed the Expert to immediately begin her work with a retroactive start date in order to comply with the June 30, 2026 expert disclosure and to provide a copy of the expert report set by the district court.

3. Termination Date: **05/31/2027**Contract term: **1 year and 79 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide ongoing expert witness services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Other basis for payment: \$200-\$950/hour; \$3,000/day (testifying)

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide expert witness services for Litigation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current State staff do not have the expertise.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Office of Attorney General contracts. Services provided have been satisfactory.
C28748 11/15/2023-6/30/2026

14. Is the contractor currently involved in litigation with the State 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	jhoba2	04/16/2026 15:10:01 PM
Division Approval	jhoba2	04/16/2026 15:10:03 PM
Department Approval	jhoba2	04/16/2026 15:10:05 PM
Contract Manager Approval	cthorso1	04/16/2026 15:12:35 PM
Budget Analyst Approval	dspeed1	04/27/2026 14:06:21 PM

AARON D. FORD
Attorney General

CRAIG A. NEWBY
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

555 E. Washington Ave. Suite 3900
Las Vegas, Nevada 89101

TERESA BENITEZ-
THOMPSON
Chief of Staff

LESLIE NINO PIRO
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

To: Budd Milazzo, Executive Branch Budget Officer,
Governor's Finance Office, Budget Division

From: Leslie Nino Piro, General Counsel, ext. 6-3077, LNinoPiro@ag.nv.gov;
Sophia G. Long, Deputy General Counsel, ext. 6-3783,
SLong@ag.nv.gov

Date: April 6, 2026

Subject: Support for Approval of Retroactive Contract for Expert Witness
Andrea Miller-Finch, DDS per SAM 0114B (CETS # C32255)
Daniel Klein v. NDOC Medical Director, et al, ProLaw No. 11805-7346

SAM 0114 B provides as follows,

When an agency submits a retroactive contract for inclusion on the action item agenda, support documentation submitted to GFO and provided to Board Members must include a memorandum explaining why the proposed contract should be approved retroactively. The memorandum must be on agency letterhead and approved by the agency head or designee.

The purpose of the contract is to provide expert witness services to the OAG in support of litigation defending individuals sued in their personal and/or official capacity as employees of the State of Nevada.

On May 5, 2023, a lawsuit was commenced in the United States District Court, District of Nevada. On August 13, 2024, the Court ruled that the plaintiff can proceed on his second amended complaint against State Officers and Employees, Romero Aranas, Bitar, Mangapit, James Dzurenda, Sherrie Bean, Mattinsen, Ruby Cardera, J. Cabrera (collectively, "Clients"). See *Daniel Elijahshua Klein v. NDOC Medical Director, et al*. 3:23-cv-00189-MMD-CSD. The case was assigned to deputy attorneys general

(“DAGs”) in the Office of the Attorney General’s (“OAG”) Public Safety Division. On December 26, 2024, the OAG accepted services on behalf of the State Officers and Employees except Bitar and Mangapit. Discovery has commenced and expert disclosures are due on June 30, 2026.

During discovery, the OAG diligently searched for an expert to opine on the propriety of the medical treatment and found Dr. Miller-Finch. Once the Public Safety DAGs selected Dr. Miller-Finch (“Expert”), General Counsel began the contracting process. However, the OAG needed the Expert to immediately begin her work with a retroactive start date in order to comply with the June 30, 2026 expert disclosure and to provide a copy of the expert report set by the district court.

Accordingly, pursuant to SAM 0114 B, the OAG requests retroactive approval of CETS # C32255 for Dr. Miller-Finch to March 13, 2026.

II. Waiver of Risk Management’s Insurance Requirements

Pursuant to the OAG’s standard process for retaining expert witnesses, the OAG requested certain business and insurance information from the Expert to draft the contract terms. The expert has provided a copy of the professional liability insurance.

General Liability Insurance - Based on the Expert’s disclosures and scope of work, the OAG has determined that the contracted work will be performed from the Expert’s home office and *de minimis* or no work will be performed on State property. Under these circumstances, the Risk Management Division’s requirement of General Liability Insurance does not apply and the OAG is authorized to waive this requirement based on the email exchange dated January 29, 2024, between OAG General Counsel Leslie Nino Piro and Maureen Martinez, Insurance and Loss Prevention Specialist of the Risk Management Division.

Automobile Insurance - Based on the Expert’s disclosures and scope of work, the OAG has determined that the Expert will not use their private vehicle or a State vehicle to perform the contracted services. Therefore, the Risk Management Division’s requirement for Automobile Liability Insurance does not apply and the OAG is authorized to omit such requirement from the contract.

Workers’ Compensation and Employer’s Liability – The Expert does not have employees. Based on the Expert’s disclosures and Affidavit of Rejection of Industrial

Insurance Coverage (dated April 4, 2026), the Expert has supported the statutory exemption from workers compensation insurance coverage. In accordance with NRS 616B.627 and NRS 617.210, the Risk Management Division's requirement of workers compensation insurance coverage does not apply, and the OAG is authorized to omit such requirement from the contract. A copy of the Expert's Affidavit is attached to this memo.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32374**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: Estipona Group
Agency Code: 040	Contractor Name: Estipona Group
Appropriation Unit: 1050-41	Address: PO Box 10606
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89510
If "No" please explain: Not Applicable	Contact/Phone: Nicole 775-624-3587
	Vendor No.:
	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.

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 **05/07/2026**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2026**Contract term: **207 days**4. Type of contract: **Contract**Contract description: **Voter Ed Public Info**

5. Purpose of contract:

This is a new service agreement under statewide contract 99SWC-NV23-17892 which provides consulting and marketing support services. This service agreement provides strategic communications, creative production, and media support to assist the Nevada Secretary of State with statewide voter education and public information initiatives.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,500.00**

Other basis for payment: As invoiced by the vendor and approved by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

The 2026 election cycle presents heightened challenges, including declining public trust in election systems, increased misinformation, and the need to effectively reach diverse and geographically dispersed populations across Nevada. Additionally, upcoming election timelines require rapid deployment of coordinated messaging across multiple platforms.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The scope requires specialized expertise in statewide marketing strategy, media buying, creative production, and analytics. The Secretary of State's Office does not have the internal staffing capacity or infrastructure to execute a campaign of this scale and complexity.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Statewide Vendor

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 done work for the agency 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:

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	adale	04/30/2026 14:09:40 PM
Division Approval	adale	04/30/2026 14:09:42 PM
Department Approval	rbennet2	04/30/2026 14:24:22 PM
Contract Manager Approval	jmckeeha	04/30/2026 14:26:08 PM
Budget Analyst Approval	Iramire7	05/06/2026 08:41:28 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: **30827** Amendment Number: **1**

Legal Entity Name: **BUREAU VERITAS NATIONAL ELEVATOR INSPECTION SERVICES, INC.**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **BUREAU VERITAS NATIONAL ELEVATOR INSPECTION SERVICES, INC.**

Agency Code: **082** Address: **11971 Westline Industrial Dr Suite 108**

Appropriation Unit: **1349-12** City/State/Zip: **Saint Louis, MO 63150-3067**

Is budget authority available?: **Yes** Contact/Phone: **Gloria Duque 314-682-2397**

If "No" please explain: **Not Applicable** Vendor No.: **T27043244**

NV Business ID: **NV20061333117**

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 % Buildings and Grounds Rental Income

Agency Reference #: **08DOA-S3223 3RD Party elevator inspectors**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/07/2025**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2029**Contract term: **3 years and 328 days**4. Type of contract: **Contract**Contract description: **Elevator Inspections**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing third-party elevator inspections for state-owned building. This amendment increases the maximum amount from \$56,000 to \$97,400 due to the additional filing fees for elevator inspections and issuance of permits.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$56,000.00	\$56,000.00	\$56,000.00	Yes - Info
2. Amount of current amendment (#1):	\$41,400.00	\$41,400.00	\$97,400.00	Yes - Info
3. New maximum contract amount:	\$97,400.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

per NRS

8. Explain why State employees in your agency or other State agencies are not able to do this work:

lack of expertise

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP # 08DOA-S3223, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/28/2025 Anticipated re-bid date: 05/30/2029

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	03/17/2026 14:55:09 PM
Division Approval	rmill30	03/23/2026 13:21:14 PM
Department Approval	rmill30	03/23/2026 13:21:16 PM
Contract Manager Approval	ssands	04/06/2026 10:29:58 AM
Budget Analyst Approval	bmacke1	04/13/2026 09:16:07 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **27401**Amendment Number: **3**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **DAVIS GLASS & MIRROR, INC.**Agency Code: **082**Contractor Name: **DAVIS GLASS & MIRROR, INC.**Appropriation Unit: **1349-12**Address: **5135 S VALLEY VIEW BLVD**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89118-1726**

If "No" please explain: Not Applicable

Contact/Phone: **JOHN BEAL 702/368-7722**Vendor No.: **T29036647**NV Business ID: **NV19961120126**To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % BUILDINGS AND GROUNDS RENT REVENUE

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2023**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **03/31/2027**

Termination Date:

Contract term: **3 years and 363 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 glass and mirror repair services for state-owned buildings in southern Nevada. This amendment will increase the maximum amount from \$48,696.27 to \$68,696.27 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,696.27	\$20,696.27	\$20,696.27	Yes - Info
a. Amendment 1:	\$20,000.00	\$20,000.00	\$40,696.27	Yes - Info
b. Amendment 2:	\$8,000.00	\$8,000.00	\$48,696.27	No
2. Amount of current amendment (#3):	\$20,000.00	\$28,000.00	\$68,696.27	Yes - Info
3. New maximum contract amount:	\$68,696.27			

II. JUSTIFICATION

7. What conditions require that this work be done?

Glass service is needed to recommend and properly install glass/windows for state-owned buildings throughout southern Nevada.

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 for this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided the proposed scope of work with the lowest bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

05/2015 - present - Buildings and Grounds-work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	04/08/2026 11:53:34 AM
Division Approval	rmill30	04/14/2026 09:19:23 AM
Department Approval	rmill30	04/14/2026 09:19:25 AM
Contract Manager Approval	ssands	04/15/2026 11:16:46 AM
Budget Analyst Approval	bmacke1	04/16/2026 17:01:13 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: **30665** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **DIVERSIFIED THERMAL SERVICES, LLC**

Agency Code: **082** Contractor Name: **DIVERSIFIED THERMAL SERVICES, LLC**

Appropriation Unit: **1349-12** Address: **3575 W CHEYENNE AVE STE 107**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 890032**

If "No" please explain: Not Applicable Contact/Phone: **shaner@dthermal.net 7025959733**

Vendor No.: **T29045838**

NV Business ID: **NV20232689856**

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 % BUILDINGS AND GROUNDS RENTAL INCOME

Agency Reference #: **08DOA-S3274 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2025**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2029**Contract term: **3 years and 358 days**4. Type of contract: **Contract**Contract description: **HVAC Filter Maint**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing services for the heating, ventilation, and air conditioning systems at the McCarran Center located in Las Vegas. This amendment increases the maximum amount from \$282,496.00 to \$376,147.75 due to the addition of the Walker, Mead, Tahoe, Ormsby MC41, Ormsby MC42, and Pyramid MC43 buildings.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$282,496.00	\$282,496.00	\$282,496.00	Yes - Action
2. Amount of current amendment (#1):	\$93,651.75	\$93,651.75	\$93,651.75	Yes - Info
3. New maximum contract amount:	\$376,147.75			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will oversee procuring and changing of the air filters at the McCarran Center buildings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower to facilitate this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #08DOA-S3274, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/01/2025 Anticipated re-bid date: 01/01/2029

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:

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	04/20/2026 10:47:49 AM
Division Approval	rmill30	04/22/2026 10:13:07 AM
Department Approval	rmill30	04/22/2026 10:13:09 AM
Contract Manager Approval	ssands	04/27/2026 07:58:08 AM
Budget Analyst Approval	bmacke1	05/04/2026 08:00:54 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32107**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JMA CONSTRUCTION CO. INC.
Agency Code:	082	Contractor Name:	JMA CONSTRUCTION CO. INC.
Appropriation Unit:	1349-14	Address:	PO BOX 22312
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89721-2312
If "No" please explain:	Not Applicable	Contact/Phone:	775-882-6347
		Vendor No.:	T81093116
		NV Business ID:	NV20031254722

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	100.00 % Buildings and Grounds Rental Income
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 **04/14/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/01/2027**Contract term: **352 days**4. Type of contract: **Contract**Contract description: **Repair granite**

5. Purpose of contract:

This is a new contract to provide for the cleaning and sealing of the existing granite terrace at the Nevada Supreme Court facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,400.00**

Other basis for payment: CAT14 FY26 003

II. JUSTIFICATION

7. What conditions require that this work be done?

Clean and seal, repair all caulked joints and apply a protective seal to enhance durability and stain resistance of the existing granite terrace.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower or equipment needed to facilitate.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 338.13862 Requirements for awarding contract for smaller public work to contractor. (b) If the estimated cost of the public work is \$25,000 or less, solicit a bid from at least one properly licensed contractor.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	03/26/2026 12:08:46 PM
Division Approval	rmill30	04/02/2026 15:29:32 PM
Department Approval	rmill30	04/02/2026 15:29:35 PM
Contract Manager Approval	ssands	04/07/2026 15:28:00 PM
Budget Analyst Approval	bmacke1	04/14/2026 14:46:37 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27127** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **OVERHEAD DOOR CO. OF SIERRA NEVADA/RENO**

Agency Code: **082** Contractor Name: **OVERHEAD DOOR CO. OF SIERRA NEVADA/RENO**

Appropriation Unit: **1349-12** Address: **1290 Holcomb Avenue**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502-2445**

If "No" please explain: Not Applicable Contact/Phone: **775-322-4621**

Vendor No.: **PUR0002873**

NV Business ID: **NV19791008459**

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2023**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2026**Contract term: **3 years and 353 days**4. Type of contract: **Contract**Contract description: **Door maintenance**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing repair and maintenance services to all types of overhead doors in state-owned buildings in northern Nevada. This amendment increases the maximum amount from \$20,000 to \$35,000 due to the continued need for services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$15,000.00	\$15,000.00	\$35,000.00	Yes - Info
3. New maximum contract amount:	\$35,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings and Grounds use these contracts for emergency repair service and maintenance of existing roll-up doors. Not providing these services would be detrimental to the properties.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds do not have the tools, materials, expertise, or manpower needed to facilitate these projects.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several vendors of the same services and Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 12/15/2022 Anticipated re-bid date: 12/15/2026

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	02/06/2026 09:58:42 AM
Division Approval	rmill30	02/10/2026 13:11:38 PM
Department Approval	rmill30	02/10/2026 13:11:40 PM
Contract Manager Approval	ssands	04/07/2026 14:42:08 PM
Budget Analyst Approval	bmacke1	04/14/2026 13:47:51 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32201**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	WISE CONSULTING AND TRAINING INC
Agency Code:	082	Contractor Name:	WISE CONSULTING AND TRAINING INC
Appropriation Unit:	1349-12	Address:	5400 MILL ST STE A
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502-0303
If "No" please explain:	Not Applicable	Contact/Phone:	775/827-2717
		Vendor No.:	T81023564
		NV Business ID:	NV19951170978

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 % Buildings and Grounds Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/15/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2030**Contract term: **4 years and 16 days**4. Type of contract: **Contract**Contract description: **Testing**

5. Purpose of contract:

This is a new contract to provide ongoing environmental consultation, analytical testing, and employee training on an as needed basis for various buildings in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,131.68**

Other basis for payment: FY- \$6,782.92; FY27-\$6782.92; FY28-\$6,782.92 & FY29-\$6,782.92

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide environmental consultation, analytical testing and employee training on an as needed basis for various buildings in Northern Nevada.

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 man power needed to supply this need.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Advanced Installations
Belfor
Wise Consultants**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	04/07/2026 07:35:31 AM
Division Approval	rmill30	04/07/2026 09:04:37 AM
Department Approval	rmill30	04/07/2026 09:04:39 AM
Contract Manager Approval	ssands	04/14/2026 10:21:49 AM
Budget Analyst Approval	bmacke1	04/15/2026 16:11:24 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32010**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	WOW CLEANING CORPORATION
Agency Code:	082	Contractor Name:	WOW CLEANING CORPORATION
Appropriation Unit:	1349-12	Address:	52 GLEN CARRAN CIR
Is budget authority available?:	Yes	City/State/Zip	SPARKS, NV 89431-5830
If "No" please explain:	Not Applicable		
		Contact/Phone:	775/322-4787
		Vendor No.:	T27041430
		NV Business ID:	NV20141289535

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/30/2030**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **Janitorial**

5. Purpose of contract:

This is a new contract to provide janitorial services for the State Purchasing warehouse located in Reno.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,648.48**

Payment for services will be made at the rate of \$0.00 per month

Other basis for payment: FY27 \$8,425.00; FY28 \$8,581.00; FY29 \$8,740.12 & FY30 \$8,902.36. The yearly dollars include services for carpet, windows and blinds.

II. JUSTIFICATION

7. What conditions require that this work be done?

Maintaining a sanitized work environment and providing custodial services is imperative to extend the longevity of the Purchasing Warehouse which requires- attention on a regular basis as well as providing a healthy and safe work environment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the equipment o/ the manpower needed to complete this project.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

WOW
Enterprise Janitorial
McNeil's

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	03/30/2026 14:23:43 PM
Division Approval	rmill30	04/01/2026 15:43:55 PM
Department Approval	rmill30	04/01/2026 15:43:58 PM
Contract Manager Approval	ssands	04/28/2026 07:28:48 AM
Budget Analyst Approval	bmacke1	04/29/2026 07:59:47 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **26702**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **XCEL MAINTENANCE SERVICES, INC.**Agency Code: **082**Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**
Address: **7260 W. Azure Drive #140 PMB 108**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89130**

If "No" please explain: Not Applicable

Contact/Phone: **702-355-3895**Vendor No.: **T81103343**NV Business ID: **NV20021426879**To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

Agency Reference #: **08DOA-S2101 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2022**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **11/30/2026**Contract term: **4 years and 62 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 Parole and Probation Campos building in Las Vegas. This amendment extends the termination date from January 1, 2026 to January 31, 2027 and increase the maximum amount from \$673,907.10 to \$698,427.10 to allow services to continue while solicitation is completed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$673,907.10	\$673,907.10	\$673,907.10	Yes - Action
2. Amount of current amendment (#1):	\$24,520.00	\$24,520.00	\$24,520.00	Yes - Info
3. New maximum contract amount:	\$698,427.10			
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?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds do not have the manpower needed to maintain the integrity of additional properties.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

Only vendor who submitted 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:

since 2002 by various state agencies and service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	02/11/2026 16:50:07 PM
Division Approval	rmill30	02/20/2026 15:24:51 PM
Department Approval	rmill30	02/20/2026 15:24:54 PM

Contract Manager Approval
Budget Analyst Approval

ssands
bmacke1

04/08/2026 10:49:03 AM
04/16/2026 16:56:38 PM



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 #:	6890

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	ENTER STATE AGENCY NAME:		<i>SPWD Buildings and Grounds</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Shiyann Living, Program Officer I</i>	<i>702-348-6113</i>	<i>sliving@admin.nv.gov</i>
	<i>Sue Sands, Program Officer II</i>	<i>775-531-3173</i>	<i>sasands@admin.nv.gov</i>
	<i>Stephanie Kerry, MAIV</i>	<i>775-684-4135</i>	<i>skerry@admin.nv.gov</i>

2	Contractor Information:	
	Contractor Name:	<i>Xcel Maintenance</i>
	Contact Name:	<i>Kathia Winchell</i>
	Complete Address: City, State and Zip Code	<i>7260 W. Azure Drive #140 PMB 108, Las Vegas, NV 89130</i>
	Phone Number:	<i>702-341-9235</i>
	Email Address:	<i><u>Xcelmaintenance.nevada@gmail.com</u></i>

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		<i>N/A</i>	#:	
	Enter CETS Number:	#			
	Contract Amount:	\$			
	Contract Term:	Start Date:		End Date:	

Resubmission 01/22/26

Purchasing Use Only:	
Approval #:	6890

4	Current Contract Information:				
	Solicitation Type, if applicable:		RFP	#:	08DOA-S2101
	Enter CETS Number:		#26702		
	Initial Contract Amount:		\$673,907.10		
	Contract Term:		Start Date:	12/1/2022	End Date:

5	Amendment Information – List <u>all previously</u> approved amendments:			
	Amd #:	Brief Synopsis of What Amendment Accomplished:	Dollar Change in Contract Amount	Change in End Date
		N/A		

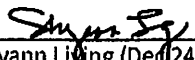
6	<u>Proposed</u> Amendment Information:			
	Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Dollar Change in Contract Amount	Change in End Date
	1	Extend expiration date and increase contract authority.	\$24,520.00	1/31/2027

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	The justification to extend CETS 26702 Xcel Maintenance is to continue janitorial services for two months, 11/30/2026 to 01/31/2027 for the Campos property while the new RFP solicitation is being completed. This will give Buildings and Grounds the opportunity to consolidate numerous janitorial contracts into one.

8	What are the potential consequences to the State if the contract extension request is denied?
	If this request is denied, there would be no janitorial services for this building. Buildings and Grounds does not have the manpower to facilitate this service.

Purchasing Use Only:	
Approval #:	6890

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 15:38:04 PST)
 Signature of Agency Representative Initiating Request

Shiyann Living 12/24/2025
 Print Name of Agency Representative Initiating Request Date

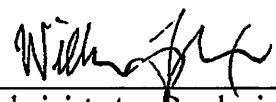

 Kent Choma (Dec 24, 2025 15:38:59 PST)
 Signature of Agency Head Authorizing Request

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 1.29.2026
 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: **28403** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **HARRIS CONSULTING ENGINEERS, LLC**

Agency Code: **082** Contractor Name: **HARRIS CONSULTING ENGINEERS, LLC**

Appropriation Unit: **1585-77** Address: **680 PILOT RD., STE. A**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-9015**

If "No" please explain: Not Applicable Contact/Phone: **702-269-1575**

Vendor No.: **T27003439**

NV Business ID: **NV20011085889**

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 #: 116004

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 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **3 years and 200 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Southern Desert Correctional Center, Housing Units 1-7 - Fire Sprinkler Installation CIP Project: CIP Project No. 23-S03-1; SPWD Contract No. 116004. This amendment increases the maximum amount from \$181,725 to \$196,725 due to an increase of construction administration fees for the contract.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$180,000.00	\$180,000.00	\$180,000.00	Yes - Action
a. Amendment 1:	\$1,725.00	\$1,725.00	\$1,725.00	No
2. Amount of current amendment (#2):	\$15,000.00	\$16,725.00	\$16,725.00	Yes - Info
3. New maximum contract amount:	\$196,725.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	mreissma	04/19/2026 12:21:02 PM
Division Approval	nmann	04/20/2026 10:30:24 AM
Department Approval	nmann	04/20/2026 10:30:27 AM
Contract Manager Approval	lwildes	04/20/2026 10:35:30 AM
Budget Analyst Approval	tday2	04/29/2026 15:30:44 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28006** Amendment Number: **3**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **PAUL CAVIN ARCHITECT, LLC**

Agency Code: **082** Contractor Name: **PAUL CAVIN ARCHITECT, LLC**

Appropriation Unit: **1594-25** Address: **1575 DELUCCHI LN., STE. 120**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-6581**

If "No" please explain: Not Applicable Contact/Phone: **775-284-7083**

Vendor No.: **T29033842**

NV Business ID: **NV20131182382**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #: **115611**

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 **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. 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 Carson City - State Mail Services Building CIP Project: CIP Project No. 23-C01; SPWD Contract No. 115611. This amendment increases the maximum amount from \$1,363,317.50 to \$1,382,117.50 due to needed updates to the project civil improvement drawings to incorporate revisions to the site civil improvement plans as coordinated.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,198,600.00	\$1,198,600.00	\$1,198,600.00	Yes - Action
a. Amendment 1:	\$34,617.50	\$34,617.50	\$34,617.50	Yes - Info
b. Amendment 2:	\$130,100.00	\$130,100.00	\$164,717.50	Yes - Action
2. Amount of current amendment (#3):	\$18,800.00	\$18,800.00	\$18,800.00	Yes - Info
3. New maximum contract amount:	\$1,382,117.50			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mreissma	04/19/2026 13:08:28 PM
Division Approval	nmann	04/20/2026 11:20:35 AM
Department Approval	nmann	04/20/2026 11:20:37 AM
Contract Manager Approval	lwildes	04/20/2026 12:28:40 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32214**Agency Name: **ADMIN - PURCHASING DIVISION**Agency Code: **083**Appropriation Unit: **1358-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NLS GROUNDS MANAGEMENT LLC**Contractor Name: **NLS GROUNDS MANAGEMENT LLC**Address: **2590 E Russell Road**City/State/Zip: **LAS VEGAS, NV 89120**Contact/Phone: **702/259-6408**Vendor No.: **T32016856**NV Business ID: **NV20101873551**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	50.00 %	Purchasing Fund 718
X Federal Funds	50.00 %		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 **04/20/2026**Anticipated BOE meeting date **04/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years and 72 days**4. Type of contract: **Contract**Contract description: **Landscaping**

5. Purpose of contract:

This is a new contract to provide ongoing landscaping services at the Las Vegas office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,400.00**

Payment for services will be made at the rate of \$400.00 per month

Other basis for payment: all services completed on week-ends, on-call or emergency will be \$45 per hour.

