

Governor Brian Sandoval  
*Chairman*

James R. Wells, CPA  
*Clerk of the Board*



Attorney General Adam Paul Laxalt  
*Member*

Secretary of State Barbara K. Cegavske  
*Member*

## STATE OF NEVADA BOARD OF EXAMINERS

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

### PUBLIC MEETING NOTICE AND AGENDA

**Date and Time:** May 8, 2018, 10:00 AM

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

**Video Conference Location:** Grant Sawyer Building  
555 E. Washington Avenue, Ste. 5100  
Las Vegas, Nevada 89101

### AGENDA

1. **Call to Order / Roll Call**
2. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)
3. **Approval of the April 10, 2018 Minutes** (For possible action)

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

**A. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Albert “Mike” Free. Diversified Consulting Services is proposing to engage Mr. Free to fill an Assistant Resident Engineer position under the contract for the SR 160 Phase 2 Widening Project in District 1.

**B. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Brian Mitchell. Slater Hanifan Group, Inc. is proposing to engage Mr. Mitchell to fill a Tester position to augment NDOT Construction Crew 926 in District 1.

**C. Department of Public Safety – Office of Traffic Safety**

Pursuant to NRS 333.705, subsection 1, the Office of Traffic Safety requests authority to contract with former employee Joanne Lighthart to provide Quality Assurance service for the Nevada Rider Motorcycle Safety Program. This will be a part-time position, on an as-needed basis, not to exceed 75 hours per calendar year.

**5. Requests for the Allocation and Disbursement of Funds for Salary Adjustments**  
(For possible action)

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State’s respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor’s Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

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

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>	<b>HWY FUND ADJUSTMENT</b>
2941	Tourism – Museum and History Administration	\$2,579	
	<b>Total</b>	<b>\$2,579</b>	

**6. Request for Approval to Join or Use Other Government’s Contract**  
(For possible action)

**Department of Motor Vehicles \$283,913.64**

Pursuant to NAC 333.175, the Division requests approval to utilize a Kentucky Transportation Cabinet/Division of Motor Carriers contract with Explore Information Services, LLC to provide access to an existing and fully operational International Fuel Tax Agreement system.

**7. Approval of Proposed Leases** (For possible action)

**8. Approval of Proposed Contracts** (For possible action)

**9. Approval of Work Plans** (For possible action)

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

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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from March 19, 2018 through April 16, 2018.

## 12. Information Item - Reports

### Department of Motor Vehicles – Certification of Complete Streets Program Contributions

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles shall certify to the State 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 is for the period beginning January 1, 2018 and ending March 31, 2018.

## 13. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

## 14. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. 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 Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov). Supporting materials for this meeting are available at: 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov)

#### Agenda Posted at the Following Locations:

1. Blasdel Building, 209 E. Musser Street, Carson City, NV 89701
2. Capitol Building, 101 North Carson Street, Carson City, NV 89701
3. Legislative Building, 401 N. Carson Street, Carson City, NV 89701
4. Nevada State Library & Archives, 100 North Stewart Street, Carson City, NV 89701
5. Grant Sawyer Building, Capitol Police, 555 E. Washington, Las Vegas, NV 89101

Notice of this meeting was posted on the Internet: <http://budget.nv.gov/Meetings/> and <https://notice.nv.gov>



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101 N. Carson Street  
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**Video Conference Location:** Grant Sawyer Building  
555 E. Washington Avenue, Ste. 5100  
Las Vegas, Nevada 89101

#### **MEMBERS PRESENT:**

Governor Brian Sandoval  
Attorney General Adam Paul Laxalt – Present in Las Vegas  
Secretary of State Barbara Cegavske – Present in Las Vegas  
James Wells, Clerk

#### **OTHERS PRESENT:**

Kasey KC, Administrator, Division of Forestry  
Roger Rahming, Deputy Superintendent, Department of Education  
Christy McGill, Department of Office Safety and Respectful Learning  
Steve Fisher, Administrator, Department of Welfare and Supportive Services  
Nova Murray, Deputy Division Administrator,  
Department of Welfare and Supportive Services  
Julie Butler, Deputy Administrator, Department of Public Safety, General Services  
Patrick Cates, Director, Department of Administration  
Chris Chimits, Interim Administrator, State Public Works

## MINUTES

### 1. Call to Order / Roll Call

**Governor:** I will call the Board of Examiners Meeting to order. Mr. Attorney General, I understand you are participating telephonically; can you hear us loud and clear?