II. JUSTIFICATION

7. What conditions require that this work be done?

Landscape services are needed to maintain and keep state buildings professional looking and to maintain areas to assist in preventing or fueling fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Landscaping duties fall outside existing job classification.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor
Not Applicable
12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
No
b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
No
c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
No If "Yes", please explain
Not Applicable
13. Has the contractor ever been engaged under contract by any State agency?
Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:
since 2024, a couple of different agencies, service satisfactory
14. Is the contractor currently involved in litigation with the State of Nevada?
No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
Not Applicable
15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC
16. a. Is the Contractor Name the same as the legal Entity Name?
Yes
17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes
18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes
19. Agency Field Contract Monitor:
20. Contract Status:
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/14/2026 10:05:27 AM
Division Approval	rmill30	04/14/2026 14:27:13 PM
Department Approval	rmill30	04/14/2026 14:27:15 PM
Contract Manager Approval	ssands	04/16/2026 14:34:11 PM
Budget Analyst Approval	vfajota	04/20/2026 11:30:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32039**

Agency Name:	GOVERNOR'S TECHNOLOGY OFFICE	Legal Entity Name:	CDW GOVERNMENT INC
Agency Code:	180	Contractor Name:	CDW GOVERNMENT INC
Appropriation Unit:	1385-13	Address:	200 N. Milwaukee Avenue
Is budget authority available?:	Yes	City/State/Zip	Vernon Hills, IL 60061
If "No" please explain:	Not Applicable	Contact/Phone:	Mitchell Funk 847/465-6000
		Vendor No.:	T81106274A
		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 % Internal service funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2026**Contract term: **262 days**4. Type of contract: **Contract**Contract description: **Veeam Best Practices**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV25-25448 which provides information technology solutions and services. This service agreement provides an advisory services engagement in association with the ongoing threat of ransomware events, data protection workshop, blended with a Veeam Security Hardening assessment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,476.00**

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

This service agreement will provide the Governors Technology Office Computing Facility with specialized and expert advisory services engagement in association with the ongoing threat of ransomware events. The engagement will be focused on reviewing the existing data protection controls associated with CDW's Cyber Resilience & Data Protection Workshop, blended with a Veeam Security Hardening Assessment focused on the Veeam Backup & Recovery Server.

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. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Statewide contract 99SWC-NV25-25448

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Foreign Limited-Liability Company

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jason Lewis, IT Manager Ph: 775-531-3060

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	thudder	03/17/2026 08:22:32 AM
Division Approval	smontie1	03/17/2026 08:24:46 AM
Department Approval	ddodge	03/17/2026 11:30:33 AM
Contract Manager Approval	thudder	03/17/2026 11:57:17 AM
EITS Approval	ljea	03/17/2026 15:10:33 PM
Budget Analyst Approval	Iramire7	04/13/2026 08:55:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **29065**Amendment Number: **2**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Legal Entity Name: **Behavioral Health Solutions**Agency Code: **240**Contractor Name: **Behavioral Health Solutions**Appropriation Unit: **2561-13**Address: **2200 Paseo Verde Pkwy Ste 190**Is budget authority available?: **Yes**City/State/Zip: **Henderson, NV 89052**If "No" please explain: **Not Applicable**Contact/Phone: **William Treese 602-751-2988**Vendor No.: **T32009788**NV Business ID: **NV20171816384**To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 %

Private Pay 20%, Hospice 10%, & Insurance Payments 5%

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2024**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **05/31/2028**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Behavioral Health**

5. Purpose of contract:

This is the second amendment to the original contract which provides behavioral health services. This amendment increases the maximum amount from \$39,000 to \$80,173.16 due to increased need for behavioral health services for residents.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$39,000.00	\$39,000.00	\$39,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$39,000.00	No
2. Amount of current amendment (#2):	\$41,173.16	\$41,173.16	\$80,173.16	Yes - Info
3. New maximum contract amount:	\$80,173.16			

II. JUSTIFICATION

7. What conditions require that this work be done?

Mental health services required to be provided on an as needed basis for residents at Southern Nevada State Veterans Home

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We do not have positions with required education to fulfill 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):

Bridge Health Services
Summit Mental Health
Preferred Behavioral

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to reply by end of informal solicitation date

d. Last bid date: 02/29/2024 Anticipated re-bid date: 01/10/2028

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes for NDVS, and services provided have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	04/10/2026 15:23:10 PM
Division Approval	jtheil1	04/10/2026 15:23:13 PM
Department Approval	jtheil1	04/10/2026 15:23:17 PM
Contract Manager Approval	jclodfel	04/10/2026 15:45:39 PM
Budget Analyst Approval	tday2	04/16/2026 13:31:03 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31397**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	Board of Regents, Nevada System of Higher Education - obo Western Nevada College
Agency Code:	300	Contractor Name:	Board of Regents, Nevada System of Higher Education - obo Western Nevada College
Appropriation Unit:	2705-11	Address:	2201 W COLLEGE PKWY BRIS 147
Is budget authority available?:	Yes	City/State/Zip	Carson City , NV 89703-7316
If "No" please explain:	Not Applicable	Contact/Phone:	775-445-4431

Vendor No.: D35000851
NV Business ID: Govermental Entity

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2024**

Anticipated BOE meeting date 12/2025

Retroactive? **Yes**

If "Yes", please explain

Due to contract execution complexities, delays in drafting, negotiation of language between the Western Nevada College (WNC) Legal and the NDE, and signature processing, the formal agreement was not fully executed prior to the planned start date. However, in order to meet critical program timelines, work commenced on December 01, 2024. This allowed NDE and WNC to offer a certificate program in career and technical education (CTE) to current CTE teachers for the Spring 25 semester.

3. Termination Date: **06/30/2026**Contract term: **1 year and 210 days**4. Type of contract: **Interlocal Agreement**Contract description: **CTE Trainin Program**

5. Purpose of contract:

This is a new interlocal agreement which provides a Career and Technical Education (CTE) certificate program to current CTE teachers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,328.00**

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?

Western Nevada College (WNC) will offer a certificate program of 12 credits in Career and Technical Education to current Career and Technical Education (CTE) teachers. These credits are needed for CTE educators who were initially provisionally licensed under the Business and Industry pathway to convert to a standard license. NDE will reimburse WNC the cost of tuition for students who completed the program as invoiced per semester.

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 means or capacity to offer the requested course

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):
 Not Applicable
- b. Solicitation Waiver: **Exempt (Per statute)**
- c. Why was this contractor chosen in preference to other?
 In Accordance with NRS 277.180 the agency has contracted with Western Nevada College
- d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
 No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor
 Not Applicable
12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
 No
- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
 No
- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
 No If "Yes", please explain
 Not Applicable
13. Has the contractor ever been engaged under contract by any State agency?
 Yes If "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 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 | 12/10/2025 16:00:17 PM |
| Division Approval | psmorr1 | 12/10/2025 16:00:20 PM |
| Department Approval | carrol1 | 12/11/2025 08:05:22 AM |
| Contract Manager Approval | khoy1 | 12/11/2025 10:03:08 AM |
| Budget Analyst Approval | vfajota | 04/27/2026 13:04:07 PM |

Joe Lombardo
Governor

Victor Wakefield, Ph.D.
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: Tiffany Greenameyer, Clerk of the Board, Board of Examiners

FROM: Megan Peterson, Deputy Superintendent, Student Investment Division *mp*

DATE: November 14, 2025

SUBJECT: Retroactive Memo for Interlocal Contract – Nevada System of Higher Education, Board of Regents, on behalf of Western Nevada College

This memo requests retroactive approval for the Fiscal Year 2026 service agreement contract funded by the Office of Educator Development, Licensure and Family Engagement fees budget. The contract was established between the Nevada Department of Education (NDE) and Nevada System of Higher Education, Board of Regents, on behalf of Western Nevada College, with a performance period from December 01, 2024, through June 30, 2026.

Due to administrative complexities in contract execution, specifically delays in drafting, negotiation of language between the Nevada System of Higher Education Western Nevada College (WNC) Legal and the NDE, and signature processing, the formal agreement was not fully executed prior to the planned start date. However, in order to meet critical program timelines, work commenced on December 01, 2024. This allowed NDE and the Nevada System of Higher Education, Board of Regents, on behalf of Western Nevada College to offer a certificate program in career and technical education to current career and technical education teachers in preparation for the Spring 2025 semester.

The Nevada Department of Education is requesting retroactive approval to ensure compliance with state contracting requirements and to validate the work already completed under this agreement.

If you require any additional information or assistance, please contact us at (775) 687-9175 or via email at ndecontracts@doe.nv.gov.

CC: Dr. Victor Wakefield, Superintendent of Public Instruction
Christy McGill, Deputy Superintendent, Division of Educator Effectiveness & Family Engagement
Jeff Briske, Education Program Director, Office of Educator Development, Licensure and Family Engagement

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30597**Amendment Number: **2**

Legal Entity Name: Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno

Agency Name: **NDE - DEPARTMENT OF EDUCATION**Contractor Name: **Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno**Agency Code: **300**Address: **UNR Controllers Office, MS124**Appropriation Unit: **2709-64**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89557**

If "No" please explain: Not Applicable

Contact/Phone: 7757846662

Vendor No.: D35000816

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/10/2025**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **1 year and 112 days**4. Type of contract: **Interlocal Agreement**Contract description: **PEP plan**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which develops evaluation measures and reporting requirements related to Preschool Development Birth through Five Renewal Grant activities. This amendment extends the termination date from June 30, 2026 to September 30, 2026 and increases the maximum amount from \$574,000 to \$631,276 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:	\$574,000.00	\$574,000.00	\$574,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$57,276.00	\$57,276.00	\$57,276.00	Yes - Info
3. New maximum contract amount:	\$631,276.00			
and/or the termination date of the original contract has changed to:	09/30/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Preschool Development Grant Birth through Five (PDG B-5) Program Performance Evaluation Plan (PPEP) request to initiate a solicitation for a vendor to evaluate Nevada's federal award #90TP0099 according to the grant proposal narrative and the goals, inputs, outputs, and outcomes of Logic Model. The selected vendor will develop evaluation measures and reporting requirements to determine quantitative and qualitative evaluative measures related to the six grant activities, the bonus sections, and in the areas of children and families, the early childhood workforce, and early childhood comprehensive systems. The evaluator will be required to include the perspectives of early childhood partners through collaboration with Birth-3rd systems partnerships impacted by or participating in grant deliverables. The scope of work for the selected vendor will include, at minimum, the following categories: data management and evaluation; methodological approach; periodic reviews and reporting; and, alignment to the updated statewide Strategic Plan and Needs Assessment. An analysis and understanding of the full scope of the PDG B-5 award will be required, as well as collaborative partnerships with the Grant Manager, PDG B-5 team, and all PDG B-5 activity leads.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Education does not have the staff or expertise to complete this work.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per NRS 277.180 the agency is contracting with the Board of Regents, Nevada System of Higher Education, University of Nevada Reno

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

31%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 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	04/23/2026 08:28:25 AM
Division Approval	psmorr1	04/28/2026 13:19:26 PM
Department Approval	psmorr1	04/28/2026 13:20:23 PM
Contract Manager Approval	khoy1	04/28/2026 13:21:52 PM
Budget Analyst Approval	vfajota	05/06/2026 08:30:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32050**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	Board of Regents, Nevada System of Higher Education, University of Nevada, Reno
Agency Code:	300	Contractor Name:	Board of Regents, Nevada System of Higher Education, University of Nevada, Reno
Appropriation Unit:	2715-67	Address:	1664 N. Virginia St.
Is budget authority available?:	Yes	City/State/Zip	Reno,, NV 89557
If "No" please explain:	Not Applicable	Contact/Phone:	775-784-6662
		Vendor No.:	D35000816
		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 **03/23/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **Yes**

If "Yes", please explain

Retroactive approval is required due to administrative delays encountered during the signature routing process. Despite these clerical delays, immediate commencement of the performance period was necessary to secure specific facility dates and align with the availability of specialized university personnel.

3. Termination Date: **09/30/2026**Contract term: **191 days**4. Type of contract: **Interlocal Agreement**Contract description: **Indian Edu Summit**

5. Purpose of contract:

This is a new interlocal agreement to provide support for Native Youth Community Project conferences and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$52,000.00**

Other basis for payment: As invoiced by Vendor and accepted by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

he University of Nevada, Reno (UNR)'s Office of Indigenous Relations will support the Nevada Department of Education's (NDE) Annual Indian Education Summit and associated youth components by providing logistical support for the Native Youth Community Project (NYCP) events. This includes securing accessible and appropriate facilities to host the Annual Indian Education Summit and youth activities. This collaboration is designed to strengthen educational outcomes for American Indian/Alaska Native (AI/AN) students from early learning through postsecondary education to engage educators, tribal leaders, students, and community partners to better serve all students.

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 capacity to complete this work.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

In Accordance with NRS 277.180 the agency has contracted with the University of Nevada, Reno

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

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	04/13/2026 11:23:44 AM
Division Approval	psmorr1	04/13/2026 11:23:46 AM
Department Approval	psmorr1	04/13/2026 11:23:49 AM
Contract Manager Approval	khoy1	04/22/2026 08:48:14 AM
Budget Analyst Approval	vfajota	04/24/2026 10:43:47 AM

Joe Lombardo
Governor

Victor Wakefield, Ph.D.
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: Tiffany Greenameyer, Clerk of the Board, Board of Examiners

FROM: Megan Peterson, Deputy Superintendent, Student Investment Division *mp*

DATE: April 20, 2026

SUBJECT: Retroactive Memo for Interlocal Contract – Board of Regents, Nevada Systems of Higher Education on behalf of the University of Nevada, Reno

This memorandum formally requests retroactive approval of a Fiscal Year 2026 interlocal contract between the Nevada Department of Education (NDE) and the Board of Regents, Nevada System of Higher Education, on behalf of the University of Nevada, Reno (UNR). The contract is funded via Federal Grant Funds and carries a performance period of March 23, 2026, through September 30, 2026.

The contract provides essential logistical and facility support for the Annual Indian Education Summit and the Native Youth Community Project (NYCP). This partnership is a critical component of a broader initiative to improve educational outcomes for American Indian and Alaska Native (AI/AN) students.

Key objectives include:

- Logistical Support: Securing accessible, high-capacity facilities at UNR for summit activities and youth-centric programming.
- Stakeholder Engagement: Facilitating collaboration between educators, tribal leaders, and community partners to bridge gaps from early learning to postsecondary success.
- Programmatic Continuity: Ensuring the NYCP has the infrastructure necessary to engage students and community leaders effectively.

Retroactive approval is required due to administrative delays encountered during the signature routing process. Despite these clerical delays, immediate commencement of the performance period was necessary to secure specific facility dates and align with the availability of specialized university personnel.

Should you have any questions or require additional information regarding this request, please contact the NDE Contracts Unit at ndecontracts@doe.nv.gov or 775-687-9101.

cc: Victor Wakefield, Superintendent of Public Instruction
Torrey Palmer, Deputy Superintendent, Student Achievement Division
Julie Bowers, Education Programs Director, Office of Comprehensive Student Services

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30992**Amendment Number: **1**Legal Entity Name: **Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Contractor Name: **Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno**Agency Code: **300**Address: **1664 N VIRGINIA ST MS #124**Appropriation Unit: **2721-24**Is budget authority available?: **Yes**City/State/Zip: **Reno , NV 89557-0124**If "No" please explain: **Not Applicable**Contact/Phone: **775-784-6662**Vendor No.: **D35000816**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 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/25/2025**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/30/2027**Contract term: **2 years and 127 days**4. Type of contract: **Interlocal Agreement**Contract description: **Grad LVL OSRLE Cert**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides support for the development and implementation of a graduate-level course and certification program focused on trauma-informed home visiting practices. This amendment increases the maximum amount from \$113,051.56 to \$140,981.56 due to the addition of a new course.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$113,051.56	\$113,051.56	\$113,051.56	Yes - Action
2. Amount of current amendment (#1):	\$27,930.00	\$27,930.00	\$27,930.00	Yes - Info
3. New maximum contract amount:	\$140,981.56			

II. JUSTIFICATION

7. What conditions require that this work be done?

The contract supports the development and implementation of a graduate-level course and certification program focused on trauma-informed home visiting practices rooted in Bruce Perry's Neurosequential Model. The contract includes the costs for an expert in home visiting to develop the course as well as a graduate student. The costs include personnel, tuition reimbursement for the graduate student, and stipends for internships for students in the course. Key deliverables include course creation, field supervision, and integration of certification for up to 12 graduate students, as well as collaboration with community partners to reduce chronic absenteeism through evidence-based mental health and family engagement strategies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contract must comply with federal 2 CFR Part 200 as it is funded by the U.S. Department of Education grant under the Bipartisan Safer Communities Act (BSCA). All activities must align with the SCTAC grant's purpose of providing assistance and capacity building to high-need LEAs through evidence-based and absenteeism-reduction strategies. Any certification programs developed must meet academic standards and licensure requirements set by the Nevada System of Higher Education (NSHE) and align with allowable use of federal funds. Reporting and performance tracking must also meet SCTAC pragmatic and financial reporting standards. To meet the required standards the Department of Education must partner with NSHE 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. Solicitation Waiver: **Exempt (Per statute)**

- c. Why was this contractor chosen in preference to other?

NRS 277.180 - interlocal contract

- d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

47%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 with 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	04/21/2026 09:35:44 AM
Division Approval	psmorr1	04/21/2026 09:35:47 AM
Department Approval	psmorr1	04/21/2026 09:35:51 AM
Contract Manager Approval	khoy1	04/21/2026 09:55:31 AM
Budget Analyst Approval	vfajota	04/24/2026 10:10:20 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32234**Agency Name: **STATE PUBLIC CHARTER SCHOOL AUTHORITY**Agency Code: **315**Appropriation Unit: **2711-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BRUSTEIN & MANASEVIT DBA THE BRUMAN GROUP, PLLC**Contractor Name: **BRUSTEIN & MANASEVIT DBA THE BRUMAN GROUP, PLLC**Address: **1120 20TH ST NW LC1 STE 740**City/State/Zip: **WASHINGTON, DC 20036**Contact/Phone: **Tiffany W. Kessler 202/965-3652**Vendor No.: **T27009273**NV Business ID: **NV20141168490**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 %
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 **04/17/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2029**Contract term: **2 years and 290 days**4. Type of contract: **Contract**Contract description: **Attorney Services**

5. Purpose of contract:

This is a new contract to provide legal interpretations, advice, and guidance on education grant requirements and allowances.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,800.00**

Payment for services will be made at the rate of \$310.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The SPCSA was designated a Local Educational Agency (LEA) by legislation enacted during the 2019 session. This new designation and the fact that the SPCSA does not operate like the 17 other LEAs in Nevada has presented some challenges in administration of some education grants. It is critical that the SPCSA have access to legal interpretation and guidance on how to navigate and comply with specific grant requirements. The Bruman Group, PLLC is a nationally recognized law firm with subject matter expertise in the area federal education grants and can assist the SPCSA.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ attorneys with education grants expertise.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Pursuant to NAC 333.150(2)(b)(4), competitive selection for the award of this contract is not necessary.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has been engaged under contract with the Department of Education; services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Karie Sarabia, Administrative Assistant IV Ph: 775-531-3384

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shoh1	04/13/2026 14:30:46 PM
Division Approval	shoh1	04/13/2026 15:28:23 PM
Department Approval	shoh1	04/13/2026 15:28:25 PM
Contract Manager Approval	shoh1	04/13/2026 15:28:29 PM
Budget Analyst Approval	Iramire7	04/17/2026 10:10:08 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32248**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	Bethany Figueroa
Agency Code:	315	Contractor Name:	Bethany Figueroa
Appropriation Unit:	2711-04	Address:	1137 Suggs Pass
Is budget authority available?:	Yes	City/State/Zip	Mt Juliet, TN 37122
If "No" please explain:	Not Applicable	Contact/Phone:	951-505-6474
		Vendor No.:	TBD
		NV Business ID:	NV20263553242

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 % SPONSORSHIP
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 **04/30/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 62 days**4. Type of contract: **Contract**Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$1,500.00 per Application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency regularly maintains a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In reviewing charter school applications and amendments, it is important that an independent, third party perform a review in addition to SPCSA staff.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):

Gina Post
Meg Antoniono
Arlandra Parker

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	shoh1	04/16/2026 08:00:35 AM
Division Approval	ksabaria	04/29/2026 15:05:06 PM
Department Approval	Iramire7	04/29/2026 16:24:30 PM
Contract Manager Approval	Iramire7	04/29/2026 16:24:34 PM
Budget Analyst Approval	Iramire7	04/30/2026 15:57:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32239**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	GINA M. POST
Agency Code:	315	Contractor Name:	GINA M. POST
Appropriation Unit:	2711-04	Address:	162 RIVER RD
Is budget authority available?:	Yes	City/State/Zip	DETROINT, ME 04929
If "No" please explain:	Not Applicable	Contact/Phone:	GINA POST 207-487-1153
		Vendor No.:	T29052668
		NV Business ID:	NV20263560181

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 % SPONSORSHIP
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 **04/24/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 68 days**4. Type of contract: **Contract**Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$1,500.00 per application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency regularly maintains a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In reviewing charter school applications and amendments, it is important that an independent, third party perform a review in addition to SPCSA staff.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):

Arlandra Parker
Beth Figueroa
Meg Antoniono

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	shoh1	04/16/2026 08:08:44 AM
Division Approval	shoh1	04/20/2026 19:34:05 PM
Department Approval	shoh1	04/20/2026 19:34:08 PM
Contract Manager Approval	shoh1	04/20/2026 19:34:10 PM
Budget Analyst Approval	Iramire7	04/24/2026 14:46:35 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32257**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	PAC Legacy Group - Nevada, LLC
Agency Code:	315	Contractor Name:	PAC Legacy Group - Nevada, LLC
Appropriation Unit:	2711-04	Address:	1005 Terminal Way Ste 100
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	Meg Anotoniono 847-867-7945
		Vendor No.:	TBD
		NV Business ID:	NV20253350113

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 % SPONSORSHIP
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 **04/24/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 68 days**4. Type of contract: **Contract**Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$1,500.00 per application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency regularly maintains a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In reviewing charter school applications and amendments, it is important that an independent, third party perform a review in addition to SPCSA staff.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):

Gina Post
Tess Stovall
Beth Figueroa

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shoh1	04/20/2026 19:16:12 PM
Division Approval	shoh1	04/20/2026 19:16:14 PM
Department Approval	shoh1	04/20/2026 19:16:18 PM
Contract Manager Approval	shoh1	04/20/2026 19:16:22 PM
Budget Analyst Approval	Iramire7	04/24/2026 14:53:28 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32268**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	TESS STOVALL
Agency Code:	315	Contractor Name:	TESS STOVALL
Appropriation Unit:	2711-04	Address:	9424 CHENOWETH PL
Is budget authority available?:	Yes	City/State/Zip	BRENTWOOD, TN 37027-8701
If "No" please explain:	Not Applicable	Contact/Phone:	TESS STOVALL 615/727-2050
		Vendor No.:	T32007296
		NV Business ID:	NV20181550632

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 % SPONSORSHIP
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 **04/24/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 68 days**4. Type of contract: **Contract**Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$1,500.00 per application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency regularly maintains a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In reviewing charter school applications and amendments, it is important that an independent, third party perform a review in addition to SPCSA staff.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):

Meg Antoniono
Beth Figueroa
Arlandra Parker

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shoh1	04/20/2026 19:50:05 PM
Division Approval	shoh1	04/20/2026 19:50:07 PM
Department Approval	shoh1	04/20/2026 19:50:09 PM
Contract Manager Approval	shoh1	04/20/2026 19:50:12 PM
Budget Analyst Approval	Iramire7	04/24/2026 14:59:56 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32041**

Agency Name:	ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	Legal Entity Name:	HYATT CORPORATION dba
Agency Code:	332	Contractor Name:	HYATT CORPORATION dba
Appropriation Unit:	2891-12	Address:	Incline Village Hyatt Regency 111 COUNTRY CLUB DR
Is budget authority available?:	Yes	City/State/Zip	INCLINE VILLAGE, NV 84951
If "No" please explain:	Not Applicable	Contact/Phone:	775-832-1234
		Vendor No.:	T32016824
		NV Business ID:	NV19721002272

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/22/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/20/2026**Contract term: **28 days**4. Type of contract: **Contract**Contract description: **Summit Conference**

5. Purpose of contract:

This is a new contract to provide lodging and meeting space for the Nevada Libraries Directors' Summit in Incline Village, Nevada to provide professional learning, guest speakers, team-building activities, and collaboration opportunities for Nevada's library staff.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,790.54****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada State Library, Archives and Public Records conducts the Nevada Libraries Directors Summit to support professional learning, collaboration, and leadership development for library directors across the State of Nevada. Lodging and meeting space are required to host the event and accommodate participants attending the summit in Incline Village, Nevada. The contracted facility provides the necessary guest rooms, meeting space, and related services required to conduct the summit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees cannot provide lodging accommodations, conference facilities, or hospitality services required to host the Nevada Libraries Directors Summit. The event requires guest rooms, meeting space, and related services for participants attending the summit. These services must be provided by a licensed hospitality vendor with the facilities and capacity to host the event.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):

Incline Lodge
UNR lake Tahoe
Hyatt Incline

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Hyatt Regency Lake Tahoe was selected because it provides the necessary lodging, meeting space, and event services required to host the Nevada Libraries Directors Summit. The facility offers sufficient capacity to accommodate the expected number of attendees and provides scalable meeting and lodging options that support potential adjustments in attendance and programming needs. The vendor also offered government rates and the amenities necessary to support a multi-day professional development event.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	jvictor	03/12/2026 09:37:06 AM
Division Approval	rmill30	03/23/2026 14:41:01 PM
Department Approval	rmill30	03/23/2026 14:41:03 PM
Contract Manager Approval	ssands	04/22/2026 08:06:27 AM
Budget Analyst Approval	spowel3	04/22/2026 13:34:18 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32168**

Agency Name:	DHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	EXECUTIVE PEST SERVICES LLC
Agency Code:	406	Contractor Name:	EXECUTIVE PEST SERVICES LLC
Appropriation Unit:	3161-07	Address:	2120 JARDINE AVE
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89118
If "No" please explain:	Not Applicable	Contact/Phone:	Brian Holmes 702-321-9547
		Vendor No.:	
		NV Business ID:	NV20061525544

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 18720

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/29/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2028**Contract term: **2 years and 2 days**4. Type of contract: **Contract**Contract description: **Pest Control**

5. Purpose of contract:

This is a new contract to provide ongoing pest control services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,400.00**

Payment for services will be made at the rate of \$7,200.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission Accreditation Standards, pest control is required at Rawson Neal Hospital and the other SNAMHS campus buildings.