**Attorney General:** Yes, Governor, thank you. I will be there in person in about 15-minutes as well.

### 2. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

**Governor:** Agenda item number 2 is Public Comment. Is there any member of the public present in Carson City that would like to provide public comment to the Board? I hear and see none. Is there anyone present in Las Vegas that would like to provide public comment to the Board?

**Speaker:** No, Governor.

### 3. Approval of the March 13, 2018 Minutes (For possible action)

**Governor:** All right, we will move to agenda item number 3, approval of the March 13, 2018 minutes. Have the Members had an opportunity to review the minutes and are there any changes?

**Secretary of State:** No changes, Governor. Move for approval.

**Governor:** Thank you Madam Secretary. The Secretary of State has moved to approve the March 13, 2018 minutes. Is there a second?

**Attorney General:** I second.

**Governor:** Attorney General has seconded the motion. Any questions or discussion on the motion? I hear none. That motion passes 3-0.

**4. Request to Purchase State Vehicles** (For possible action)

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT EXCEED: TO</b>
Department of Administration, Enterprise Information Technology Services	2	\$68,451
Department Of Public Safety – Division of Emergency Management	1	\$26,815
<b>Total</b>	3	\$95,266

**Governor:** We will move to agenda item number 4, Request to Purchase State Vehicles. Good morning, Mr. Wells.

**Clerk:** Good morning Governor and Members of the Board. There are two requests for three vehicles in this agenda item this morning.

The first request is from the Department of Administration, Enterprise IT Services Division to purchase two new vehicles for use in performing remote mountaintop microwave maintenance and repairs.

The second request is from the Department of Public Safety, Division of Emergency Management to purchase one replacement vehicle that has met the age and/or mileage requirements in State Administrative Manual.

Both of these requests were included in the agency’s legislatively approved budgets. There are representatives available to answer any questions that the Members may have.

**Governor:** Thank you Mr. Wells. I have no questions. Board Members, any questions on agenda item number 4?

**Secretary of State:** No questions, Governor.

**Governor:** Is there a motion to approve?

**Secretary of State:** Motion to approve.

**Governor:** Secretary of State has moved to approve the request to purchase state vehicles as represented in agenda item number 4

**Attorney General:** I second.

**Governor:** Seconded by the Attorney General. Any questions or discussion on the motion? I hear none. That motion passes 3-0.

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

- A. Department of Transportation** – Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Mike Pendergraft. CA Group, Inc. is proposing to engage Mr. Pendergraft to fill an Inspector Level III position in the augmentation of NDOT Construction Crew 905 in District II for the I-80 and US-395 projects. This will be a full-time contracted position working forty hours per week from April 2018 to October 2019.
- B. Department of Transportation** – Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Greg Price. CA Group, Inc. is proposing to engage Mr. Price to fill an Inspector Level IV position in the augmentation of NDOT Construction Crew 905 in District II for the I-80 and US-395 projects. This will be a full-time contracted position working forty hours per week from April 2018 to October 2019.
- C. Department of Transportation** – Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Steve Smith. CA Group, Inc. is proposing to engage Mr. Smith to fill an Inspector Level IV position in the augmentation of NDOT Construction Crew 905 in District II for the I-80 and US-395 projects. This will be a full-time contracted position working forty hours per week from April 2018 to October 2019.

**Governor:** We will move to agenda item number 5, Authorization to Contract with a Current and/or Former State Employee. Mr. Wells.

**Clerk:** Thank you Governor. Item 5 includes three requests from the Department of Transportation to contract with current and/or former employees pursuant to NRS 333.705 Subsection 1. The three requests will allow a contracted vendor, the CA Group, Inc. to use former employees on projects awarded to that vendor.