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 available with the training, equipment or 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):

RELIABLE PEST CONTROL
PREVENTATIVE PEST CONTROL
EXECUTIVE PEST SERVICES LLC

b. Solicitation 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: 03/02/2026 Anticipated re-bid date: 03/02/2029

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	msilzell	04/06/2026 10:17:36 AM
Division Approval	msilzell	04/06/2026 10:17:38 AM
Department Approval	msilzell	04/06/2026 10:17:40 AM
Contract Manager Approval	Istidha1	04/07/2026 10:06:37 AM
Budget Analyst Approval	rgiffor1	04/29/2026 09:10:03 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32122**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3228-42**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KPS/3**Contractor Name: **KPS/3**Address: **500 RYLAND ST STE 300**City/State/Zip: **RENO, NV 89502-1662**Contact/Phone: **CONNIE WEBER 775/686-7439**Vendor No.: **PUR0004720**NV Business ID: **NV19941094961**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 #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/24/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2026**Contract term: **159 days**4. Type of contract: **Other (include description): Service Agreement via 99SWC-NV23-17886**Contract description: **NVSNAC Web Enhanceme**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing and education services. This service agreement provides Nevada State Nutrition Action Council (NV SNAC) enhancements to the Nevada Division of Public and Behavioral Health Healthy Eating and Active Living Nevada website to integrate, organize, and make the NV SNAC initiatives publicly accessible as part of the Nevada Supplemental Nutrition Assistance Program-Education State Plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,950.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Human Services, Division of Social Services receives Federal funding from the USDA Food and Nutrition Services to implement educational programming for the Supplemental Nutrition Assistance Program (SNAP-Ed) in accordance with federal and state regulations and guidance. Program education supports the Nevada State Nutrition Action Council (NV SNAC) First Initiative, which addresses the lack of a centralized, publicly accessible location for evidence-based nutrition education and physical activity resources. This effort implements website enhancements to ensure resources are effectively organized and accessible to the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise to provide this service.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP # 99SWC-S2340 and in accordance with NRS 333. The stated Statewide contract is Permissive for State Agencies.

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:

KPS3 has been previously under contract with the Division of Social Services and provided satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Susana Angel, Health Program Specialist II Ph: 775-684-0695

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/07/2026 10:52:32 AM
Division Approval	cbuscay	04/07/2026 10:52:34 AM
Department Approval	rthomps1	04/17/2026 13:24:16 PM
Contract Manager Approval	mpomerle	04/20/2026 09:33:09 AM
EITS Approval	ljea	04/20/2026 11:46:42 AM
Budget Analyst Approval	khal5	04/24/2026 15:08:50 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32028**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3228-42**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SOCIAL ENTREPRENEURS, INC.**Contractor Name: **SOCIAL ENTREPRENEURS, INC.**Address: **6548 S MCCARRAN BLVD STE B**City/State/Zip: **RENO, NV 89509-6150**Contact/Phone: **Paul Pfothenauer 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 #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/24/2026**Anticipated BOE meeting date **04/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2026**Contract term: **159 days**4. Type of contract: **Other (include description): Statewide Contract 99SWC-NV23-17884**Contract description: **SNAP NVSNAC 26-27**

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 facilitation, implementation and monitoring of the Nevada State Nutrition Action Council FFY26 initiative through project management, communication, and support services to accomplish improved health of the Supplemental Nutrition Assistance Program recipients by providing nutrition education and obesity prevention strategies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

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 effective continuation of the Nevada State Nutrition Action Council (NV SNAC) initiative, established during federal fiscal year 2024 (FFY24), is a long-standing FNS expectation and approved deliverable due by September 2026.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise to provide this service.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

99SWC-NV23-17884 is Statewide Contract, which is permissive for state agencies.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor currently is under contract with the State of Nevada and other using agencies via 99SWC-NV23-17884.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Patricia Segura, Health Program Specialist II Ph: 775-684-0583

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/07/2026 10:52:14 AM
Division Approval	cbuscay	04/07/2026 10:52:17 AM
Department Approval	rthomps1	04/08/2026 09:29:55 AM
Contract Manager Approval	mpomerle	04/08/2026 15:46:17 PM
Budget Analyst Approval	khal5	04/24/2026 16:03:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31809**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **3238-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NINTH JUDICIAL DISTRICT COURT - DOUGLAS COUNTY**Contractor Name: **NINTH JUDICIAL DISTRICT COURT - DOUGLAS COUNTY**Address: **1038 BUCKEYE RD**City/State/Zip: **MINDEN, NV 89423**Contact/Phone: **775/782-9965**Vendor No.: **T40174400D**NV Business ID: **GOV'T ENTITY**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 % Fees 0.00 %

X Federal Funds **66.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **34.00 % County**

Agency Reference #: 407

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Judicial Officer**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Judicial Officer and Court Services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,540.00**

Other basis for payment: Actual per invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that the Division attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a function performed by the Judges/Judicial Officers in the Judicial District Courts.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Kiersten Gallagher, Chief, Child Support Enforcement Program Ph: 702-486-1068

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/13/2026 15:57:27 PM
Division Approval	cbuscay	04/13/2026 15:57:29 PM
Department Approval	rthomps1	04/14/2026 11:00:50 AM
Contract Manager Approval	mpomerle	04/24/2026 16:00:35 PM
Budget Analyst Approval	khal5	05/05/2026 16:48:12 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32069**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3229-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Bamboo Sunrise LLC**Contractor Name: **Bamboo Sunrise LLC**Address: **98 E. Lake Mead Pkwy. Ste. 201**City/State/Zip: **Henderson, NV 89015**Contact/Phone: **Michale Flynn 702-433-3038**Vendor No.: **T32014184**NV Business ID: **NV20111717709**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	76.00 %	Fees	0.00 %
X	Federal Funds	24.00 %	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 **05/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **60 days**4. Type of contract: **Contract**Contract description: **Specialized Foster**

5. Purpose of contract:

This is a new contract to provide ongoing specialized foster care for youth.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,626.56**

Payment for services will be made at the rate of \$144.48 per Day

Other basis for payment: \$144.48 x 2 youth = \$288.96 per day x 61 days = \$17,626.56

II. JUSTIFICATION

7. What conditions require that this work be done?

Children with higher level needs and with an Severe Emotional Disturbance diagnosis or multiple diagnoses need to be placed in Specialized Foster Homes because they have the extensive training necessary to handle this population.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees cannot provide specialized housing and therapy for children with Severe Emotional Disturbance.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor already has youth placements through a Direct Client Services agreement. They were unable to complete their submission in time for renewal. This contract is to ensure placement is not disrupted due to service agreement expiration.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has been under contract with the Division since 2023. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Maria Hickey, Social Services Prgm Spec 3 Ph: 775-684-1975

Thomas Milazzo, Fiscal Monitor Ph: 775-684-0273

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tmilazz1	04/06/2026 14:50:11 PM
Division Approval	sknigge	04/23/2026 15:52:28 PM
Department Approval	dfrohlic	04/27/2026 08:37:18 AM
Contract Manager Approval	sknigge	04/27/2026 10:18:52 AM
Budget Analyst Approval	mgassawa	04/29/2026 10:03:23 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32067**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3229-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: New Vista Ranch, Inc.

Contractor Name: **New Vista Ranch, Inc.**Address: **3606 N. Rancho Drive Ste. 102**City/State/Zip: **Las Vegas, NV 89130**

Contact/Phone: Archie McArthur 702-724-8022

Vendor No.: T81025989

NV Business ID: NV19861013178

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	76.00 %	Fees	0.00 %
X	Federal Funds	24.00 %	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 **05/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **60 days**4. Type of contract: **Contract**Contract description: **Specialized Foster**

5. Purpose of contract:

This is a new contract to provide ongoing specialized foster care for youth.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,400.00**

Payment for services will be made at the rate of \$400.00 per Day

Other basis for payment: \$400/day x 61 days = \$24,400

II. JUSTIFICATION

7. What conditions require that this work be done?

Children with higher level needs, severe autism and/or with a severe emotional disturbance (SED) diagnosis or multiple diagnoses need placement into Specialized Foster Homes because these homes have the extensive training necessary to handle this population.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees cannot provide specialized housing and/or therapy for children with SED/Autism.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor already has a youth placement through a Direct Client Services agreement. They were unable to complete their submission in time for renewal. This contract is to ensure the placement is not disrupted due to service agreement expiration.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has been under contract with the Division since January 2026. 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:

Maria Hickey, Social Services Pgrm Spec. 3 Ph: 775-684-1975

Thomas Milazzo, Fiscal Monitor Ph: 775-684-0273

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tmilazz1	04/06/2026 14:51:00 PM
Division Approval	sknigge	04/23/2026 16:24:09 PM
Department Approval	dfrohlic	04/27/2026 08:37:37 AM
Contract Manager Approval	sknigge	04/27/2026 10:22:50 AM
Budget Analyst Approval	mgassawa	04/29/2026 10:25:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32090**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3263-36**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Stuyvesant & Mercier Limited Liability Company**Contractor Name: **Stuyvesant & Mercier Limited Liability Company**Address: **177 Cadillac Place**City/State/Zip: **Reno, NV 89509**Contact/Phone: **Robert Stuyvesant 775-827-7500**Vendor No.: **T80948309**NV Business ID: **NV19931000550**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	50.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	50.00 % County Reimbursements

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 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Mental Health Svcs**

5. Purpose of contract:

This is a new contract to provide therapeutic treatment and evaluations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,280.00**

Other basis for payment: Per Attachment AA; anticipated to be: 18,720 Counseling + \$1,800 SOSE + \$1,800 Risk + \$2,500 Abel=\$24,820/ yr x 4 yrs

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division requires a contract to provide specialized clinical and assessment services that are beyond the scope of current staff expertise and capacity. These services are essential to meeting statutory requirements, ensuring community safety, and supporting the rehabilitation and treatment needs of individuals under supervision.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have this skills or experience to provide this type of service.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Sapience Practice
Steven Ing
Robert Stuyvesant

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the only vendor to provide a respond that will meet the needs of the agency.

d. Last bid date: 03/05/2026 Anticipated re-bid date: 02/01/2030

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?

Yes If "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 worked with the Division since 1999. 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:

Brian Dahlberg, Fiscal Monitor Ph: null

Stephanie Henderson, Program Monitor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bdahlber	03/24/2026 09:10:19 AM
Division Approval	sknigge	04/13/2026 13:27:31 PM
Department Approval	dfrohlic	04/14/2026 10:28:13 AM
Contract Manager Approval	sknigge	04/14/2026 12:31:51 PM
Budget Analyst Approval	mgassawa	04/20/2026 15:59:20 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31971**

Agency Name:	DHS - CHILD AND FAMILY SERVICES	Legal Entity Name:	A-1 Mechanical, Inc.
Agency Code:	409	Contractor Name:	A-1 Mechanical, Inc.
Appropriation Unit:	3646-07	Address:	5985 Polaris Ave
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89118
If "No" please explain:	Not Applicable	Contact/Phone:	Victor Waisanen 702-363-6222
		Vendor No.:	T32004626
		NV Business ID:	NV20031352518

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	60.00 %	Fees	0.00 %
X	Federal Funds	40.00 %	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 **04/30/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/28/2030**Contract term: **3 years and 305 days**4. Type of contract: **Contract**Contract description: **Electrical Services**

5. Purpose of contract:

This is a new contract to provide ongoing electrical inspections, repairs and maintenance services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,000.00**

Other basis for payment: Per Attachment AA - Scope of Work and Payment Schedule (anticipated need of \$11,000 per year x 4years)

II. JUSTIFICATION

7. What conditions require that this work be done?

It is important to maintain the electrical systems to ensure the safety of the clients and staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No employees have the necessary tools or experience.

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):

Precision Electric
G3 Electrical
A-1 Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was chosen for their experience, quality of work, knowledge of the facility and quick response times.

d. Last bid date: 12/30/2025 Anticipated re-bid date: 12/28/2029

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:

Vendor has been under contract with the Division 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:

Christopher Berg, Facility Supervisor 2 Ph: 702-622-7919

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	03/02/2026 15:36:48 PM
Division Approval	sknigge	04/27/2026 08:40:55 AM
Department Approval	dfrohlic	04/27/2026 13:02:03 PM
Contract Manager Approval	sknigge	04/27/2026 13:02:12 PM
Budget Analyst Approval	mgassawa	04/30/2026 13:25:58 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31917**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3646-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Anytime Plumbing, LLC

Contractor Name: **Anytime Plumbing, LLC**Address: **4690 W. Post Rd. Unit 130**City/State/Zip: **Las Vegas, NV 89118**

Contact/Phone: Dalinda Hairston 702-362-9300

Vendor No.: T32018330

NV Business ID: NV20222570469

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	60.00 %	Fees	0.00 %
X	Federal Funds	40.00 %	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 **04/27/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2030**Contract term: **3 years and 339 days**4. Type of contract: **Contract**Contract description: **Plumbing Services**

5. Purpose of contract:

This is a new contract to provide ongoing plumbing services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,000.00**

Other basis for payment: Per Attachment AA; anticipated to be approximately \$24,000 per year x 4 years

II. JUSTIFICATION

7. What conditions require that this work be done?

Plumbing services are necessary for the health and wellbeing of clients, staff and visitors.

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):

Precision Plumbing
Anytime Plumbing
Sin City Plumbingb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor had the lowest rates for service.

d. Last bid date: 02/04/2026 Anticipated re-bid date: 01/28/2030

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has been under contract with the agency since 2014. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Christopher Berg, Facility Supervisor 2 Ph: 702-622-7919

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	03/04/2026 08:12:35 AM
Division Approval	sknigge	03/17/2026 10:19:00 AM
Department Approval	dfrohlic	04/08/2026 11:50:04 AM
Contract Manager Approval	dfrohlic	04/20/2026 15:36:50 PM
Budget Analyst Approval	mgassawa	04/27/2026 10:49:47 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32340**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	ALL CLEAN TECHNOLOGY LLC
Agency Code:	431	Contractor Name:	ALL CLEAN TECHNOLOGY LLC
Appropriation Unit:	3650-07	Address:	6437 HOME RUN DRIVE
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89130
If "No" please explain:	Not Applicable	Contact/Phone:	KEN FELLOWS 702-869-5828
		Vendor No.:	T32012484
		NV Business ID:	NV20101342604

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 **05/07/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/24/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Polish Concrete**

5. Purpose of contract:

This is a new contract to provide concrete polishing in the drill hall and hallways for the Clark County Armory.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,223.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Polishing the concrete floors in the drill hall and hallways at CCA.

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 skill set 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):

Ocean Clean Detailers
JCSLV LLC
All Clean Technologyb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor presented the best proposal for the work needed. After scoring the proposals, All Clean Technology had the best score.

d. Last bid date: 03/06/2026 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?

Yes If "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 our agency, (26261 and 26263). Did 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	04/27/2026 16:20:27 PM
Division Approval	csnido1	04/27/2026 16:20:29 PM
Department Approval	ctyle1	04/28/2026 10:58:00 AM
Contract Manager Approval	csnido1	05/05/2026 10:11:44 AM
Budget Analyst Approval	Iramire7	05/07/2026 15:33:04 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32171**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	AMERICAN LAWN AND LANDSCAPING LLC
Agency Code:	431	Contractor Name:	AMERICAN LAWN AND LANDSCAPING LLC
Appropriation Unit:	3650-07	Address:	3810 FAIRVIEW ROAD
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? **2026-2028**

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 #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/09/2028**Contract term: **1 year and 338 days**4. Type of contract: **Contract**Contract description: **Landscape**

5. Purpose of contract:

This is a new contract to provide installation, repair or maintenance for the irrigation system and thatching for the Carlin facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,165.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Installation, repair or maintenance needs on the irrigation and thatching for the Carlin 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 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 & Landscaping
Ruby Rose
American Lawn and Landscaping
b. Solicitation 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: 03/30/2026 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?

Yes If "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, 30470 and 31110). 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:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	04/02/2026 11:16:13 AM
Division Approval	csnido1	04/02/2026 11:16:15 AM
Department Approval	csnido1	04/02/2026 11:16:17 AM
Contract Manager Approval	csnido1	05/04/2026 15:35:23 PM
Budget Analyst Approval	Iramire7	05/07/2026 15:15:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32143**Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD**Agency Code: **431**Appropriation Unit: **3650-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BRIGGS ELECTRIC, INC.**Contractor Name: **BRIGGS ELECTRIC, INC.**Address: **5111 CONVAIR DRIVE**City/State/Zip: **CARSON CITY, NV 89706-0426**Contact/Phone: **MELISA FARRELL 775-887-9901**Vendor No.: **T81091747A**NV Business ID: **NV19961075756**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 **04/14/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/01/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Electrical Circuit**

5. Purpose of contract:

This is a new contract to provide a new electrical circuit installation at the Carson City location.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,915.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Installation of a new electrical circuit for the G1 office at OTAG.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools nor expertise 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):

**Intermountain Electric
Briggs Electric
AM Smith Electric**
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor had the best price for the work needed.

d. Last bid date: 03/18/2026 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?

Yes If "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 contracts previously, (29902 and 31754) and did 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:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	03/30/2026 16:32:06 PM
Division Approval	csnido1	03/30/2026 16:32:08 PM
Department Approval	csnido1	03/30/2026 16:32:11 PM
Contract Manager Approval	csnido1	04/01/2026 10:50:27 AM
Budget Analyst Approval	Iramire7	04/14/2026 11:32:17 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32237**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	GARRATT-CALLAHAN COMPANY
Agency Code:	431	Contractor Name:	GARRATT-CALLAHAN COMPANY
Appropriation Unit:	3650-07	Address:	50 INGOLD ROADD
Is budget authority available?:	Yes	City/State/Zip	BURLINGAME, CA 94010-2206
If "No" please explain:	Not Applicable	Contact/Phone:	TRACY BOCKELMAN 650-697-5811
		Vendor No.:	T81091351
		NV Business ID:	NV20121688270

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	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 **04/28/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/09/2030**Contract term: **3 years and 347 days**4. Type of contract: **Contract**Contract description: **Water Treatment**

5. Purpose of contract:

This is a new contract to provide ongoing water treatment services for the southern Nevada locations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,600.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Water treatment of the southern Nevada facilities making sure of optimal performance and regulatory compliance of the closed loops and cooling towers.

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 skill set nor knowledge 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):

American Water Treatment
Aqua Serv
Garratt Callahanb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted the best price for the work needed.

d. Last bid date: 03/31/2026 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:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	04/13/2026 16:38:24 PM
Division Approval	csnido1	04/13/2026 16:38:27 PM
Department Approval	csnido1	04/23/2026 16:12:55 PM
Contract Manager Approval	csnido1	04/23/2026 16:12:58 PM
Budget Analyst Approval	Iramire7	04/28/2026 11:40:09 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32360**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	KAP MECHANICAL SERVICES, LLC
Agency Code:	431	Contractor Name:	KAP MECHANICAL SERVICES, LLC
Appropriation Unit:	3650-28	Address:	809 INDUSTRIAL WAY
Is budget authority available?:	Yes	City/State/Zip	ELKO, NV 89801-4875
If "No" please explain:	Not Applicable	Contact/Phone:	JENNIFER LICKLY 775-738-1908
		Vendor No.:	T29037732
		NV Business ID:	NV20051780465

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 #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years and 55 days**4. Type of contract: **Contract**Contract description: **Concrete Services**

5. Purpose of contract:

This is a new contract to provide concrete repair services at the Carlin facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To provide the necessary as needed concrete repairs at the Carlin facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees to not have the skillset nor tools 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):

**Big 7 Modern Concrete
NNE Construction****KAP Mechanical**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted the only bid and best suited for the work needed.

d. Last bid date: 04/17/2026 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	04/29/2026 16:23:24 PM
Division Approval	csnido1	04/29/2026 16:23:28 PM
Department Approval	ctyle1	04/30/2026 11:04:37 AM
Contract Manager Approval	csnido1	05/04/2026 15:36:02 PM
Budget Analyst Approval	Iramire7	05/07/2026 15:20:27 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32123**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: MESA ENERGY SYSTEMS, INC.
Agency Code: 431	Contractor Name: MESA ENERGY SYSTEMS, INC.
Appropriation Unit: 3650-19	Address: 2 CROMWELL
Is budget authority available?: Yes	City/State/Zip: IRVINE, CA 92618
If "No" please explain: Not Applicable	Contact/Phone: CHRIS HAMBURGER 775-358-0132
	Vendor No.: T27027115
	NV Business ID: NV20071267110

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	25.00 %	Fees	0.00 %
X Federal Funds	75.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2030**Contract term: **3 years and 352 days**4. Type of contract: **Contract**Contract description: **HVAC Controls**

5. Purpose of contract:

This is a new contract to provide maintenance and repair for the heating, ventilation and air conditioning (HVAC) for the Carlin facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,797.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is to ensure the HVAC system is working properly with the maintenance and repair needed for the system.

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 skill set nor knowledge 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):

**Genesys Cloud Services
Mesa Energy Systems
Cloud Solutions**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted the best price for the work needed.

d. Last bid date: 03/05/2026 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:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	03/27/2026 11:59:34 AM
Division Approval	csnido1	03/27/2026 11:59:35 AM
Department Approval	csnido1	03/27/2026 11:59:38 AM
Contract Manager Approval	csnido1	04/01/2026 10:50:56 AM
Budget Analyst Approval	Iramire7	04/14/2026 11:07:52 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31700**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3710-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Thermogenics LLC

Contractor Name: **Thermogenics LLC**Address: **Pyro Combustion & Controls
2969 S Highland Dr.**City/State/Zip: **Las Vegas, NV 89109**

Contact/Phone: Annie Caraboolad 702-384-797

Vendor No.: T27010089

NV Business ID: NV20041406870

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 **05/08/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **53 days**4. Type of contract: **Contract**Contract description: **Boiler install**

5. Purpose of contract:

This is a new contract to provide the installation of two previously purchased boilers at Casa Grande Transitional Housing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,345.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The boilers are failing at Casa Grande Transitional Housing and need to be replaced. NDOC has purchased 2 new boilers. This contract provides the authority for the boilers to be professionally installed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC does not have qualified personnel to perform this work. No state agency offers this service.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Desert Boiler
Bombard Boiler
Pyro Combustionb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mschobe2	05/05/2026 08:45:16 AM
Division Approval	carnol1	05/05/2026 08:46:09 AM
Department Approval	carnol1	05/06/2026 10:50:46 AM
Contract Manager Approval	blewalle	05/06/2026 10:54:38 AM
Budget Analyst Approval	vyoungb	05/08/2026 15:10:23 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32375**

Agency Name:	DEPARTMENT OF CORRECTIONS	Legal Entity Name:	Department of Conservation & Natural Resources
Agency Code:	440	Contractor Name:	Department of Conservation & Natural Resources
Appropriation Unit:	All Budget Accounts - Category 00	Address:	Nevada Division of Forestry 901 S Stewart St. Suite 1001
Is budget authority available?:	Yes	City/State/Zip	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	Andrew Porter 775-684-2025
		Vendor No.:	Govt.Entity
		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 %
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 **05/08/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 54 days**4. Type of contract: **Interlocal Agreement**Contract description: **NDF Inmate Labor**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing inmate camp and fire labor.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$92,448.84****II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 209.457 requires the State Forester Fire Warden, in cooperation with NDOC to establish and carry out a program of conservation camps in the State. This program allows for the use of minimum-security inmates to perform work relating to firefighting, forestry conservation, public safety and other work projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 209.457 allows for the Forestry Division to use offenders who are in custody of the department and are eligible for assignment to a facility of minimum security.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is an Interlocal Agreement and is maintained per NRS 209.457.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	05/04/2026 11:06:58 AM
Division Approval	carnol1	05/04/2026 11:07:01 AM
Department Approval	carnol1	05/04/2026 11:10:51 AM
Contract Manager Approval	blewalle	05/04/2026 11:26:01 AM
Budget Analyst Approval	vyoungb	05/08/2026 15:14:33 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32092**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4551-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SMITH POWER PRODUCTS, INC.**Contractor Name: **SMITH POWER PRODUCTS, INC.**Address: **3065 W California Ave**City/State/Zip: **SALT LAKE CITY, UT 84104**Contact/Phone: **801/415-5000**Vendor No.: **PUR0000524**NV Business ID: **NV19811005887**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 % various**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 26-43

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/22/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2030**Contract term: **4 years and 9 days**4. Type of contract: **Contract**Contract description: **Vehicle/equip repair**

5. Purpose of contract:

This is a new contract to provide maintenance and repair for vehicles and heavy equipment for the office located in the Elko.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Heavy equipment, vehicles and equipment need regular service and repairs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This work would be beyond the scope of NDA Staff, due to lack of facilities, equipment and tooling.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is the only vendor in Elko for big truck repairs and heavy equipment.

- d. Last bid date: Anticipated re-bid date:
10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	jwilkin3	03/25/2026 12:20:49 PM
Division Approval	jwilkin3	03/25/2026 12:20:52 PM
Department Approval	cbalcon	04/14/2026 12:07:59 PM
Contract Manager Approval	jfromm	04/14/2026 13:01:58 PM
Budget Analyst Approval	dspeed1	04/22/2026 11:08:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31886**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4554-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Crystal Clear Ice & Snow LLC**Contractor Name: **Crystal Clear Ice & Snow LLC**Address: **119 Lori Lane**City/State/Zip: **Elko, NV 89801**Contact/Phone: **775-338-7937**Vendor No.: **T32018773**NV Business ID: **NV20243246758**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 % Cost Allocation

Agency Reference #: **26-38**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/28/2030**Contract term: **3 years and 322 days**4. Type of contract: **Contract**Contract description: **Landscape Maint**

5. Purpose of contract:

This is a new contract to provide ongoing landscape maintenance, snow and ice removal to the Nevada Department of Agriculture Elko facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,223.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The building occupied by the Nevada Department of Agriculture in Elko, Nevada requires periodic services in order to maintain the surrounding landscaping

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The NDA does not have staff or equipment to perform landscape duties and snow removal.

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):

**Crystal Clear Ice & Snow, LLC
Ruby Rose Landscape and Tree
HDL Seviles**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is the only one to provide a proposal.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	cbalcon	04/06/2026 11:29:19 AM
Division Approval	cbalcon	04/06/2026 11:29:21 AM
Department Approval	cbalcon	04/06/2026 11:29:23 AM
Contract Manager Approval	jfromm	04/06/2026 11:57:39 AM
Budget Analyst Approval	dspeed1	04/13/2026 11:21:01 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31141**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4554-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Mesa Energy Systems, Inc

Contractor Name: **MESA ENERGY SYSTEMS, INC.**Address: **155 GLENDALE AVENUE
UNIT 13**City/State/Zip: **SPARKS, NV 89431**

Contact/Phone: ERIC JAMES 7753580132

Vendor No.: T27027115

NV Business ID: NV20071267110

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 % COST ALLOCATIONS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/27/2026**

Anticipated BOE meeting date 06/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**Contract term: **3 years and 218 days**4. Type of contract: **Contract**Contract description: **HVAC Preventative Ma**

5. Purpose of contract:

This is a new contract to provide preventative maintenance and repair services for heating, ventilation, and air conditioning systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$94,823.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Contract(s) will require one (1) annual service and three (3) periodic services per year. NDA is requiring a quarterly service record which will include a checklist upon each completed service appointment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees cannot perform this work due to the need for specialized skills in HVAC

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

LEGAL NAME DOING BUSINESS AS

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	11/12/2025 10:32:18 AM
Division Approval	jwilkin3	11/12/2025 10:32:22 AM
Department Approval	cbalcon	11/12/2025 12:11:56 PM
Contract Manager Approval	jfromm	11/12/2025 13:02:45 PM
Budget Analyst Approval	dspeed1	04/27/2026 17:15:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32021**

Agency Name: DPS-DIRECTOR'S OFFICE	Legal Entity Name: International Association for Property and Evidence
Agency Code: 650	Contractor Name: International Association for Property and Evidence
Appropriation Unit: 4703-29	Address: 370 West Lutge Avenue
Is budget authority available?: Yes	City/State/Zip: Burbank, CA 91506
If "No" please explain: Not Applicable	Contact/Phone: Joe Latta 818-731-8181
	Vendor No.:
	NV Business ID: NV19931031026

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 **05/01/2026**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Vault Accreditation**

5. Purpose of contract:

This is a new contract to provide comprehensive accreditation to the Nevada State Police property and evidence rooms.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,100.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Property and evidence room accreditation ensures integrity, legal compliance, and operational efficiency, significantly reducing liability for law enforcement agencies. It establishes standardized procedures for handling, storing, and purging evidence, which enhances courtroom testimony credibility and builds public trust. Key benefits include improved safety, reduced risk of loss/contamination, and increased efficiency

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

International Association for Property and Evidence
ANSI National Accreditation Board, LLC
CALEA

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor offered the type of services the department was looking for and had 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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	03/19/2026 14:49:01 PM
Division Approval	cjackson	03/19/2026 14:49:07 PM
Department Approval	mcosenti	03/24/2026 07:26:06 AM
Contract Manager Approval	mcosenti	05/01/2026 07:45:38 AM
Budget Analyst Approval	tsmorra	05/01/2026 11:22:31 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31843**Agency Name: **DPS-HIGHWAY PATROL**Agency Code: **651**Appropriation Unit: **4713-42**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Boulder Crest Foundation**Contractor Name: **Boulder Crest Foundation**Address: **33735 Snickersville Turnpike**City/State/Zip: **Bluemont, VA 20135**Contact/Phone: **Robert Brandt 540-554-2727**Vendor No.: **T32018978**NV Business ID: **NV20263525018**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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2026**Anticipated BOE meeting date **06/2026**Retroactive? **Yes**

If "Yes", please explain

Due to delays in the initial funding of the grant, the timeframe available under this contract to conduct the classes in Reno, Elko, and Las Vegas was significantly shortened. The original submission was also returned for corrections, which further delayed the process in the execution of the contract.

3. Termination Date: **06/30/2026**Contract term: **85 days**4. Type of contract: **Contract**Contract description: **Mental Health/Well**

5. Purpose of contract:

This is a new contract to provide post-traumatic growth training tailored for first responder personnel and professional staff.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Struggle Well program has a demonstrated record of successful implementation within law enforcement agencies. Records show measurable improvements in officer well-being, peer engagement, leadership effectiveness, and organizational culture following program implementation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DPS employees, currently, do not have the expertise to perform this work.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Boulder Crest Foundation
Nancy K. Bohl Inc.
Psychological Consulting Associated, Inv

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor selected was the lowest bidder by approximately 200%

d. Last bid date: 02/06/2026 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:

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:

Kasen Cornmesser, Contract Manager-NHP Ph: 775-684-4869

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mcosenti	04/15/2026 08:57:42 AM
Division Approval	mcosenti	04/15/2026 08:57:45 AM
Department Approval	jramo3	04/16/2026 11:31:31 AM
Contract Manager Approval	mcosenti	04/16/2026 13:36:57 PM
Budget Analyst Approval	tsmorra	04/17/2026 13:50:07 PM

Joe Lombardo
Governor



George Togliatti
Director

Kristi Defer
Deputy Director

Michael Edgell
Colonel

**Nevada Highway Patrol
Headquarters**

555 Wright Way
Carson City, Nevada 89711
Telephone (775) 687-5300 / Fax (775) 684-4379

Memorandum

DATE: April 16, 2026

TO: Tiffany Greenameyer, Governor's Finance Office

THRU: Tiffany Smorra, Executive Branch Budget Officer, Governor's Finance Office

FROM: Crystal Novotny, Administrative Services Officer III

SUBJECT: Retroactive Contract

Attached is a draft of the new contract between the Nevada Highway Patrol (NHP) and Boulder Crest Foundation, for which we are requesting retroactive approval.

Due to delays in the initial funding of the grant, the timeframe available under this contract to conduct the classes in Reno, Elko, and Las Vegas was significantly shortened. The original submission was also returned for corrections, which further delayed the process in the execution of the contract. Therefore, we are requesting that the contract be made retroactive to April 6, 2026.

Your consideration in approval of this retroactive contract is greatly appreciated. Please contact me if you have any questions or if I can be of any assistance.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31813**Agency Name: **DPS-HIGHWAY PATROL**Agency Code: **651**Appropriation Unit: **4713-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Worldwide Environmental Products, Inc.

Contractor Name: **Worldwide Environmental Products, Inc.**Address: **1100 W. Beacon Street**City/State/Zip: **Brea, CA 92821**

Contact/Phone: James Delaney 714-990-2700

Vendor No.: PUR0003483

NV Business ID: NV20011342050

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 %

X Highway Funds **100.00 %** Other funding 0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2030**Contract term: **3 years and 346 days**4. Type of contract: **Contract**Contract description: **EIS Analyzers**

5. Purpose of contract:

This is a new contract to provide maintenance, service, support, training, and software/hardware updates for the Emissions Inspection System / On Board Diagnostics-II Integrated Analyzers used by the Nevada Highway Patrol Fleet Operations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,792.00**

Payment for services will be made at the rate of \$7,948.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

EIS/OBD-II Integrated Analyzers are utilized by fleet personnel to conduct emissions testing on all fleet vehicles operated by both sworn and civilian staff, ensuring compliance with Nevada registration requirements. To maintain the accuracy and reliability of test results, EIS analyzer equipment must be properly maintained, serviced, and repaired as needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There, currently, are not any State employees that can provide the support, training, and software/hardware update requirements for the Emissions Inspection System (EIS)/OBD-II Integrated Analyzers9. 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):

Skill Spectrum Consulting LLC
LETA Bids LLC
Capital City Auto Parks, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Worldwide Environmental Products, Inc. was the sole vendor to submit a bid in response to the solicitation.

d. Last bid date: 01/19/2026 Anticipated re-bid date: 01/07/2030

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NHP Fleet Services has utilized Worldwide Environmental in the past. 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:

Kasen Cornmesser, NHP Contract Manager Ph: 775-684-4869

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	03/19/2026 08:05:32 AM
Division Approval	jramo3	04/16/2026 12:03:41 PM
Department Approval	jramo3	04/16/2026 12:14:30 PM
Contract Manager Approval	mcosenti	04/16/2026 13:53:27 PM
Budget Analyst Approval	tsmorra	04/20/2026 09:50:07 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32238**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: Albert Scott Longoria, Longoria Services

Contractor Name: **Albert Scott Longoria, Longoria Services**Address: **2630 Blitzen Rd**City/State/Zip: **South Lake Tahoe, CA 96150**

Contact/Phone: 775-721-8664

Vendor No.:

NV Business ID: NV20212067804

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 **04/28/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/01/2027**Contract term: **1 year and 187 days**4. Type of contract: **Revenue Contract**Contract description: **SCUP CR Boat launch**

5. Purpose of contract:

This is a new revenue contract to provide storage boat launch and retrieval at Cave Rock State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

SPECIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL 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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	04/14/2026 08:50:40 AM
Division Approval	ethick1	04/14/2026 08:50:51 AM
Department Approval	ethick1	04/14/2026 08:50:53 AM
Contract Manager Approval	ethick1	04/14/2026 08:50:54 AM
Budget Analyst Approval	rmayhall	04/28/2026 11:34:33 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32216**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Tahoe Tony LLC DBA Day Go Adventures and Tahoe Paddlesports

Contractor Name: **Tahoe Tony LLC DBA Day Go Adventures and Tahoe Paddlesports**Address: **PO BOX 2014**City/State/Zip: **STATELINE, NV 89449**

Contact/Phone: 775-450-4757

Vendor No.:

NV Business ID: NV20201807343

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/28/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2026**Contract term: **247 days**4. Type of contract: **Revenue Contract**Contract description: **SCUP SH Tours**

5. Purpose of contract:

This is a new revenue contract to provide guided tours at Sand Harbor and Spooner Lake State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

SPECIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL USE PERMIT9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 LLC

16. a. Is the Contractor Name the same as the legal Entity Name?
 Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
 Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	04/09/2026 13:37:51 PM
Division Approval	ethick1	04/09/2026 13:37:53 PM
Department Approval	ethick1	04/09/2026 13:38:26 PM
Contract Manager Approval	ethick1	04/09/2026 13:38:29 PM
Budget Analyst Approval	rmayhall	04/28/2026 11:15:59 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32174**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4605-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **OVERTON POWER DISTRICT #5**Contractor Name: **OVERTON POWER DISTRICT #5**Address: **PO BOX 395**City/State/Zip: **OVERTON, NV 89040-0395**Contact/Phone: **702/397-2512**Vendor No.: **T80720450**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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Southern Region Surcharge

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/04/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2026**Contract term: **180 days**4. Type of contract: **Interlocal Agreement**Contract description: **VOF WE Elec Upgrade**

5. Purpose of contract:

This is a new interlocal agreement to provide electrical upgrades at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Electrical upgrades are needed at the west entrance of Valley of Fire State Park.

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 to complete this project.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	04/02/2026 11:58:51 AM
Division Approval	ethick1	04/02/2026 12:04:44 PM
Department Approval	ethick1	04/02/2026 12:04:46 PM
Contract Manager Approval	ethick1	04/02/2026 12:04:48 PM
Budget Analyst Approval	rmayhall	05/04/2026 09:23:33 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32132**

Agency Name:	DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name:	ATKINSREALIS USA INC.
Agency Code:	705	Contractor Name:	ATKINSREALIS USA INC.
Appropriation Unit:	4171-17	Address:	10615 Professional Circle Suite 106
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89521
If "No" please explain:	Not Applicable		
		Contact/Phone:	Brenda Eno 7757899821
		Vendor No.:	T81050116C
		NV Business ID:	NV19981347315

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/23/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **68 days**4. Type of contract: **Contract**Contract description: **Project Management**

5. Purpose of contract:

This is a new contract to provide a needs assessment of the National Flood Insurance Program Coordination including strategy development and implementation guidelines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000.00**

Payment for services will be made at the rate of \$21,000.00 per completion of deliverables

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Water Resources (NDWR) Floodplain Management Program is responsible for developing National Flood Insurance Program (NFIP) training materials focused on Floodplain Management 101 and Duties of the Local Floodplain Administrator. These materials will be used to train local floodplain managers across Nevada who oversee floodplain management in their communities. Additionally, the program is creating a Nevada After the Flood Quick Guide to provide residents with step-by-step instructions on what to do if they are affected by flooding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees within our agency, or other state agencies, are unable to perform this work due to the project's specialized nature.

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):

Sarpong FPM
Forerunner
Atkins Realis

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Agency received two proposals during RFP, this vendor was selected with the only complete submittal.

d. Last bid date: 03/13/2026 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Last contract with Water Resources ended on March 31, 2025. Vendor performance was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Sarah Fichtner, State Floodplain Mgr Ph: 7756842886

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	04/06/2026 08:14:55 AM
Division Approval	jidema	04/15/2026 13:36:35 PM
Department Approval	mweyland	04/16/2026 13:56:59 PM
Contract Manager Approval	jidema	04/22/2026 13:06:03 PM
Budget Analyst Approval	rmayhall	04/23/2026 15:24:48 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31877**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3804-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: FTI Consulting, Inc.

Contractor Name: **FTI Consulting, Inc.**Address: **55 12TH Street NW, Suite 700**City/State/Zip: **Washington, DC 20004**

Contact/Phone: Kelly Bialas 646-453-1226

Vendor No.:

NV Business ID: NV20101608529

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 %	INSOLVENCY CLAIMS
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 **05/06/2026**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2028**Contract term: **2 years and 240 days**4. Type of contract: **Contract**Contract description: **Forensic Audit**

5. Purpose of contract:

This is a new contract to provide forensic auditing services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This audit is of the utmost importance due to the critical nature of the coverage; the DOI must ensure that claim funds for injured workers are preserved.

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 specialized staffing capabilities to complete this work.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Vendor selected under the professional exemption NAC 333.150 due to the need for expedited for these services and the qualifying scope of work.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	rvradenb	02/13/2026 13:54:43 PM
Division Approval	rvradenb	02/13/2026 15:48:23 PM
Department Approval	rvradenb	02/13/2026 15:48:25 PM
Contract Manager Approval	rvradenb	03/19/2026 13:14:23 PM
Budget Analyst Approval	tgreenam	05/06/2026 12:31:33 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31834**

Agency Name:	B&I - REAL ESTATE DIVISION	Legal Entity Name:	LAW OFFICE OF MIRIAM E. RODRIGUEZ PROFESSIONAL CORPORATION
Agency Code:	748	Contractor Name:	LAW OFFICE OF MIRIAM E. RODRIGUEZ PROFESSIONAL CORPORATION
Appropriation Unit:	3820-15	Address:	4375 N. Las Vegas Blvd. Suite 7, #1591
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89115
If "No" please explain:	Not Applicable	Contact/Phone:	Miriam E. Rodriguez, Esq., LL.M. 702-733-9292
		Vendor No.:	
		NV Business ID:	NV20051803375
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 %
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 **04/14/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/12/2030**Contract term: **3 years and 274 days**4. Type of contract: **Contract**Contract description: **Mediation Services**

5. Purpose of contract:

This is a new contract to provide ongoing mediation services.

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):

Janet Trost
Zhang, Yan
Auburn Associates
All solicited vendors maybe found in Nevadaepro.com.
<https://nevadaepro.com/bsa/external/bid/tabulation/quotes.sda?docId=74BAI-S3523>

b. Solicitation 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: 06/01/2029

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:
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	02/24/2026 09:11:11 AM
Division Approval	rvradenb	04/07/2026 16:06:43 PM
Department Approval	rvradenb	04/07/2026 16:06:45 PM
Contract Manager Approval	rvradenb	04/07/2026 16:06:48 PM
Budget Analyst Approval	njohnst1	04/14/2026 11:33:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32160**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Agency Code: **810**Appropriation Unit: **4744-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **PO BOX 911319**City/State/Zip: **DALLAS, TX 75391-1319**Contact/Phone: **239/561-4815**Vendor No.: **PUR0005339A**NV Business ID: **NV19941112701**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	25.00 %	Records Search Charge
Federal Funds	0.00 %		Bonds	0.00 %	
X Highway Funds	75.00 %		Other funding	0.00 %	

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 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2027**Contract term: **275 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Gartner Wk Plan- DO**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides information technology research and advisory services. This service agreement provides access to technical professionals for research and advice related to overall information technology needs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$53,697.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This work is necessary to support the organization's cybersecurity strategy, risk management initiatives, and technology decision-making by providing independent research, benchmarking data, and direct access to advisory services. This service provides access to IT risk management and research library and best practices frameworks and benchmarking tools.

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? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been used by multiple agencies since 2013. The agency is satisfied with their work.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpeat	04/01/2026 11:57:39 AM
Division Approval	bmusselm	04/01/2026 13:34:05 PM
Department Approval	bmusselm	04/01/2026 13:34:08 PM
Contract Manager Approval	mlynn	04/14/2026 11:40:02 AM
Budget Analyst Approval	tsmorra	04/17/2026 12:11:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32189**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CHIEF SEPTIC & SEWER LLC**Contractor Name: **CHIEF SEPTIC & SEWER LLC**Address: **5530 CASA MONICA CT**City/State/Zip: **LAS VEGAS, NV 89141-3834**Contact/Phone: **Karen Carew 702/494-8011**Vendor No.: **T27025897**NV Business ID: **NV20091443580**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 % Business Enterprise Program**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **4040-30-BEN**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **2026 Chief Septic**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair services for grease traps and grease interceptors at the southern Nevada locations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Other basis for payment: \$625.00 for each 1,500 gallons pumped. Total Contract or installments payable at: As Invoiced and Approved by the State. Total contract not to exceed \$25,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pumping and jetting of grease traps are necessary for the safety of staff and visitors and to meet City, County and State health code requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained in the expertise needed for maintenance and repair of grease traps and/or grease trap interceptors.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):

MWH Constructors
Ferguson Enterprises, Inc.
Chief Septic & Sewer
Environmental Express
Canyon Electric Co., Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal.

d. Last bid date: 03/16/2026 Anticipated re-bid date: 03/01/2030

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?

Yes If "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 providing satisfactory service to BEN and the National Guard since October 2010.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	ejohns16	04/24/2026 09:37:23 AM
Division Approval	zhoeflin	04/24/2026 10:31:07 AM
Department Approval	zhoeflin	04/24/2026 10:31:09 AM
Contract Manager Approval	wcune1	04/28/2026 09:13:35 AM
Budget Analyst Approval	Iramire7	04/28/2026 14:14:03 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32153**

Agency Name:	DETR - REHABILITATION DIVISION	Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO WESTERN NEVADA COLLEGE
Agency Code:	901	Contractor Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO WESTERN NEVADA COLLEGE
Appropriation Unit:	3265-10	Address:	2201 W COLLEGE PKWY
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89703
If "No" please explain:	Not Applicable	Contact/Phone:	Susan Trist 775/445-4459
		Vendor No.:	D35000822
		NV Business ID:	Governmental Entity

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 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 4029-29-REHAB

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **WNC CREST Academy**

5. Purpose of contract:

This is a new interlocal agreement to provide pre-employment transition services to disabled youths to seek and retain employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,911.66**

Other basis for payment: Year 1, FY27: \$28,518.70. Year 2, FY28: \$22,132.22. Year 3, FY29: \$22,260.74. As Invoiced and Approved by the State. Total Contract Not to Exceed: \$72,911.66.

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. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-218).

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 undertake the Pre-ETS training.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 277.180 - Interlocal contract

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has satisfactorily provided these services to REHAB since October 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 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 , Dep Administrator Ph: 775-684-6863

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ejohns16	04/09/2026 13:55:58 PM
Division Approval	zhoeffin	04/09/2026 14:12:21 PM
Department Approval	zhoeffin	04/09/2026 14:12:23 PM
Contract Manager Approval	wcune1	04/09/2026 14:16:59 PM
Budget Analyst Approval	Iramire7	04/14/2026 10:57:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32154**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3265-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Vegas Trash Out LLC**Contractor Name: **Vegas Trash Out LLC**Address: **8380 Gillespie Street**City/State/Zip: **Las Vegas, NV 89123**Contact/Phone: **Robert Bray 702-524-9936**Vendor No.: **T29052434**NV Business ID: **NV20243193003**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.