The first request is for an inspector level 3 position to augment construction crews in District 2. This employee retired in March of 2017. The second and third requests are for inspector level 4 positions to augment construction crews in District 2. The second employee retired in January 2017 and the third in December of 2016.

These former employees did not have any influence or authority over the contracts with the vendor. There are representatives from the Department of Transportation to answer any additional questions.

**Governor:** All right, thank you Mr. Wells. My review is that these are pretty straightforward. Board Members, any questions with regard to agenda item number 5?

**Secretary of State:** I have none Governor, I will move for approval.

**Governor:** The Secretary of State has moved to approve the authorization to contract with current and/or former state employee as presented in agenda item number 5. Is there a second?

**Attorney General:** I second.

**Governor:** Attorney General has seconded the motion. Any questions or discussion? I hear none. That motion passes 3-0.

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

**Department of Conservation and Natural Resources – Division of Forestry**

Pursuant to NRS 353.268, the Division requests an allocation of \$1,006,213 from the Interim Finance Committee (IFC) Contingency Account to cover the cost of actual and projected emergency response expenses arising from operations directly involving the protection of life and property under NRS Chapter 472.

**Governor:** We will move on to agenda item number 6, Request for a Recommendation of Approval to the IFC for an Allocation Amount from the Contingency Account from the Department of Conversation and Natural Resources, Division of Forestry, Mr. Wells.

**Clerk:** Thank you Governor. Item 6 is a request for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268 for an allocation from the General Fund Contingency Account. The Contingency Account has an approximate balance of \$15.5 million to cover the unanticipated costs for the remainder of the 2017-2019 biennium.

The request in the amount of \$1,006,213 from the Division of Forestry of the Department of Conservation and Natural Resources is the third part of funding firefighting activities for the Fiscal Year 2018. In October, work programs were processed to carry back \$2.5 million in Fiscal Year 2019 appropriations, as well as use \$1.5 million in Wildland Fire Protection Program reserves to cover projected expenses through the end of December.

In December, an allocation of \$1.95 million from the Statutory Contingency Account was approved by the Board of Examiners to cover projected expenses through the end of the Fiscal Year. However, those amounts have been insufficient to cover the firefighting costs incurred through June due to the unusually active Fiscal Year 2018 fire season.

This request is intended to cover the currently projected expenditures through early June. If approved by IFC tomorrow, would bring the total amount added to the Fiscal Year 2018 fire suppression budget account to a little over \$7 million.

There are representatives from the Division of Forestry to answer any additional questions.

**Governor:** Thank you Mr. Wells. Ms. KC, how are you today?

**Kasey KC:** Fine, thank you.

**Governor:** Good. I understand that you need this, the Department needs all of this. I suppose what I was going to ask was, where are we in the process of seeking reimbursements because there may be some bigger amounts coming on, on the heels of this.

**Kasey KC:** Yes, we are working through all of our reimbursements. We had a lot of Fire Management Assistance Grant (F-MAGS) this year. We usually, traditionally, run one to two in a slower fire season. This year we had about eight or nine of them. Many have been submitted and are working through an adjudication process. Some are still in the process of being submitted. There is back-up attached to all of it on where we are with getting billings out. We are about a year behind in getting some of the fire bills out, which is pretty typical of these large fire seasons.

**Governor:** One of those is the fire in Washoe Valley, correct?

**Kasey KC:** Yes.

**Governor:** That one is probably the biggest number of them all. When do you expect that review process to be completed and a reimbursement coming?

**Kasey KC:** We were hoping to have that one in right now. We are finalizing a bill with the Forest Service right now on their portion of that cost. We do not have a final bill submitted from them yet. Once we have that final bill, it has been preliminarily submitted to the Federal Emergency Management Agency for the F-MAG approval. Once we get that final bill in, it will be in final submittal. We are hoping it will come in this Fiscal Year, but likely not before June.

**Governor:** Some of the costs associated with the amounts have to do with out-of-state fires where we have sent crews. Is that a Federal process or do we wait for the States to reimburse us, for example, California?