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 #: **4036-30-REHAB**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **VR Handyman Srvs**

5. Purpose of contract:

This is a new contract to provide small scale maintenance and repairs at the offices located in southern Nevada. southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Other basis for payment: \$52.50/ hour Standard Hourly Rate, Mon-Fri 8am to 5pm. \$78.75/ hour Non-Standard Hourly Rate Mon-Fri 5:01pm to 7:59am. \$45.00 per Round Trip if passed 50 miles and the Hoover Dam. Not to exceed 18% for cost of materials. Total Contract or installments payable at: As Invoiced and Approved by the State. Total Contract Not to Exceed: \$50,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Vocational Rehabilitation offices have on-going needs of general-repair services in order to maintain the sites to high standards for its clients and staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the expertise or tools to undertake timely small scale general repairs.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Vegas Trash Out, LLC
Canyon Electric Company, Inc
Handyman & Associates, LLC
Sylas Group, LLC

Myneja Community Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided a larger range of general services and lowest cost proposal.

d. Last bid date: 03/11/2026 Anticipated re-bid date: 03/01/2030

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:

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	ejohns16	04/13/2026 10:34:27 AM
Division Approval	cjacob	04/14/2026 13:29:39 PM
Department Approval	cjacob	04/14/2026 13:29:42 PM
Contract Manager Approval	wcune1	04/14/2026 13:30:35 PM
Budget Analyst Approval	Iramire7	04/17/2026 09:48:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32064**

Agency Name:	DETR - EMPLOYMENT SECURITY	Legal Entity Name:	BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION- OBO WESTERN NEVADA COLLEGE
Agency Code:	902	Contractor Name:	BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION- OBO WESTERN NEVADA COLLEGE
Appropriation Unit:	4770-12	Address:	2201 W COLLEGE PKWY
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY , NV 89703-7316
If "No" please explain:	Not Applicable	Contact/Phone:	Deb Conrad 775-445-3302
		Vendor No.:	D35000822
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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 % Wage Assessment (Career Enhancement Program)

Agency Reference #: 4031-27-WISS

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 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **G-CCAP-WNC**

5. Purpose of contract:

This is a new contract to provide ongoing financial support to apprenticeship training programs at Western Nevada College.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: As invoiced by vendor and approved by the state. Contract not to exceed: \$40,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 612, CEP funding was implemented to assist unemployed, underemployed and employed individuals in the public and/or private sectors for specialized training projects for occupational categories determined to be in high-growth, high-demand occupations, and emerging industries in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The division does not employ staff who are qualified to operate an apprenticeship program.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 - Interlocal Contract

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to ESD and DETR since March 2003.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	04/29/2026 13:00:52 PM
Division Approval	mmellow	04/29/2026 13:05:48 PM
Department Approval	rkin5	04/29/2026 14:31:23 PM
Contract Manager Approval	wcune1	04/30/2026 11:29:12 AM
Budget Analyst Approval	Iramire7	05/01/2026 13:45:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30954**Amendment Number: **1**Agency Name: **DETR - EMPLOYMENT SECURITY**Legal Entity Name: **Julie's Sign Shoppe, Inc.**Agency Code: **902**Contractor Name: **Julie's Sign Shoppe, Inc.**Appropriation Unit: **4770-12**Address: **125 East Glendale Ave**Is budget authority available?: **Yes**City/State/Zip: **Sparks, NV 89431**

If "No" please explain: Not Applicable

Contact/Phone: **Julie Wilson 775-746-4337**Vendor No.: **T32014988**NV Business ID: **NV20021366661**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 % WAGE ASSESSMENT**Agency Reference #: **3983-26-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/17/2025**Anticipated BOE meeting date **04/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **256 days**4. Type of contract: **Contract**Contract description: **FERNLEY SIGNAGE**

5. Purpose of contract:

This is the first amendment to the original contract which provides updated signage for EmployNV locations. This amendment increases the maximum amount from \$5,403 to \$20,071 due to a continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,403.00	\$5,403.00	\$5,403.00	No
2. Amount of current amendment (#1):	\$14,668.00	\$20,071.00	\$20,071.00	Yes - Info
3. New maximum contract amount:	\$20,071.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR's workforce locations are being rebranded into EmployNV hubs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Do not have the ability to create can-lit signage.

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):

Alpine Signs
Julies Sign Shoppe
Vital Signs

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Selected due to lessor prefers this vendor due to past work.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory service to DETR since February 2024.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	03/02/2026 08:44:17 AM
Division Approval	mmellow	03/02/2026 09:59:10 AM
Department Approval	zhoeffin	03/02/2026 10:18:06 AM
Contract Manager Approval	wcune1	03/02/2026 16:22:20 PM
Budget Analyst Approval	Iramire7	04/17/2026 11:40:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32203**Agency Name: **DETR - EMPLOYMENT SECURITY**Agency Code: **902**Appropriation Unit: **4771-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Unforgettable Coatings Inc.

Contractor Name: **Unforgettable Coatings Inc.**Address: **10785 W Twain Ave Ste 102**City/State/Zip: **Las Vegas, NV 89135**

Contact/Phone: Tyson Mackay 702-724-6837

Vendor No.: T32016590

NV Business ID: NV20071541402

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 #: 4043-26-OM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/28/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **63 days**4. Type of contract: **Contract**Contract description: **S. NV Painting**

5. Purpose of contract:

This is a new contract to provide painting services for the southern Nevada location.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,916.00**

Other basis for payment: As invoiced by the Contractor and approved for payment by the State. Contract not to exceed: \$85,916.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

This project is required in order to maintain the longevity of the building.

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):

Fix Painting Company
Caryem Painting LLC
Unforgettable Coatings
Myneja Community Services
Tanner Companies LV LLC
L&S Operations LLC
Construction Notebook
SYLAS Group LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost vendor as selected by evaluation committee.

d. Last bid date: 03/30/2026 Anticipated re-bid date: 06/06/2030

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:
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	04/22/2026 15:11:55 PM
Division Approval	mmellow	04/22/2026 15:18:26 PM
Department Approval	cjacob	04/22/2026 15:31:15 PM
Contract Manager Approval	wcune1	04/22/2026 15:41:56 PM
Budget Analyst Approval	Iramire7	04/28/2026 11:26:45 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32102**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3272-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BRIGGS ELECTRIC, INC.**Contractor Name: **BRIGGS ELECTRIC, INC.**Address: **5111 CONVAIR DR**City/State/Zip: **CARSON CITY, NV 89706-0426**Contact/Phone: **775/887-9901**Vendor No.: **T81091747A**NV Business ID: **NV19961075756**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 % COST ALLOCATION**Agency Reference #: **4037-30-OM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/02/2026**Anticipated BOE meeting date **04/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 60 days**4. Type of contract: **Contract**Contract description: **N. NV Electricial**

5. Purpose of contract:

This is a new contract to provide electrical services for the northern Nevada facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: As invoiced by the Contractor and approved for payment by the State. Contract not to exceed: \$40,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The department requires electrical work for our northern locations. These services are required to maintain the building up to city, county and state building codes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the 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):

Triumph Electric
United Electrical Services
Smith Electric
Allied Electric
Briggs Electric
KD Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

DETR currently has an ongoing contract with Briggs since 2022 and another contract prior to the current one. We are very happy with the services and response times.

d. Last bid date: 03/09/2026 Anticipated re-bid date: 05/01/2030

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:

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	kleal	04/14/2026 13:54:58 PM
Division Approval	mzich	04/14/2026 14:01:22 PM
Department Approval	cjacob	04/14/2026 14:54:03 PM
Contract Manager Approval	wcune1	04/14/2026 15:30:06 PM
Budget Analyst Approval	Iramire7	04/17/2026 11:33:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32089**

Agency Name:	DETR - ADMINISTRATIVE SERVICES	Legal Entity Name:	CAPITAL GLASS, LLC
Agency Code:	908	Contractor Name:	CAPITAL GLASS, LLC
Appropriation Unit:	3272-04	Address:	2951 N DEER RUN RD STE 1
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89701-1467
If "No" please explain:	Not Applicable	Contact/Phone:	Lynn Webber 775/883-6401
		Vendor No.:	T80316580
		NV Business ID:	NV20253321049

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 % COST ALLOCATION

Agency Reference #: 4035-30-OM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 78 days**4. Type of contract: **Contract**Contract description: **Door & Glass Repair**

5. Purpose of contract:

This is a new contract to provide ongoing commercial glass and automatic door replacement services for northern Nevada facilities.

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 Contractor and approved for payment by the State. Contract not to exceed: \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Automatic Door & Glass replacement are needed in Northern Nevada to prevent safety issues and repair ADA complaint doors.

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):

Capital Glass
Vortex Doors
Century Glass

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost proposal.

d. Last bid date: 02/27/2026 Anticipated re-bid date: 05/30/2030

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?

Yes If "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 state agencies since February 1999 and DETR since April 2000.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	kleal	04/02/2026 09:04:53 AM
Division Approval	mzich	04/02/2026 09:43:03 AM
Department Approval	zhoeffin	04/02/2026 09:52:54 AM
Contract Manager Approval	wcune1	04/08/2026 16:05:43 PM
Budget Analyst Approval	Iramire7	04/14/2026 10:18:08 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32068**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Colleen Platt dba Platt Law Group
Agency Code:	BDC	Contractor Name:	Colleen Platt dba Platt Law Group
Appropriation Unit:	B005 - All Categories	Address:	11025 Bondshire Drive
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	775-303-6005
		Vendor No.:	
		NV Business ID:	NV20151428689

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 % 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 **05/07/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2029**Contract term: **2 years and 359 days**4. Type of contract: **Contract**Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide ongoing legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

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 finds it necessary to engage an independent contractor for the purposes of accomplishing work of the Board under statutory authority. NRS 634.043(2)(b) authorizes the Board to hire independent legal counsel.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no legal expertise on staff with the Board. Legal services provided by the contractor pertain to a specific area of expertise.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

The Independent Contractor has provided legal services for the Legislative Counsel Bureau, the Attorney General's Office as well as other State Licensing Boards. The Independent Contractor possesses the necessary expertise resulting in continuity of knowledge, which provides effectiveness and efficiencies for the 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?

Yes If "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 licensing boards have utilized the services of this law firm and have been satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jstrand3	03/18/2026 15:10:35 PM
Division Approval	jstrand3	03/18/2026 15:10:37 PM
Department Approval	jstrand3	03/18/2026 15:10:40 PM
Contract Manager Approval	jstrand4	05/07/2026 08:12:48 AM
Budget Analyst Approval	pokeefe	05/07/2026 08:16:22 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32228**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	PLATT, COLLEEN DBA
Agency Code:	BDC	Contractor Name:	PLATT, COLLEEN DBA
Appropriation Unit:	B024 - All Categories	Address:	PLATT LAW GROUP 11025 BONDSHIRE DR
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-6234
If "No" please explain:	Not Applicable	Contact/Phone:	775/848-2810
		Vendor No.:	T32003750
		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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Licensure

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/30/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **2 years and 62 days**4. Type of contract: **Contract**Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide ongoing legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

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?

Necessary engagement of Independent Contractor for purpose of accomplishing work of the Board under authority of NRS 284.173. In addition, NRS Chapter 635 authorizes the hiring of attorney for legal counsel services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board requires independent legal counsel and does not have the legal expertise within the agency. Legal services to be provided regarding a specific knowledge of area and a need for continuity of services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Referrals from other agencies to whom she has provided services; excellent reputation and familiarity with state/board processes.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	wknorr4	04/13/2026 12:30:31 PM
Division Approval	wknorr4	04/13/2026 12:30:33 PM
Department Approval	wknorr4	04/13/2026 12:30:38 PM
Contract Manager Approval	wknorr4	04/13/2026 12:30:40 PM
Budget Analyst Approval	pokeefe	04/30/2026 13:12:43 PM

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
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**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: June 2, 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, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of May 11, 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, State 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	\$ 439,135.85
Statutory Contingency Account	\$ 2,963,435.21
State Claims Account	\$ 2,317,527.54
Emergency Account	\$ 412,360.79
Disaster Relief Account	\$ 16,562,882.46
IFC Contingency Unrestricted General Fund	\$ 44,084,301.63
IFC Contingency Unrestricted Highway Fund	\$ 1,638,068.35
IFC Contingency Restricted General Fund	\$ 102,841,210.00
IFC Contingency Restricted Highway Fund	\$ 6,924,146.00
Attorney General's Office - Extradition Coordinator	\$ 821,208.14

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735, 179.225

REVIEWED: DL

INFORMATION ITEM: _____

Fiscal Year	2026	Tort Claim Fund Balance Sheet May 11, 2026	
Fund	715		
Agency	030		
Budget Account	1348		
Statutory Authority NRS	331.187		
Receipts/Funding		Balance	
Beginning Cash	\$	268,283.00	
Revenue from Boards	\$	183,793.24	
Cost Allocation	\$	7,111,762.81	
Loan Repayment	\$	5,000.00	
Total Receipts/Funding			\$ 7,568,839.05
Operating Expenditures - Non Claims			
Operating Expenditures	\$	247,086.42	
Tort Claims Overhead	\$	197,747.48	
Risk Management Insurance Policy	\$	1,911,000.00	
Total Operating Expenditures			\$ 2,355,833.90
Net Receipts less Operating			\$ 5,213,005.15
Div Of Welfare & Supportive Svcs			
Tort Claims - AGO Approved	\$	2,341,869.30	
Tort Claims - Board of Examiners Approved	\$	2,432,000.00	
Total Tort Claims			\$ 4,773,869.30
REALIZED FUNDING AVAILABLE			\$ 439,135.85
Approved Claims Pending Payment			
May BOE - DPS: Lagomarsino Law Parra	\$	165,000.00	
	\$	-	
	\$	-	
	\$	-	
Total Projected Claims			\$ 165,000.00
Projected Realized Funding Available			\$ 274,135.85
NOTES - Tort Claims Paid from Statutory Contingency Fund			
October BOE - NDOC: Walker - Paid	\$	4,599,500.00	
Janaury BOE - NDOC: Scott - Paid	\$	597,000.00	
Total Tort Claims Paid from Statutory Contingency Fund			\$ 5,196,500.00
NOTES - Pending Transactions			
	\$	-	

Fiscal Year	2026	Statutory Contingency Fund Balance Sheet May 11, 2026	
Fund	101		
Agency	930		
Budget Account	4892		
Statutory Authority NRS	353.264		
Receipts/Funding		Balance	
Beginning Cash	\$ 7,355,586.00		
Trans from Interm Finance	\$ 5,000,000.00		
Total Receipts/Funding		\$ 12,355,586.00	
Claims			
Prison Claims - Clerk Approved	\$ 657,064.36		
Tort Claims - Board of Examiners Approved	\$ 5,196,500.00		
Wrongful Conviction Claims	\$ 110,000.00		
Outside Counsel	\$ 2,726,444.43		
Total Claims		\$ 8,690,008.79	
Transfers to Agencies			
Public Defender	\$ 702,142.00		
	\$ -		
Total Transfers		\$ 702,142.00	
REALIZED FUNDING AVAILABLE		\$ 2,963,435.21	
Projected Claims			
Coyote Springs FY26 Estimate	\$ 1,200,000.00		
	\$ -		
Total Projected Claims		\$ 1,200,000.00	
Projected Realized Funding Available		\$ 1,763,435.21	
NOTES - Tort Claims Paid from Statutory Contingency Fund			
October BOE - NDOC: Walker - Paid	4,599,500.00		
Janaury BOE - NDOC: Scott - Paid	597,000.00		
Coyote Springs FY26 - Paid Amount	1,390,707.02		
Predictive Markets Lawsuits - Paid	866,277.71		
Total Tort Claims Paid from Statutory Contingency Fund		\$ 7,453,484.73	

Fiscal Year	2026	Stale Claims Account Balance Sheet May 11, 2026	
Fund	101		
Agency	930		
Budget Account	4888		
Statutory Authority NRS	353.097		
Receipts/Funding		Balance	
Beginning Cash	\$	4,066,187.00	
Total Receipts/Funding		\$	4,066,187.00
Stale Claims			
Adjutant General & Natl Guard	\$	803.24	
Aging and Disability Services	\$	29,663.82	
Agriculture	\$	400.00	
Attorney Generals Office	\$	7,730.14	
Board of Examiners	\$	250.00	
Child and Behavioral Health	\$	3,714.00	
Child and Family Division	\$	220,388.11	
Department of Corrections	\$	791,682.73	
Department of Education	\$	321,277.65	
Department of Native American Affairs	\$	4,638.20	
Department of Taxation	\$	726.56	
Div Of Human Resource Mgmt	\$	41,130.13	
Div Of Welfare & Supportive Svcs	\$	18,722.76	
Ethics Commission	\$	507.45	
Forestry Division	\$	109,706.01	
Governor's Office	\$	172.44	
Governor's Office - Finance Office	\$	9,555.38	
Health Division	\$	22,706.04	
Judicial Discipline Commission	\$	600.00	
Lieutenant Governors Office	\$	394.90	
Military	\$	11,670.04	
Nevada Health Authority	\$	10,283.23	
Nevada Health Authority - Directors Office	\$	18,415.13	
Nevada Health Authority - Nevada Medicaid	\$	1,874.53	
Nevada Mental Health	\$	2,043.75	
Public and Behavioral Health	\$	26,377.63	
Public Works Board	\$	39,748.00	
Science Innovation & Technology	\$	752.00	
Secretary of State	\$	19,865.82	
Southern Nevada Mental Health	\$	7,868.76	
State Library and Archives	\$	23,445.91	
State Printing	\$	1,545.10	
	\$	-	
Total Claims		\$	1,748,659.46
REALIZED FUNDING AVAILABLE		\$	2,317,527.54

Fiscal Year	2026	Emergency Fund Balance Sheet May 11, 2026	
Fund	101		
Agency	930		
Budget Account	4889		
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*	\$ 14,400.00		
Public and Behavioral Health	\$ 40,265.00		
Nevada Department of Corrections	\$ (14,687.79)		
Total Claims		\$	39,977.21
REALIZED FUNDING AVAILABLE		\$	412,360.79

*Cyber Attack overtime payment has been reversed back into the original budget account

Fiscal Year	2026	Disaster Relief Fund Balance Sheet May 11, 2026	
Fund	101		
Agency	170		
Budget Account	1335		
Statutory Authority NRS	353.2735		
Receipts/Funding		Balance	
Beginning Cash	\$ 14,712,115.00		
Quarterly Transfer from General Fund	\$ 1,500,000.00		
Quarterly Treasurers Interest	\$ 350,767.46		
Total Receipts/Funding		\$	16,562,882.46
Disaster Relief Fund Expenditures			
	\$ -		
Total Claims		\$	-
REALIZED FUNDING AVAILABLE		\$	16,562,882.46
Approved claims not processed			
	\$ -		
Total Approved claims not processed		\$	-
Disaster Relief Fund Available		\$	16,562,882.46

Fiscal Year	2026	IFC Contingency Unrestricted Balance Sheet May 11, 2026	
Fund	101		
Agency	170		
Budget Account	2630		
Statutory Authority NRS	353.268		
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	\$ 39,561.32		
Attorney General	\$ 1,278,250.00		
BOE SCF	\$ 5,000,000.00		
DPBH	\$ 1,509,055.00		
NDE	\$ 1,333,148.00		
Department of Corrections	\$ 4,498,507.00		
Department of Taxation	\$ 1,124,750.00		
Department of Veterans Services	\$ 492,884.00		
Division of Forestry	\$ 1,290,000.00		
Division of Water Resources	\$ 3,475,812.00		
Governor's Finance Office - Food Bank	\$ 3,419,181.91		
Office of the Military	\$ 200,000.00		
Total Unrestricted General Fund Expenditures		\$ 23,661,149.23	
Unrestricted General Fund Realized Funding Available		\$ 44,084,301.63	
BOE approved IFC pending claims			
	\$ -		
	\$ -		
Total BOE approved IFC pending claims		\$ -	
Unrestricted General Fund Available		\$ 44,084,301.63	

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	IFC Contingency Restricted Balance Sheet May 11, 2026	
Fund	101		
Agency	170		
Budget Account	2630		
Statutory Authority NRS	353.268		
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		
NDE	\$ 45,033,868.00		
Office of the Courts	\$ 61,600.00		
Total Restricted General Fund Expenditures		\$ 88,124,058.00	
Restricted General Fund Realized Funding Available		\$ 102,841,210.00	
Approved claims not processed			
	\$ 45,000,000.00		
	\$ -		
Total Approved claims not processed		\$ 45,000,000.00	
Restricted General Fund Available		\$ 57,841,210.00	

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	Attorney General's Office - Extradition Coordinator Balance Sheet May 11, 2026	
Fund	101		
Agency	030		
Budget Account	1002		
Statutory Authority NRS	179.225		
Receipts/Funding		Balance	
Appropriations	\$ 1,676,123.00		
Recoveries	\$ 17,503.39		
Total Receipts/Funding		\$ 1,693,626.39	
Extradition Coordinator Expenditures			
Operating Expenses	\$ 170,765.42		
Extradition Costs Reimbursed to Counties	\$ -		
Extradition Expenses	\$ 701,652.83		
Total Expenditures		\$ 872,418.25	
Realized Funding Available		\$ 821,208.14	

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: June 1, 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 – 3rd 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. This report covers the period of January 1, 2026 to March 31, 2026.

Additional Information:

As of the 3rd quarter of fiscal year 2026, year-to-date overtime pay and accrued compensatory leave accounted for a total of approximately \$83.97 million, or 7.20% of total pay, a 0.49% decrease from fiscal year 2025.

The five agencies with the highest dollar amount of overtime for the 3rd quarter accounted for 67.91% of the statewide total:

1. Department of Corrections – \$11.03 million including Muster Pay
2. Department of Human Services – \$6.36 million
3. Department of Public Safety – \$3.98 million
4. Department of Transportation – \$1.68 million
5. Department of Veterans Services – \$472 thousand

The five agencies with the highest percentage of overtime and accrued comp time as a share of total pay for the 3rd quarter of fiscal year 2026 were:

1. Department of Corrections – 18.64%
2. Department of Public Safety – 13.11%
3. Controller's Office – 11.86%
4. Department of Veterans Services – 10.94%
5. Department of Human Services – 5.76%

The Department of Corrections overtime decreased by \$4.16 million or -34.10% from the prior quarter. Overtime for the 3rd quarter of fiscal year 2026 was highest at the following six locations in addition to medical care expenses, which accounted for 91.4% of the total overtime for the department:

1. High Desert State Prison – \$1.57 million
2. Lovelock Correctional Center – \$1.44 million
3. Northern Nevada Correctional Center – \$1.38 million
4. Ely State Prison – \$1.25 million
5. Southern Desert Correctional Center – \$0.76 million
6. McClure Women's Correctional Center – \$0.60 million

The Department of Corrections highest four causes of overtime accounted for 80.7% by the following event codes:

1. Vacancy Coverage – \$3.51 million
2. Holiday Week Coverage – 1.34 million
3. Medical Supervision – \$1.05 million
4. Cover for Sick Leave – \$462 thousand

The Department of Human Services total overtime of \$6.78 million for the 3rd quarter of fiscal year 2026 is a composite of its three divisions:

1. Division of Public and Behavioral Health – \$2.31 million
2. Division of Child and Family Services – \$1.78 million
3. Division of Welfare & Support Services – \$1.65 million

The Department of Human Services highest four causes of overtime accounted for 66.26% by the following event codes:

1. 24-Hour Coverage – \$2.34 million
2. Backlog Reduction – 1.40 million
3. Increased Patient Activity – \$770 thousand
4. Holiday Coverage – \$607 thousand

REVIEWED: 
INFO ITEM: _____

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2026 SUMMARY (QTR 3)

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, June 9, 2026

CUMULATIVE STATEWIDE TOTALS (QTR 3)

	2024	2025	2026
BASE PAY	\$885,243,173	\$1,061,844,363	\$1,083,136,674
OVERTIME PAY + ACCRUED COMP	\$90,179,179	\$88,415,369	\$83,976,319
TOTAL PAY	\$975,422,352	\$1,150,259,732	\$1,167,112,993
OT/COMP AS A SHARE OF TOTAL PAY	9.25%	7.69%	7.20%

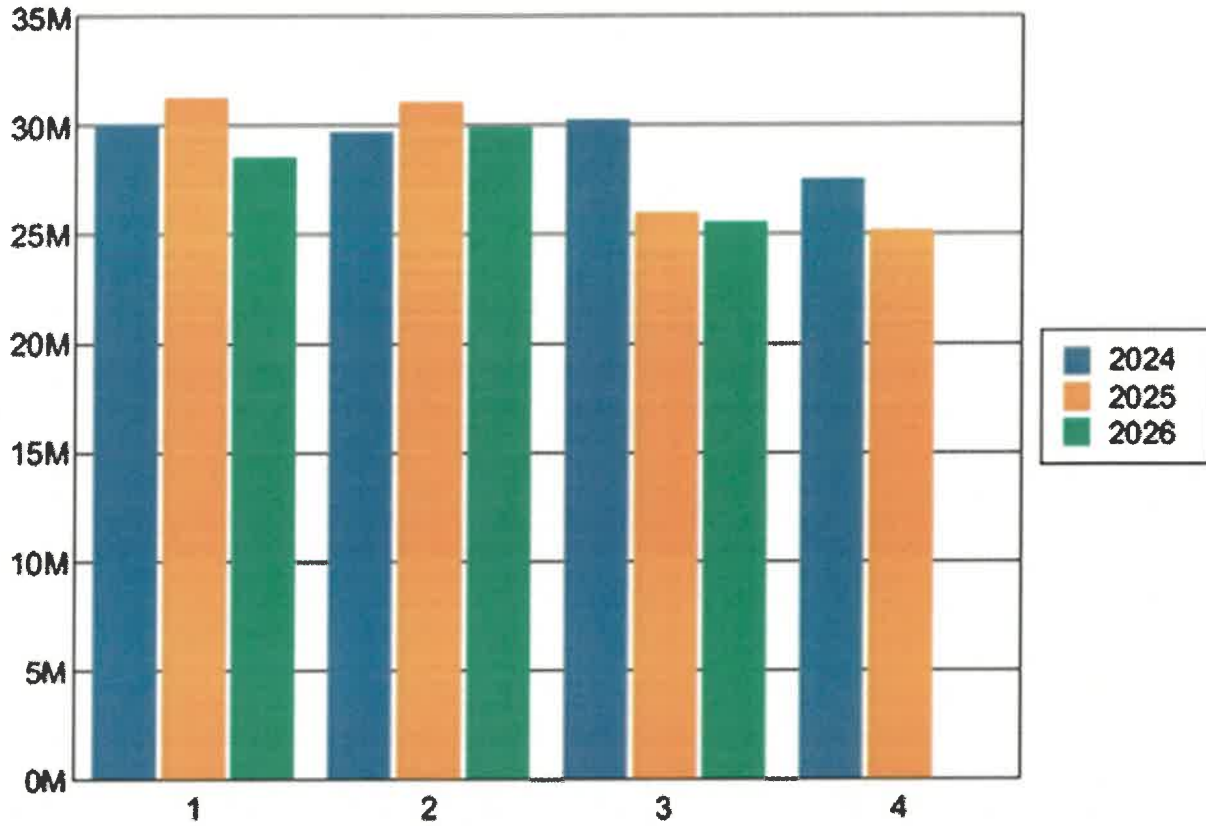
Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$11,031,432	18.64%
40	DEPARTMENT OF HUMAN SERVICES	\$6,368,386	5.76%
65	DEPARTMENT OF PUBLIC SAFETY	\$3,989,615	13.11%
80	DEPARTMENT OF TRANSPORTATION	\$1,682,779	5.03%
24	DEPARTMENT OF VETERANS SERVICES	\$472,452	10.94%

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	\$11,031,432	18.64%
65	DEPARTMENT OF PUBLIC SAFETY	\$3,989,615	13.11%
06	CONTROLLER'S OFFICE	\$131,195	11.86%
24	DEPARTMENT OF VETERANS SERVICES	\$472,452	10.94%
40	DEPARTMENT OF HUMAN SERVICES	\$6,368,386	5.76%

Statewide OT/Comp Distribution by Quarter



	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2024	\$255,351,834	\$310,944,914	\$318,946,424	\$308,941,310
2025	\$349,538,248	\$339,226,968	\$373,079,148	\$364,274,624
2026	\$356,505,046	\$371,859,894	\$354,771,735	\$0

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

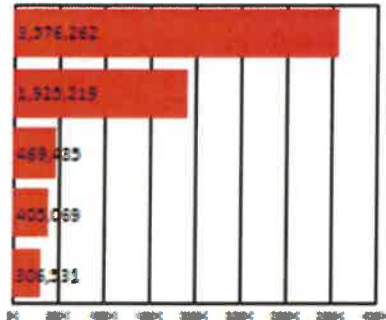
FISCAL YEAR 2026 QUARTERLY ANALYSIS vs FY2025

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, June 9, 2026

FY2026 - QTR1

Greatest increases in OT/Comp expenditures vs FY2025



44 - Department of Corrections \$3,576,262

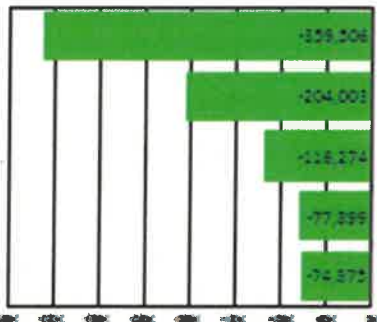
40 - Department of Human Services \$1,925,219

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

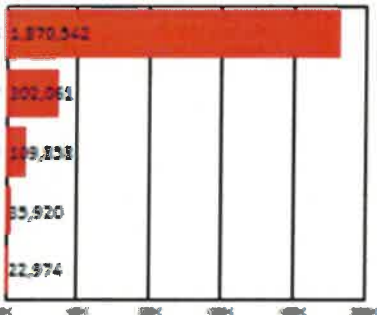
43 - Adjutant General \$ -116,274

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

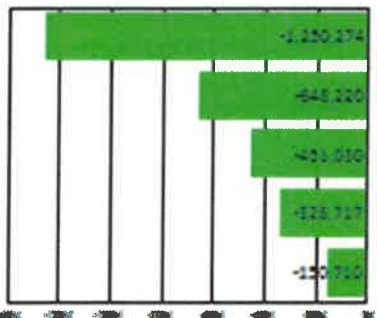
65 - Department of Public Safety \$302,061

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

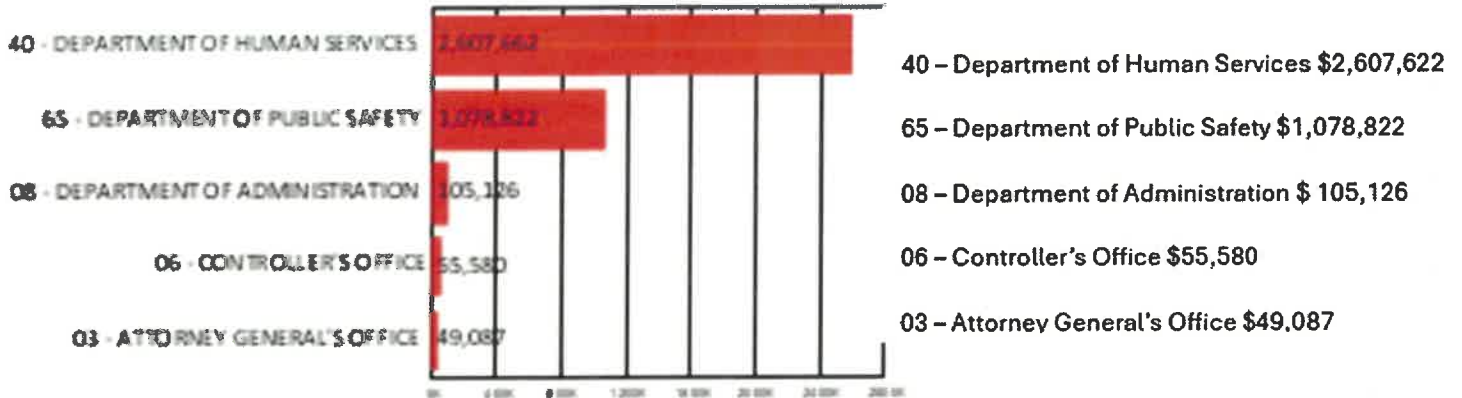
01 - Governor's Office \$ -451,030

70 - State Department of Conservation and Natural Resources \$ -328,717

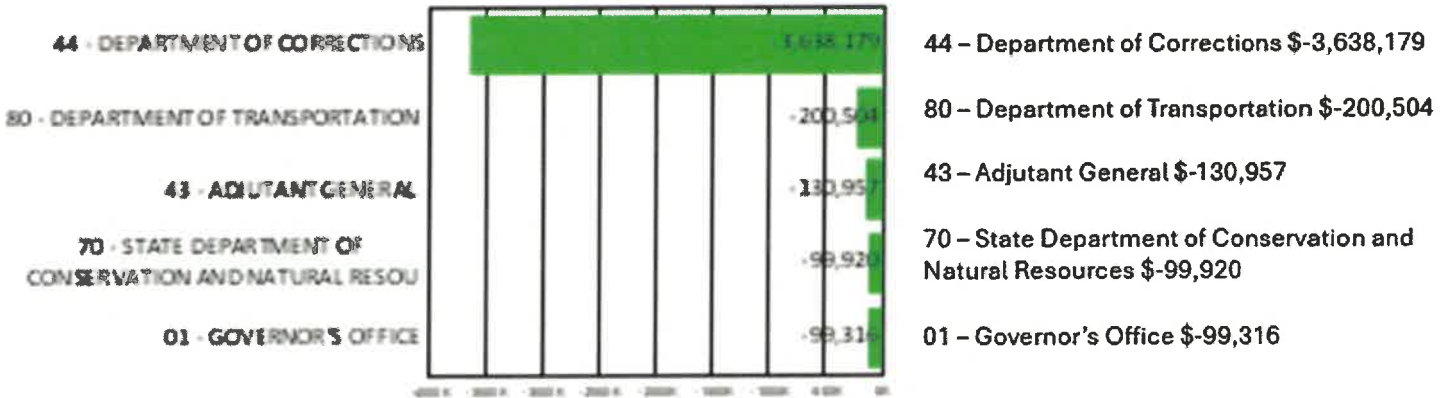
90 - Department of Employment, Training, & Rehab \$ -150,710

FY2026 - QTR3

Greatest increases in OT/Comp expenditures vs FY2025

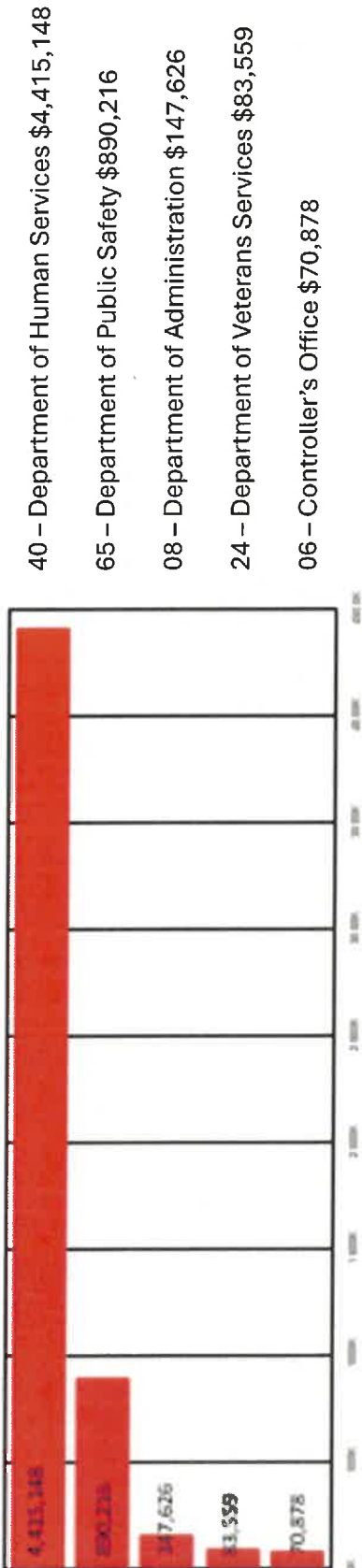


Greatest reductions in OT/Comp expenditure vs FY2025

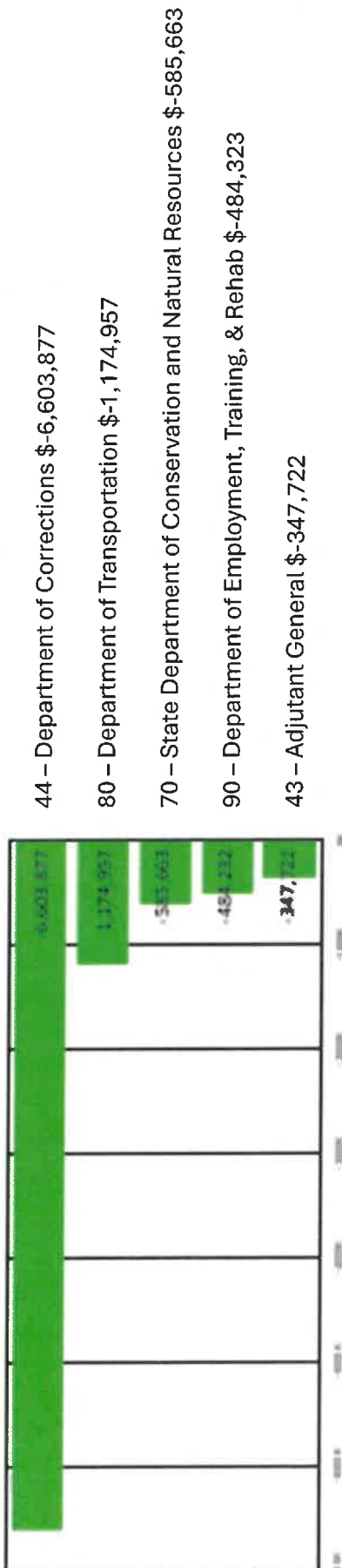


FY2026 - YEAR-TO-DATE TOTALS

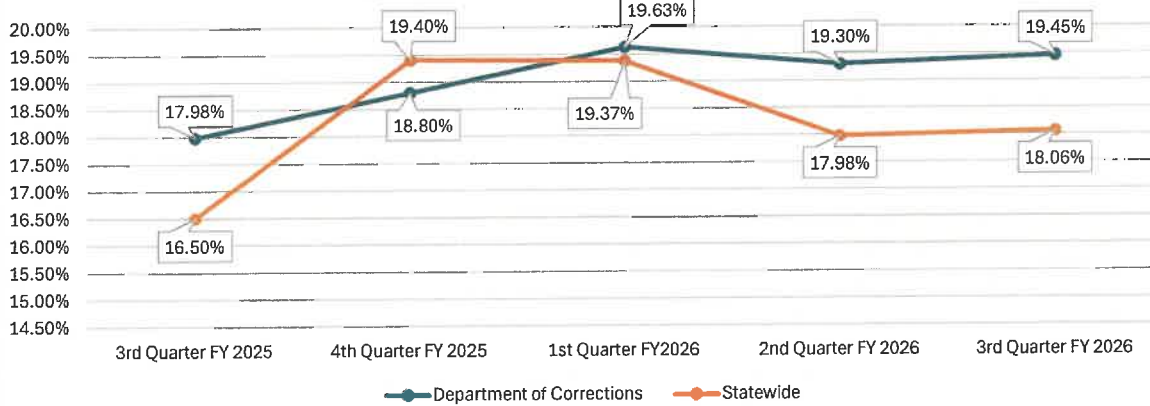
Greatest increases in OT/Comp expenditures vs FY2025



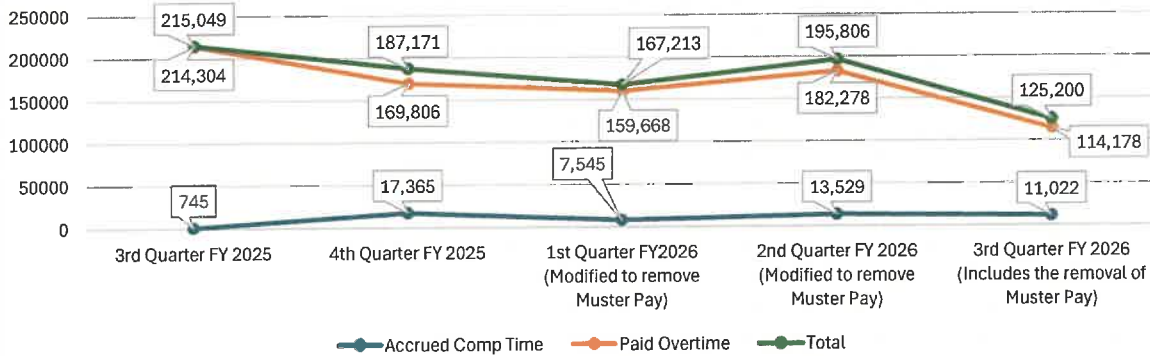
Greatest reductions in OT/Comp expenditure vs FY2025



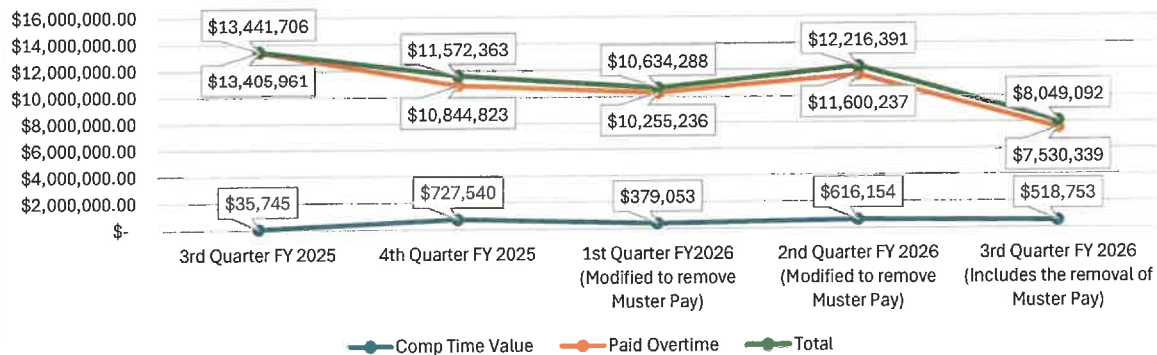
Department of Corrections Vacancy Rates



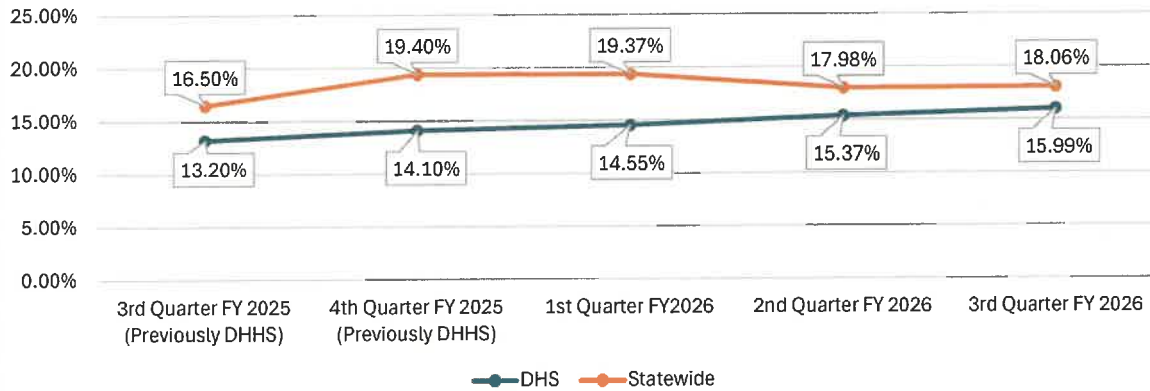
Department of Corrections Accrued Overtime & Comp Time (in Hours)



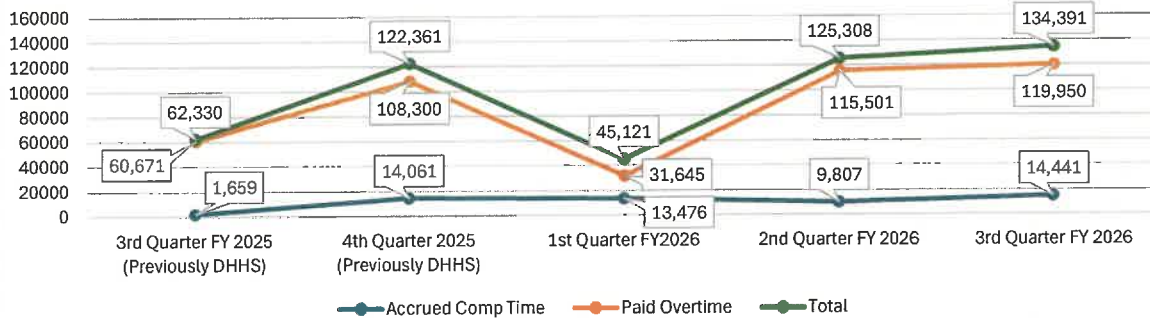
Department of Corrections Accrued Overtime & Comp Time (in Dollars)



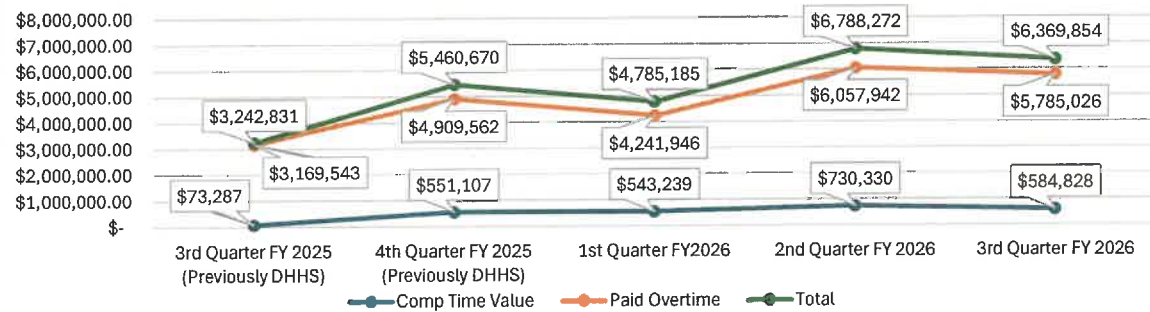
Department of Human Services Vacancy Rates



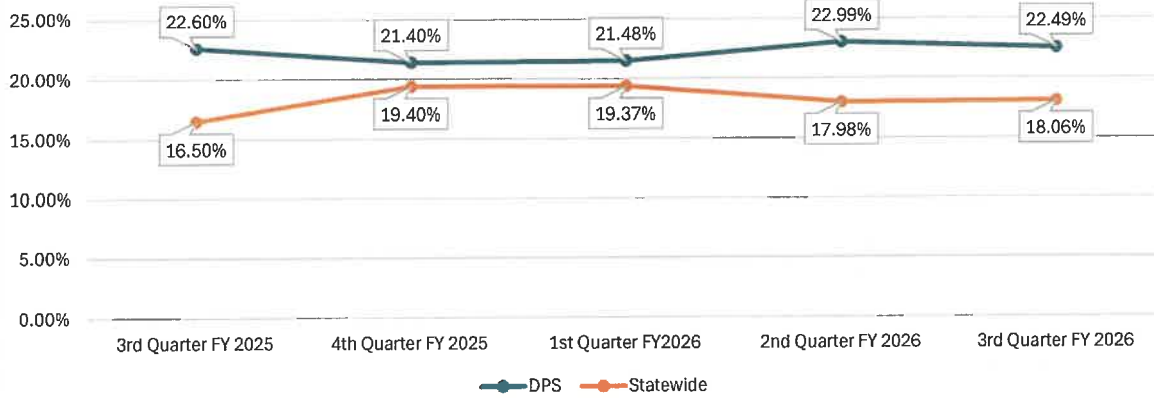
Department of Human Services Accrued Overtime & Comp Time (in Hours)



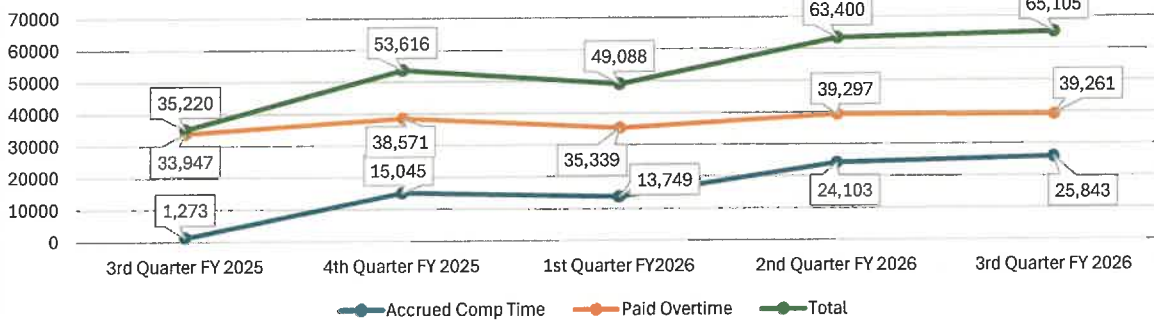
Department of Human Services Accrued Overtime & Comp Time (in Dollars)