**Kasey KC:** For California, it's a state-to-state. So we submit a bill and we wait for California to reimburse us. They are fast usually in the turnaround, though they did have a pretty devastating October and December so they are a little bit slower right now. California is working off the Governor's Agreement which is State-to-State, others are working through the Federal process. So, if we send folks to say Florida or Georgia, those

go through the regular process. Not the F-MAG process though, just the regular dispatch agreements.

**Governor:** We know better than anybody that when we need help we appreciate it when others come here to help us out with our fires. I just want to make sure that we are getting reimbursed as soon as we can so that we do not creep too far into this contingency account because we have some other agencies that are making requests of this account as well. Although it seems like a lot of money that we have in there, it really is not.

**Kasey KC:** Yes, and we have also made some efficiencies in sending staff out this year. Traditionally, we would help California on a Governor-to-Governor and we will always send staff if needed if we have staff available. For other states, we are only sending staff that needs that qualification, so we have turned down assignments to go to other states if the staff does not actually need the training in an attempt to try to cut back on some of that as well.

**Governor:** Okay. Thank you. Was there anything that you wanted to present that I have not asked about?

**Kasey KC:** Not unless you just wanted an update of what we have seen so far but we are going to have our Fire Briefing soon.

**Governor:** So, in regards to the Fire Briefing I just want to make sure that you have the personnel, the equipment and everything ready to go in the event that we do have another horrible fire season. Are you well equipped and ready to go?

**Kasey KC:** In 2018, we have had 29 human-caused fires to date. A little earlier start than last year. Most of our early starts were human caused as you know as well as last year. We are at about 1,700 acres burnt to date. We had a miracle in March; unfortunately, that just creates more grass under an already overstocked grass field out there. We will talk more about predictive services and what they are looking at but last year, we did not hit above average conditions until June from Predictive Services. This year we are looking at hitting it next month, for much of this year and up into Northern parts of the State. Then it expands up through Elko as we move into mid-June.

The big difference between last year and this year was some of our higher elevations had a very large snowpack that kept some of our timbered areas out of that extreme fire danger. This year they are not out unfortunately. The snowpack was not sufficient enough and likely will not stick around enough. Looking into May, a lot of the areas along the Sierra front that were green last year, below average, are actually above average. That is the unfortunate part this year.

**Governor:** Last year I was really excited about those remote cameras that can spot the starts much sooner so that you can deploy the resources there. Do we have as many or have more been installed?

**Kasey KC:** The University is currently working to install more of those cameras so we will have more than we had last year from the Bureau of Land Management standpoint and from the State standpoint. They are using existing repeater sites. A lot of those fires were detected early by those cameras last year. That was really beneficial to us. That network has expanded into California and some surrounding states.

**Governor:** That is great news. Technology can be good or bad but this is a situation where it is very good. So thank you for that. Board Members, any other questions with regard to agenda item number 6?

**Secretary of State:** The only other thing that I would ask is, being in Carson and seeing the sheep that come in and eat a lot of the weeds in the area, do we do any of that with the Forestry? I just wanted to make sure that some of that is incorporated into what we are doing.

**Kasey KC:** Thank you. Yes, we do some of that. We contract with local sheep growers working with the counties. We do some of that along the Carson Front and anywhere we can. Nevada was also pretty proactive in having a range group that got together after the sage grouse plan was initiated and was awarded, a couple of these experimental stewardship programs that will look at grazing opportunities beyond currently permitted grazing allotment sizes. So that, in these years where we have large grass growth, they can actually move their cattle differently and I think we got three or four of those experimental ranches up in Northeastern Elko County.

**Secretary of State:** Great, that is a wonderful update and thank you for that. Thank you Governor. That was my only comment.

**Governor:** Thank you Madam Secretary. Mr. Attorney General, do you have any questions?

**Attorney General:** No Governor, I will move to approve the recommendation.

**Governor:** Okay, the Attorney General has moved to approve the recommendation for \$1,006,213 from the Interim Finance Committee Contingency Account to cover the costs of actual and projected emergency response expenses arising from operations directly involving the protection of life and property under NRS Chapter 472.

**Secretary of State:** I will second that Governor.

**Governor:** The Secretary of State has seconded the motion. Are there any questions or discussion? I am hearing none. That motion passes 3-0. Thank you, Ms. KC.