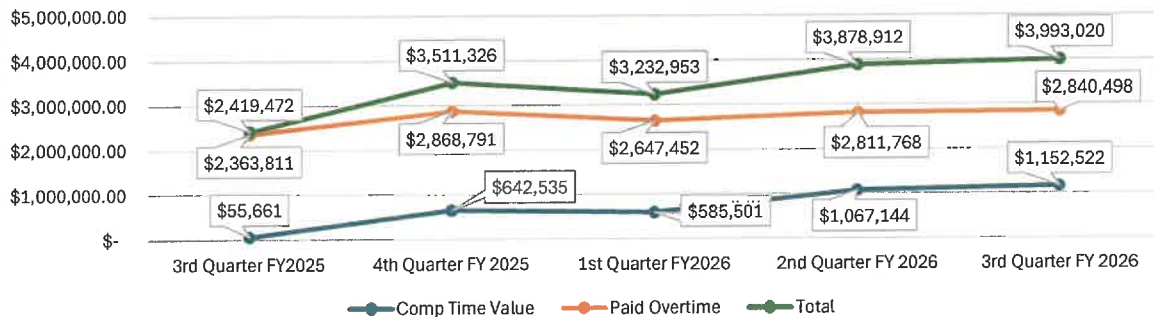
Department of Public Safety Vacancy Rates



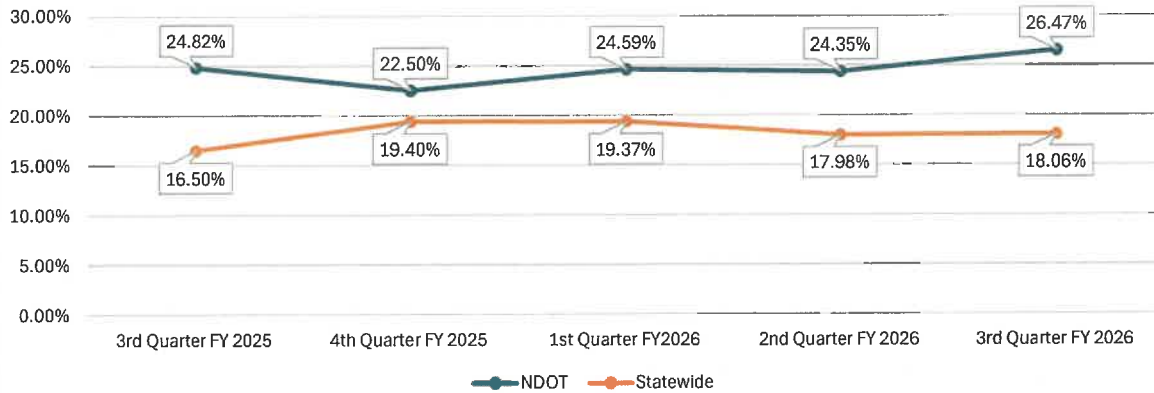
Department Public Safety Accrued Overtime & Comp Time (in Hours)



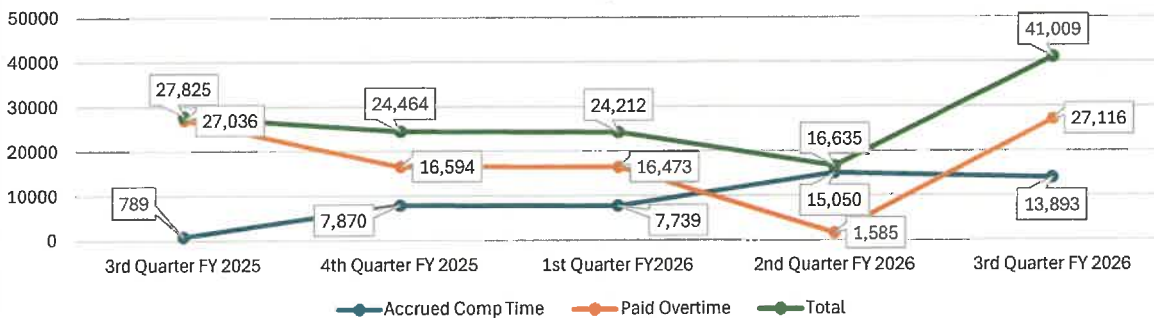
Department of Public Safety Accrued Overtime & Comp Time (in Dollars)



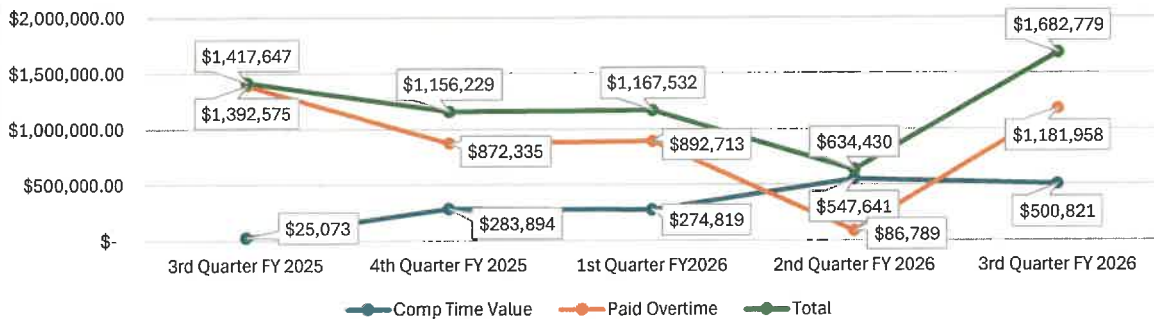
Department of Transportation Vacancy Rates



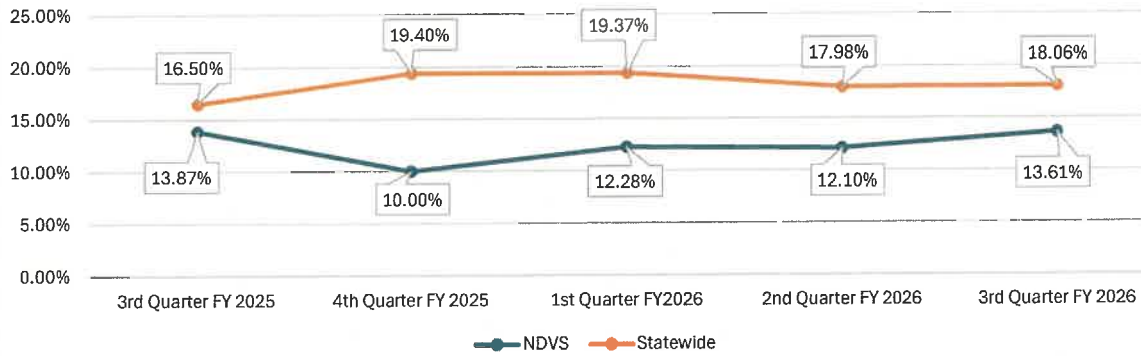
Department of Transportation Accrued Overtime & Comp Time (in Hours)



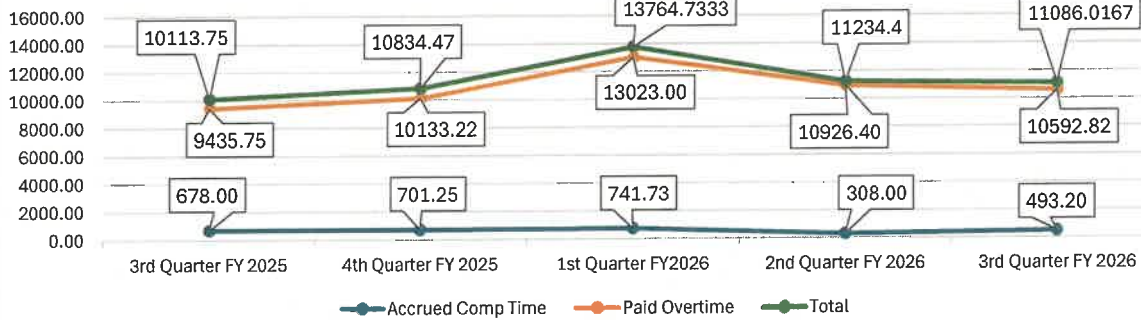
Department of Transportation Accrued Overtime & Comp Time (in Dollars)



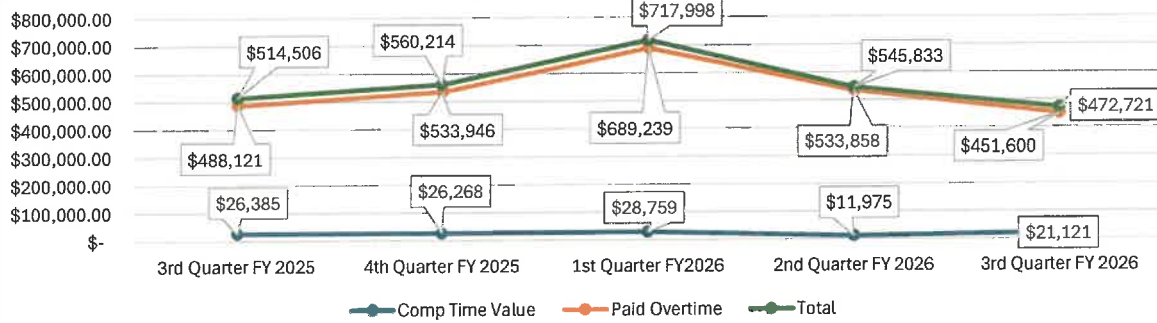
Nevada Department of Veteran Services Vacancy Rates



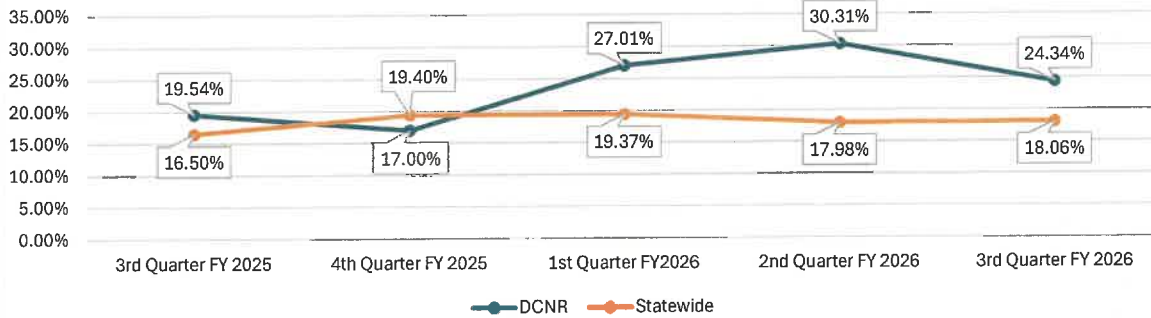
Nevada Department of Veteran Services Accrued Overtime & Comp Time (in Hours)



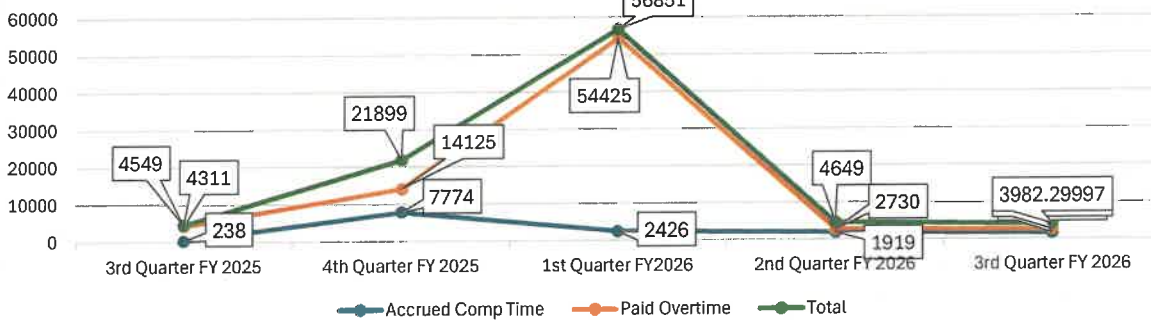
Nevada Department of Veteran Services Accrued Overtime & Comp Time (in Dollars)



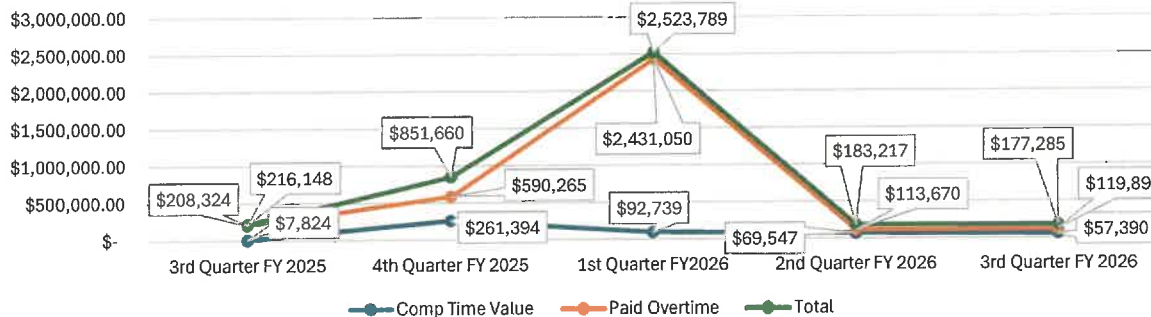
Nevada Department of Conservation & Natural Resources Vacancy Rates (With Seasonal Vacancies)



Nevada Department of Conservation & Natural Resources Accrued Overtime & Comp Time (in Hours)



Nevada Department of Conservation & Natural Resources Accrued Overtime & Comp Time (in Dollars)



Code	Organization	Base Pay	Asst Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3706	HR-PRISON MEDICAL CARE	\$5,268,206.83	3001:32:00	\$168,705.50	3002:20:00	\$196,681.04	6004:20:00	\$365,386.54	6403:22	\$363,637.45	\$ (18,260.91)
3708	HR-OFFENDERS' STORE FUND	\$726,043.14	9:00:00	\$293.31	0:00:00	\$0.00	9:00:00	\$293.31	0:00:00	\$0.00	\$293.31
3710	HR-DIRECTOR'S OFFICE	\$3,597,452.77	1687:30:00	\$87,755.05	1608:00:00	\$112,108.45	3295:30:00	\$199,863.50	3618:33:00	\$229,272.69	\$ (29,409.19)
3711	HR-CORRECTIONAL PROGRAMS	\$1,922,471.82	5:20:00	\$177.18	4:00:00	\$262.95	9:20:00	\$440.13	12:00:00	\$416.55	\$23.58
3712	HR-TRAINING ACADEMY	\$1,478,674.15	202:00:00	\$8,829.98	467:55:00	\$187,111.33	669:55:00	\$195,941.31	1011:45:00	\$53,341.36	\$142,599.95
3715	HR-SO NEVADA CORRECTIONAL CTR	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
3716	HR-WARM SPRINGS CORRECTNL CTR	\$39,417.63	0:00:00	\$0.00	16:00:00	\$1,009.82	16:00:00	\$1,009.82	0:00:00	\$0.00	\$1,009.82
3717	HR-NO NEVADA CORRECTNL CENTER	\$4,764,553.17	639:23:00	\$25,465.12	21764:20:00	\$1,351,461.56	22403:43:00	\$1,376,926.68	29965:05:00	\$1,851,638.09	\$ (474,711.41)
3718	HR-NEVADA STATE PRISON	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
3719	HR-PRISON INDUSTRY	\$273,051.75	0:00:00	\$0.00	9:45:00	\$728.65	9:45:00	\$728.65	34:15:00	\$2,559.52	\$ (1,830.87)
3722	HR-STEWART CONSERVATION CAMP	\$241,465.61	24:00:00	\$707.28	422:00:00	\$28,525.01	446:00:00	\$29,232.29	580:00:00	\$35,666.91	\$ (6,434.62)
3723	HR-PIOCHE CONSERVATION CAMP	\$288,077.90	41:00:00	\$1,791.00	813:35:00	\$56,169.39	754:35:00	\$77,960.39	893:05:00	\$59,253.86	\$ (1,293.47)
3724	HR-NO NV TRANSITIONAL HOUSING	\$214,847.30	26:00:00	\$1,001.26	212:45:00	\$15,190.30	238:45:00	\$16,191.56	276:30:00	\$17,067.16	\$ (875.60)
3725	HR-THREE LAKES VLV CNSRVTN CMP	\$359,336.71	0:00:00	\$0.00	820:00:00	\$50,131.13	820:00:00	\$50,131.13	1408:15:00	\$83,772.09	\$ (33,640.96)
3727	HR-PRISON RANCH	\$67,868.66	0:00:00	\$0.00	98:00:00	\$4,649.41	98:00:00	\$4,649.41	88:00:00	\$0.00	\$4,649.41
3738	HR-SO DESERT CORRECTIONAL CTR	\$5,202,674.16	549:15:00	\$22,931.84	11697:27:00	\$732,808.55	12246:42:00	\$755,740.39	21681:50	\$1,321,100.81	\$ (565,360.42)
3739	HR-WELLS CONSERVATION CAMP	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
3741	HR-HUMBOLDT CONSERVATION CAMP	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
3747	HR-ELY CONSERVATION CAMP	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
3748	HR-JEAN CONSERVATION CAMP	\$307,214.34	121:45:00	\$4,460.60	1084:36:00	\$65,195.96	1206:24:00	\$69,656.56	1233:37:00	\$71,819.90	\$ (2,163.34)
3749	HR-SILVER SPRINGS CONSERVATION	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
3751	HR-ELY STATE PRISON	\$3,414,031.16	304:30:00	\$12,953.46	18012:05:00	\$1,234,634.33	18316:35:00	\$1,247,587.79	22511:25	\$1,627,959.58	\$ (280,371.79)
3752	HR-CARLIN CONSERVATION CAMP	\$262,548.80	53:00:00	\$2,388.95	427:15:00	\$28,767.62	480:00:00	\$31,156.57	655:00:00	\$41,732.50	\$ (10,575.93)
3754	HR-TONOPAH CONSERVATION CAMP	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
3759	HR-LOVELOCK CORRECTIONAL CTR	\$3,799,371.90	1300:00:00	\$56,590.43	21322:32:00	\$1,381,157.71	22619:47:00	\$1,437,748.14	26799:16:00	\$1,704,747.52	\$ (266,999.38)
3760	HR-CASA GRANDE TRANS HOUSING	\$650,842.78	143:15:00	\$5,757.76	818:30:00	\$32,855.13	661:45:00	\$38,612.89	1488:10:00	\$87,347.75	\$ (48,734.86)
3761	HR-F MCCLURE WOMENS COR CTR	\$3,420,229.64	891:37:00	\$37,411.48	8166:32:00	\$557,808.31	9058:09:00	\$595,219.79	13339:10:00	\$864,582.48	\$ (269,362.69)
3762	HR-HIGH DESERT STATE PRISON	\$11,857,017.69	2023:15:00	\$81,532.77	23410:12:00	\$1,493,082.82	25433:27:00	\$1,574,615.59	63852:58:00	\$3,880,774.92	\$ (2,306,859.33)
3763	HR-INMATE WELFARE ACCOUNT	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
		\$48,153,397.91		\$518,752.97		\$71,530,339.47		\$3,049,092.44		\$12,216,391.14	\$ (4,167,298.70)
											-34.1%

Top 7 Correctional Centers (including Prison Medical)

3762	HR-HIGH DESERT STATE PRISON	\$	11,857,017.69	2023:15:00	\$	81,532.77	23410:12:00	\$	1,493,082.82	25433:27:00	\$	1,574,615.59
3769	HR-LOVELOCK CORRECTIONAL CTR	\$	3,799,371.90	1300:00:00	\$	56,590.43	21322:32:00	\$	1,381,157.71	22619:47:00	\$	1,437,748.14
3717	HR-NO NEVADA CORRECTNL CENTER	\$	4,764,553.17	639:23:00	\$	25,465.12	21764:20:00	\$	1,351,461.56	22403:43:00	\$	1,376,926.68
3751	HR-ELY STATE PRISON	\$	3,414,031.16	304:30:00	\$	12,953.46	18012:05:00	\$	1,234,634.33	18316:35:00	\$	1,247,587.79
3738	HR-SO DESERT CORRECTIONAL CTR	\$	5,202,674.16	549:15:00	\$	22,931.84	11697:27:00	\$	732,808.55	12246:42:00	\$	755,740.39
3761	HR-F MCCLURE WOMENS COR CTR	\$	3,420,229.64	891:37:00	\$	37,411.48	8166:32:00	\$	557,808.31	9058:09:00	\$	595,219.79
3706	HR-PRISON MEDICAL CARE	\$	5,268,206.83	3001:32:00	\$	168,705.50	3002:20:00	\$	196,681.04	6004:20:00	\$	365,386.54

\$1.57 Million plain english for memo
\$1.44 Million
\$1.38 Million
\$1.25 Million
\$0.76 Million
\$0.60 Million
\$0.37 Million
percent of total

Code	Reason	Accr Comp Hrs	Comp Dollars	Psd OT Hours	Psd OT Dollars	Total Hrs	Total Dollars
1	ACCIDENTS	0:00:00	\$0.00	7:00	\$329.70	7:00	\$329.70
2	ACCT/FISCAL	0:00:00	\$0.00	12:00	\$1,084.17	12:00	\$1,084.17
3	ADMIN	0:00:00	\$0.00	1:00	\$60.11	1:00	\$60.11
4	ADMIN SUPPRT	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
5	BACKLOG REDU	0:00:00	\$0.00	16:00	\$1,117.10	16:00	\$1,117.10
6	BUDGET PREP	6:30	\$263.25	12:00	\$890.53	18:30	\$1,153.78
7	CLIENT MEET	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
8	CLIENT SVCS	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
9	CONFERENCES	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
10	COURT	0:00:00	\$0.00	17:30	\$1,256.17	17:30	\$1,256.17
11	COVER-AL/MIL	95:00:00	\$4,204.24	2735:01:00	\$192,867.24	2830:01:00	\$197,071.48
12	COVER-24 HR	0:00:00	\$0.00	3:30	\$169.21	3:30	\$169.21
13	COVER-HOL/WK	1997:15:00	\$84,233.79	21434:57	\$1,255,189.66	23432:12:00	\$1,339,423.45
14	COVER-INJURY	60:00:00	\$2,572.80	185:27:00	\$15,053.61	245:27:00	\$17,626.41
15	COVER-SICK	131:58:00	\$5,782.15	7041:23:00	\$456,482.98	7173:21:00	\$462,265.13
16	COVER-TRAIN	11:00	\$454.84	66:15:00	\$4,316.45	77:15:00	\$4,771.29
17	COVER-VACANT	998:23:00	\$42,166.33	52874:20:00	\$3,469,812.15	53872:43:00	\$3,511,978.48
18	EMERGENCIES	0:00:00	\$0.00	0:30	\$42.82	0:30	\$42.82
19	INVESTIGATE	59:30:00	\$2,725.20	103:15:00	\$8,817.50	162:45:00	\$11,542.70
20	MEETINGS	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
21	OFFICE SPRT	0:00:00	\$0.00	3:00	\$191.37	3:00	\$191.37
22	PERSONNEL	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
23	PROGRAM DEAD	19:00	\$1,004.97	111:45:00	\$9,405.00	130:45:00	\$10,409.97
24	SITE REPAIR	49:15:00	\$2,115.88	458:15:00	\$32,621.07	507:30:00	\$34,736.95
25	SPECIAL EVNT	15:00:00	\$663.90	3:45:00	\$312.08	18:45	\$975.98
26	STAFF MEET	23:30:00	\$1,038.73	71:20:00	\$5,522.69	94:50:00	\$6,561.42
27	TRAINING	75:30:00	\$3,066.70	470:15:00	\$33,500.28	545:45:00	\$36,566.98
28	TRAIN-PERSON	5:00	\$195.75	17:30:00	\$1,045.80	22:30	\$1,241.55
29	TRAVEL	2:00	\$67.70	27:00:00	\$2,524.31	29:00:00	\$2,592.01
30	WORKLOAD	53:15:00	\$2,058.01	751:24:00	\$49,566.17	804:39:00	\$51,624.18
31	WORKSHOPS	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
32	SHIFT TRADE	0:00:00	\$0.00	10:30	\$638.48	10:30	\$638.48
33	COVID-19	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
36		0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
50	AGNCY DEFINE	3:32	\$147.64	29:52:00	\$2,026.06	33:2:00	\$2,173.70
51	AGNCY DEFINE	0:00:00	\$0.00	409:47:00	\$24,930.61	409:47:00	\$24,930.61
52	AGNCY DEFINE	16:45:00	\$611.03	212:30:00	\$13,515.45	229:15:00	\$14,126.48
53	AGNCY DEFINE	0:00:00	\$0.00	21:15:00	\$1,549.24	21:15	\$1,549.24
54	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
55	AGNCY DEFINE	36:45:00	\$1,575.65	443:48:00	\$31,491.15	480:33:00	\$33,066.80
56	AGNCY DEFINE	24:00:00	\$953.02	852:50:00	\$59,035.68	876:50:00	\$59,988.70
57	AGNCY DEFINE	67:05:00	\$3,106.50	880:57:00	\$63,021.70	948:02:00	\$66,128.20
58	AGNCY DEFINE	0:00:00	\$0.00	24:45:00	\$2,101.89	24:45:00	\$2,101.89
59	AGNCY DEFINE	2:00	\$97.67	168:55:00	\$12,391.16	170:55:00	\$12,488.83
60	AGNCY DEFINE	10:49	\$594.51	29:40:00	\$2,467.19	40:29:00	\$3,061.70
61	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
62	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
63	MEDICAL	193:55:00	\$7,762.19	15606:33:00	\$1,047,534.35	15800:28:00	\$1,055,296.54
64	AGNCY DEFINE	114:45:00	\$4,827.17	5213:07:00	\$331,941.39	5327:52:00	\$336,768.56
65	AGNCY DEFINE	0:00:00	\$0.00	60:05:00	\$2,880.71	60:05:00	\$2,880.71
66	AGNCY DEFINE	134:15:00	\$7,064.17	1859:01:00	\$132,720.78	1993:16:00	\$139,784.95
67	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
68	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
69	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
70	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
71	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
72	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
73	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
74	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
75	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
76	AGNCY DEFINE	0:00:00	\$0.00	114:45:00	\$8,575.38	114:45:00	\$8,575.38
77	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
79	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
80	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
81	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
82	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
83	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
84	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
85	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
86	AGNCY DEFINE	0:00:00	\$0.00	82:30:00	\$7,784.99	82:30:30	\$7,784.99
87	AGNCY DEFINE	4:00	\$154.04	123:00:00	\$8,575.54	127:00:00	\$8,729.58
88	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
89	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
90	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
91	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
92	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
93	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
94	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
96	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
97	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
98	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
99	AGNCY DEFINE	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
99	CJ - OT	0:00:00	\$0.00	16:45:00	\$1,046.21	16:45	\$1,046.21
P1	CBA-FOR-ARM	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00
100	AGNCY DEFINE	6812:55:00	\$339,245.14	1297:20:00	\$74,634.23	8110:15:00	\$413,879.37
			\$518,752.97				\$7,889,793.33

Highest 4 Causes of Overtime by Event Code							
17	COVER-VACANT	998:23:00	\$	42,166.33	52874:20:00	\$	3,469,812.15
13	COVER-HOL/WK	1997:15:00	\$	84,233.79	21434:57	\$	1,255,189.66
63	MEDICAL	193:55:00	\$	7,762.19	15606:33:00	\$	1,047,534.35
15	COVER-SICK	131:58:00	\$	5,782.15	7041:23:00	\$	456,482.98
							\$3,511,978.48
							\$1,339,423.45
							\$1,055,296.54
							\$462,265.13
							\$6,358,963.60
							80.7%

Dept	Budget Account	Organization	Accrued Comp			Paid Overtime			Total			Total			Total		
			BA Accrued	Comp Time	Dollars	BA Paid	Overtime	Dollars	BA Total	Hours	Dollars	BA Total	Hours	Dollars	BA Total	Hours	Dollars
406 - PUBLIC AND BEHAVIORAL HEALTH	3101 - HR-RADIATION CONTROL PROGRAM		8,000.00		\$397,746.37	16,000.00		\$811.12	24,000.00	0.00	\$0.00	24,000.00	0.00	\$0.00	\$1,101.20	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3152 - HR-LOW-LVL RADIOACTIVE WASTE FUND		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3152 - HR-CANCER CONTROL REGISTRY		0.00		\$107,625.07	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3155 - HR-HHS-OPBH - FAMILY PLANNING		0.00		\$15,566.31	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3155 - HR-HHS-OPBH - FAMILY PLANNING		4434.48		\$196,628.14	2864.29		\$1,919,403.35	34077.27	0.00	\$0.00	34077.27	0.00	\$0.00	\$1,716,031.40	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3162 - HR-NOV ADULT MENTAL HEALTH SVC		41.45		\$13,917.03	1388.40		\$48,335.17	1801.25	0.00	\$0.00	1801.25	0.00	\$0.00	\$67,457.20	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3162 - HR-NOV ADULT MENTAL HEALTH SVC		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3168 - HR-CRISIS RESPONSE		0.00		\$231,228.18	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3168 - HR-BEHAVIORAL HEALTH ADMINSTR		0.00		\$275,781.83	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3168 - HR-BEHAVIORAL HEALTH ADMINSTR		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3170 - HR-OPBHD ANTAGONIST FUND		16.00		\$387,704.46	0.00		\$0.00	16,000.00	0.00	\$0.00	16,000.00	0.00	\$0.00	\$387,704.46	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3170 - HR-BEHAVIORAL HEALTH PREV & TR		10.00		\$298.30	161.45		\$5,934.81	171.46	0.00	\$0.00	171.46	0.00	\$0.00	\$5,934.81	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3172 - HR-HHS-OPBHS-SNMMIS GRANT FUND		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3190 - HR-HEALTH STATISTICS PLANNING		0.00		\$244,259.39	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3194 - HR-ENVIRONMENTAL HEALTH SRVGS		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3200 - HR-PREVENT OF PROBLEM GAMBL		0.00		\$19,809.31	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3210 - HR-PUBLIC HEALTH GIFT FUND		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3213 - HR-IMMUNIZATION PROGRAM		0.00		\$254,865.78	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3214 - HR-WIC FOOD SUPPLEMENT		0.00		\$329,921.85	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3215 - HR-COMMUNICABLE DISEASES		0.00		\$204,188.13	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3218 - HR-HEALTH ALERT NETWORK		0.00		\$297,387.24	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3218 - HR-HHS HD BIOSTATS & EPIDM/G		0.00		\$230,743.84	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3220 - HR-CHRONIC DISEASE		0.00		\$433,908.31	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3222 - HR-MATERIAL CHILD HEALTH SRVC		0.00		\$347,167.42	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3223 - HR-OFF OF STATE HEALTH ADMIN		46.15		\$1,561,573.28	198,000.00		\$14,132.85	241.15	0.00	\$0.00	241.15	0.00	\$0.00	\$1,605,738.28	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3224 - HR-COMMUNITY HEALTH SERVICES		0.00		\$351,019.90	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3234 - HR-OPBHPUBLIC HEALTH IMPROVEM		0.00		\$80,918.39	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3235 - HR-EMERGENCY MEDICAL SERVICES		0.00		\$110,336.68	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3255 - HR-HHS-OPBHS-ALCOHOL TAX PROGRAM		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3287 - HR-HOSPITAL GIFT FUND		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3287 - HR-HOSPITAL GIFT FUND		1632.57		\$87,001.53	8728.57		\$431,874.88	898.57	0.00	\$0.00	898.57	0.00	\$0.00	\$431,874.88	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3288 - HR-FAC FOR MENTAL OFFENDER		0.00		\$2,088,873.32	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$2,088,873.32	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	3288 - HR-FAC FOR MENTAL OFFENDER		0.00		\$2,151,588.15	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$2,151,588.15	0.00	\$0.00
406 - PUBLIC AND BEHAVIORAL HEALTH	4347 - HR-MARIJUANA HEALTH REGISTRY		0.00		\$50,564.46	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3149 - HR-HHS-DWSS - CHILD CARE SERVICES		0.00		\$465,783.51	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3228 - HR-WELFARE ADMINISTRATION		335.30		\$1,634.92	1610.00		\$106,283.47	1638.30	0.00	\$0.00	1638.30	0.00	\$0.00	\$106,283.47	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3230 - HR-TEMP ASSIST TO NEEDY FAMILIES		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3232 - HR-ASSISTANCE TO AGED AND BLIND		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3233 - HR-WELFARE FIELD SERVICES		97.00		\$1,190.27	27665.44		\$1,375,266.51	27752.44	0.00	\$0.00	27752.44	0.00	\$0.00	\$1,375,266.51	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3238 - HR-CHILD SPTT ENFORCEMENT PRG		0.00		\$1,441,133.11	2688.13		\$159,816.06	2688.13	0.00	\$0.00	2688.13	0.00	\$0.00	\$159,816.06	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3268 - HR-CHILD SPTT FEDERAL REIMB		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3287 - HR-CHILD CARE ASSIST & DEVEL		0.00		\$410,214.01	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	4682 - HR-ENERGY ASSISTANCE - WELFARE		0.00		\$424,304.00	0.00		\$3,725.92	69.00	0.00	\$0.00	69.00	0.00	\$0.00	\$3,725.92	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	6028 - HR-COLLECTION & DISTRIBUTION ACCT		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS	6031 - HR-UNIVERSAL ENERGY		0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00	0.00	\$0.00
407 - DIV OF WELFARE&SUPPORTIVE SVCS			0.00		\$0.00	0.00		\$0.00	0.00	0.00	\$0.00	0.00	0.00	\$0.00	\$0.00		

Dist	Budget Account	Organization	Accrued Comp		BA Paid		BA Total	BA Total Dollars	Reason	Comp Time		Reason		Total
			Time Hours	Dollars	Time Hours	Dollars				Reason	Reason			
403 - CHILD AND FAMILY DIVISION	1383	HR-COMMUNITY JUSTICE PRG	\$16,405.52	13.30	\$728.35	\$8,430.16	\$5,000.00	\$2,719.51	03 ADMIN	4.00	\$134.00	17.00	\$439.96	\$6,349.47
403 - CHILD AND FAMILY DIVISION	3141	HR-WASHOE COUNTY CHILD WELFARE	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	03 ADMIN	10.00	\$349.96	36.00	\$959.38	\$959.38
403 - CHILD AND FAMILY DIVISION	3142	HR-CLARK COUNTY CHILD WELFARE	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	04 ADMIN SUPPT	12.49	\$277.23	17.00	\$897.20	\$897.20
403 - CHILD AND FAMILY DIVISION	3143	HR-INFORMATION SERVICES	\$650,444.28	26.30	\$1,439.25	\$7,166.49	99.25	\$3,625.74	05 BACKLOG REDU	0.00	\$0.00	35.40	\$1,956.24	\$3,456.40
403 - CHILD AND FAMILY DIVISION	3145	HR-CHILDREN/YOUTH/FAMILY ADMIN	\$1,099,936.86	27.25	\$723.22	\$3,215.35	40.30	\$9,636.96	07 CLIENT PREP	0.00	\$0.00	25.00	\$2,196.87	\$2,200.87
403 - CHILD AND FAMILY DIVISION	3146	HR-FAMILY SUPPORT PROGRAM	\$840,414.89	40.30	\$1,603.80	\$7,833.35	40.30	\$9,636.96	07 CLIENT MEET	1.3000	\$62.46	15.00	\$1,171.77	\$1,177.77
403 - CHILD AND FAMILY DIVISION	3147	HR-SUBSTANCE ABUSE CENTER	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	08 CLIENT SVCS	119.28	\$4,229.47	1,068.01	\$66,126.84	\$66,126.84
403 - CHILD AND FAMILY DIVISION	3148	HR-SUMMIT YOUTH CENTER	\$1,094,079.94	129.14	\$37,141.45	\$14,597.16	463.94	\$72,707.37	08 CONFERENCES	0.0000	\$0.00	4.30	\$216.34	\$216.34
403 - CHILD AND FAMILY DIVISION	3179	HR-CALENTE YOUTH CENTER	\$68,445.00	0.00	\$0.00	\$0.00	0.00	\$0.00	10 COURT	0.0000	\$0.00	5.10	\$369.65	\$369.65
403 - CHILD AND FAMILY DIVISION	3181	HR-ADOLESCENT JUSTICE SVCS	\$1,050,425.00	0.00	\$0.00	\$19,170.37	319.35	\$143,238.12	11 COVER-AJMAL	20.3000	\$668.74	581.40	\$2,857.35	\$3,316.09
403 - CHILD AND FAMILY DIVISION	3184	HR-ADOLESCENT JUSTICE SVCS	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	12 COVER-24 HR	679.4200	\$10,050.67	2,658.39	\$36,052.08	\$56,152.15
403 - CHILD AND FAMILY DIVISION	3229	HR-RURAL CHILD WELFARE	\$2,520,967.13	226.64	\$80,168.00	\$25,689.86	616.72	\$341,867.60	13 COVER-HOLMAK	40.0000	\$1,745.00	433.10	\$13,882.72	\$14,986.39
403 - CHILD AND FAMILY DIVISION	3242	HR-CHILD WELFARE TRUST	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	14 COVER-INJURY	0.0000	\$0.00	17.15	\$915.36	\$915.36
403 - CHILD AND FAMILY DIVISION	3250	HR-TRANSITION FROM FOSTER CARE	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	15 COVER-SUCK	48.4100	\$1,768.71	134.54	\$89,721.23	\$89,721.23
403 - CHILD AND FAMILY DIVISION	3251	HR-REVIEW OF DEATH OF CHILDREN	\$696,269.07	345.25	\$14,954.77	\$57,477.88	686.10	\$272,432.65	16 COVER-TRAIN	0.0000	\$0.00	25.80	\$1,265.83	\$1,265.83
403 - CHILD AND FAMILY DIVISION	3259	HR-NEVADA YOUTH TRAINING CTR	\$830,785.79	22.00	\$391.74	\$57,477.88	686.10	\$272,432.65	17 COVER-TRACANT	48.0000	\$1,335.22	491.20	\$22,886.66	\$22,886.66
403 - CHILD AND FAMILY DIVISION	3277	HR-FARM ACCT-YOUTH TRAINING CENTR	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	18 EMERGENCIES	10.5500	\$4,429.12	236.00	\$12,203.63	\$12,203.63
403 - CHILD AND FAMILY DIVISION	3281	HR-NO NEV CHILD & ADJ SCNT SVCS	\$1,400,744.81	133.15	\$4,716.09	\$101,755.06	276.21	\$108,511.15	19 MENTORING	98.3000	\$4,218.54	517.40	\$2,029.81	\$2,029.81
403 - CHILD AND FAMILY DIVISION	3285	HR-NEVADA CHILDREN'S GIFT FUND	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	20 MENTORING	42.0000	\$1,745.00	42.00	\$1,745.00	\$1,745.00
403 - CHILD AND FAMILY DIVISION	3292	HR-HENRY WOODS CHRISTMAS FUND	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	21 OFFICE SUPPLY	12.0000	\$368.64	66	\$12,116.50	\$12,116.50
403 - CHILD AND FAMILY DIVISION	3293	HR-NEVADA CHILDREN'S GIFT ACCOUNT	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	22 PERSONNEL	2.1500	\$111.68	19.20	\$739.15	\$739.15
403 - CHILD AND FAMILY DIVISION	3295	HR-CALENTE YOUTH CTR GIFT FUND	\$0.00	0.00	\$0.00	\$0.00	0.00	\$0.00	23 PROGRAM/FEED	0.0000	\$0.00	19.20	\$739.15	\$739.15
403 - CHILD AND FAMILY DIVISION	3296	HR-YOUTH TRAINING CENTER GIFT FND	\$5,619,064.03	151.03	\$55,792.55	\$58,489.72	172.63	\$55,291.27	24 SITE REPAIR	7.0000	\$268.91	11.45	\$327.54	\$327.54
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	26 SPECIAL EVNT	54.0000	\$2,095.83	487.00	\$25,537.18	\$27,633.01
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	26 SPECIAL EVNT	21.1500	\$737.90	156.57	\$9,730.68	\$10,468.58
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	27 TRAINING	40.2000	\$2,883.81	889.70	\$46,993.38	\$47,877.19
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	28 TRAIN PERSON	14.0000	\$431.90	7.90	\$862.39	\$1,094.29
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	29 TRAVEL	60.0000	\$2,403.43	592.26	\$31,428.72	\$33,830.15
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	30 WORKLOAD	163.4000	\$5,284.20	136.04	\$101,536.84	\$106,821.04
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	31 WORKSHOPS	0.0000	\$0.00	12.00	\$338.02	\$338.02
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	32 SHIFT TRADE	5.5000	\$120.83	8.00	\$457.50	\$578.33
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	51 AGENCY DEFINE	50.0000	\$1,480.28	147.68	\$7,302.46	\$8,782.74
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	59 AGENCY DEFINE	26.1000	\$641.00	641.00	\$30,363.42	\$31,657.72
403 - CHILD AND FAMILY DIVISION	4684	HR-VICTIMS OF CRIME	\$97,588.11	0.00	\$0.00	\$4,904.41	105.60	\$4,904.41	100 AGENCY DEFINE	4214.5000	\$172,289.57	3868.4300	\$6,306.34	\$178,605.91

SUMMARY - BA AND REASON TOTALS SHOULD MATCH				
BA	BA Accrued Comp Time Dollars	BA Paid Overtime Dollars	BA Total Dollars	BA Total Dollars
400	\$343,153.77	\$0.00	\$343,153.77	\$3,259.70
402	\$23,260,886.72	\$20,991.43	\$23,281,878.15	\$625,904.43
405	\$28,778,971.21	\$26,542.26	\$28,805,513.47	\$2,311,784.78
407	\$4,902,273.56	\$4,985.19	\$4,907,258.75	\$1,681,081.19
409	\$16,514,175.52	\$1,533,800.15	\$17,047,975.67	\$1,776,189.16

Overtime Analysis by Event Date

Overtime Analysis Settings

Agency: ALL

DHS Pivot 26Q3

Row Labels	Sum of Overtime Reason Total Dollars
COVER-24 HR	2,342,181.99
BACKLOG REDU	1,410,211.45
AGNCY DEFINE	770,656.08
COVER-HOL/WK	607,961.52
EMERGENCIES	282,144.11
COVER-VACANT	257,920.43
WORKLOAD	188,519.55
COVER-SICK	76,263.97
CLIENT SVCS	72,850.51
TRAINING	54,958.95
COVER-AL/MIL	52,920.06
PROGRAM DEAD	41,191.54
INVESTIGATE	36,426.24
TRAVEL	36,369.61
COVER-TRAIN	32,204.91
SPECIAL EVNT	28,332.41
BUDGET PREP	19,726.56
OFFICE SPPRT	14,925.39
STAFF MEET	10,827.90
ACCIDENTS	9,203.35
MEETINGS	5,376.71
ADMIN	4,791.11
SITE REPAIR	3,135.77
ACCT/FISCAL	2,160.61
TRAIN-PERSON	1,514.37
CLIENT MEET	1,234.23
ADMIN SUPPRT	1,230.59
WORKSHOPS	1,021.22
COURT	1,015.28
COVER-INJURY	916.36
PERSONNEL	866.81
SHIFT TRADE	578.33
CONFERENCES	216.34
(blank)	
Grand Total	\$ 6,369,854.26

Row Labels	Sum of BA Total Dollars
406 - PUBLIC AND BEHAVIORAL HEALTH	\$ 2,311,784.78
HR-SO NEV ADULT MENTAL HEALTH	1,716,031.49
HR-FAC FOR MENTAL OFFENDER	498,676.39
HR-NNV ADULT MENTAL HEALTH SVC	67,452.20
HR-OFF OF STATE HEALTH ADMIN	16,837.09
HR-HHS-DPBH-SNAMHS GIFT FUND	6,218.91
HR-COMMUNITY HEALTH SERVICES	3,871.79
HR-RADIATION CONTROL PROGRAM	1,101.20
HR-BEHAVIORAL HEALTH PREV & TR	587.04
HR-HHS HD BIOSTATS & EPIDMLG	460.12
HR-HHS DPBH RURAL CLINICS	342.57
HR-BEHAVIORIAL HEALTH ADMINSTR	205.98
HR-DPBH-PUBLIC HEALTH IMPROVEM	-
HR-MATERNAL CHILD HEALTH SRVC	-
HR-LOW-LVL RADIOACTIVE WASTE FUND	-
HR-HEALTH STATISTICS&PLANNING	-
HR-PUBLIC HEALTH GIFT FUND	-
HR-ENVIRONMENTAL HEALTH SRVCS	-
HR-EMERGENCY MEDICAL SERVICES	-
HR-CANCER CONTROL REGISTRY	-
HR-MARIJUANA HEALTH REGISTRY	-
HR-COMMUNICABLE DISEASES	-
HR-HEALTH ALERT NETWORK	-
HR-OPIOID ANTAGONIST FUND	-
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HR-PREVTREAT OF PROBLEM GAMBL	-
HR-HHS-DPBH-ALCOHOL TAX PROGRAM	-
HR-CRISIS RESPONSE	-
HR-CHRONIC DISEASE	-
HR-WIC FOOD SUPPLEMENT	-
HR-HOSPITAL GIFT FUND	-
HR-IMMUNIZATION PROGRAM	-
HR-HHS-DPBH - FAMILY PLANNING	-
409 - CHILD AND FAMILY DIVISION	\$ 1,776,199.16
HR-SO NEV CHILD & ADLSCNT SVCS	655,291.27
HR-RURAL CHILD WELFARE	341,857.69
HR-NEVADA YOUTH TRAINING CTR	272,432.65
HR-SUMMIT VIEW YOUTH CENTER	178,707.37
HR-CALIENTE YOUTH CENTER	143,259.12
HR-NO NEV CHILD & ADLSCNT SVCS	106,511.15
HR-CHILDREN/YOUTH/FAMILY ADMIN	31,938.77
HR-YOUTH PAROLE SERVICES	13,814.53
HR-FAMILY SUPPORT PROGRAM	9,636.95
HR-COMMUNITY JUV JUSTICE PRG	9,219.51
HR-INFORMATION SERVICES	8,625.74
HR-VICTIMS OF CRIME	4,904.41
HR-HENRY WOODS CHRISTMAS FUND	-
HR-CHILDRENS TRUST FUND	-
HR-WASHOE COUNTY CHILD WELFARE	-
HR-AID FOR VICTIMS OF DV OR SV	-
HR-FARM ACCT-YOUTH TRAINING CENTR	-
HR-CLARK COUNTY CHILD WELFARE	-
HR-YOUTH TRAINING CENTER GIFT FND	-
HR-TRANSITION FROM FOSTER CARE	-
HR-CHILD WELFARE TRUST	-
HR-YOUTH ALTERNATIVE PLACEMENT	-
HR-REVIEW OF DEATH OF CHILDREN	-
HR-CALIENTE YOUTH CTR-GIFT FUND	-
(blank)	-
HR-NEVADA CHILDREN'S GIFT ACCOUNT	-
HR-NEVADA CHILDRENS GIFT FUND	-
407 - DIV OF WELFARE&SUPPORTIVE SVCS	\$ 1,651,106.19
HR-WELFARE FIELD SERVICES	1,378,406.78
HR-CHILD SPPRT ENFORCEMENT PRG	160,816.06
HR-WELFARE ADMINISTRATION	108,098.39

HR-CHILD CARE ASSIST & DEVEL		3,725.92
HR-ENERGY ASSISTANCE - WELFARE		59.04
HR-ASSISTANCE TO AGED AND BLIND		-
HR-COLLECTION & DISTRIBUTION ACCT		-
HR-CHILD SUPPORT FEDERAL REIMB		-
HR-HHS-DWSS - CHILD CARE SERVICES		-
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HR-TEMP ASSIST FOR NEEDY FAMILIES		-
HR-UNIVERSAL ENERGY		-
402 - AGING AND DISABILITY SERVICES	\$	625,504.43
HR-DESERT REGIONAL CENTER		588,391.82
HR-AGING FEDERAL PROG & ADMIN		24,106.87
HR-ADULT PROTECTIVE SERVS & LO		7,288.94
HR-SIERRA REGIONAL CENTER		3,325.30
HR-AUTISM TREATMENT PROGRAM		1,260.22
HR-PLANNING ADVOCACY AND COMM		493.92
HR-RURAL REGIONAL CENTER		424.60
HR-EARLY INTERVENTION SVCS		212.76
HR-COMM FOR PERSONS WHO ARE DEAF		-
HR-SRC GIFT FUND		-
HR-SENIOR RX AND DISABILITY RX		-
HR-STATE INDEPENDENT LIVING CO		-
HR-COMMUNITY BASED SERVICES		-
HR-TOBACCO SETTLEMENT PROGRAM		-
HR-RURAL SERVICES GIFT ACCOUNT		-
HR-COMMUNICATION ACCESS SRVCS		-
HR-DHR/AGING SERVICES-GIFT ACCT		-
HR-HHS DO CONSUMER HEALTH ASSI		-
HR-DRC GIFT FUND		-
HR-IDEA PART C COMPLIANCE		-
(blank)		-
HR-FAMILY PRESERVATION PROGRAM		-
HR-FOCIS AND MFP		-
400 - DEPT OF HEALTH AND HUMAN SERV	\$	5,259.70
HR-ADMINISTRATION		5,259.70
HR-VICTIMS OF HUMAN TRAFFICKING		-
HR-UPL HOLDING ACCOUNT		-
HR-FUND FOR RESILIENT NEVADA		-
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HR-GRANTS MANAGEMENT UNIT		-
HR-GRIEF SUPPORT TRUST ACCOUNT		-
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Grand Total	\$	6,369,854.26