**7. Requests for Designations of Bad Debts** (For possible action)

**A. Nevada Gaming Control Board \$5,131.25**

Pursuant to NRS 463.123(2), the Nevada Gaming Control Board requests the approval to remove \$5,131.25 in delinquent debt from the Nevada Gaming Commission's records.

**Governor:** Agenda item number 7, Requests for Designations of Bad Debts. Mr. Wells.

**Clerk:** Thank you Governor. Item 7 is a continuation of a March agenda item regarding a request from the Nevada Gaming Control Board to designate \$5,131.25 as bad debt for the purpose of removing the three debts from the State's books.

The Gaming Control Board provided information requested by the Board of Examiners regarding whether or not the entities had active business licenses or had been paid by the State as a vendor. According to the Gaming Control Board, the two entities in this item have not received any payments from State agencies and both are listed in default status with expired business licenses on the Secretary of State's website.

The other agenda item that was included last month with the Division of Industrial Relations, we are still working with them to get the similar information on them, to bring them back to a future meeting.

There should be representatives from the Gaming Control Board for any questions that there are on this particular item.

**Governor:** Thank you, Mr. Wells. I do not have any questions. I want to thank the Gaming Control Board for doing that due diligence. Just for purposes of the record and clarity. Board Members, any questions with regard to agenda item number 7?

**Secretary of State:** Governor, thank you and thank you Mr. Wells for the report. I want to thank Nevada Gaming Control Board for bringing this back to us after our last discussion at the last meeting. So, thank you and I know we will get a report, as Mr. Wells had stated, on the others.

**Governor:** Okay. Is there a motion to approve the request for designation of bad debt?

**Secretary of State:** I will move for passage of 7A.

**Governor:** The Secretary of State has moved to approve agenda item 7A, is there a second?

**Attorney General:** I second.

**Governor:** Attorney General has seconded the motion. Any questions or discussion? I am hearing none. That motion passes 3-0.

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

**Governor:** We will move on to agenda item number 8, Approval of Proposed Leases. Mr. Wells.

**Clerk:** There are six leases in agenda item 8 for approval by the Board this morning and no additional information has been requested by any of the Board Members.

**Governor:** I have no questions. Is there a motion to approve?

**Secretary of State:** Move for approval of the proposed leases in number 8.

**Governor:** The Secretary of State has moved to approve the proposed leases presented in agenda item number 8, is there a second?

**Attorney General:** I second.

**Governor:** Attorney General has seconded the motion. Any questions or discussion? I am hearing none. That motion passes 3-0.

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

**Governor:** We will move on to agenda item number 9, Approval of Proposed Contracts. Mr. Wells.

**Clerk:** Thank you Governor. There are 33 contracts in agenda item number 9 for approval by the Board this morning. Contract number 2 has been withdrawn by the Agency. Contract numbers 11 and 13 are contingent upon approval of work programs at tomorrow's IFC Meeting. Members requested additional information on the following contracts:

Number 13 between the Department of Education and the Abbi Agency. Hearing numbers 16 and 17 together between the Department of Health and Human Services, Welfare and Supportive Services Division and Protech Solutions, Inc. and SLI Global Solutions, LLC and contract number 21 between the Department of Public Safety, Records, Communications and Compliance Division and MTG Management Consultants.

**Governor:** Thank you. Are there representatives from the Department of Education for Contract number 13? I asked for this contract to be pulled only because it may have gone by without having the emphasis on how important this is, particularly with regard to school safety. If you could talk a little bit about what this contract is and what it does but also, expanding on what is going on with SafeVoice.

**Roger Rahming:** Roger Rahming, Deputy Superintendent and to my right is Christy McGill. She will definitely articulate and answer any questions you would like.

**Christy McGill:** Christy McGill with the Office of Safe and Respectful Learning Environment. SafeVoice has been implemented in half of the State so far. There has been pressure to implement this program quicker than we had first thought. We are getting prepared to do that and making sure that schools have everything they need.

This project is kind of a three-legged stool. We did not want to set up just a tip line and have those tips go to just law enforcement. We wanted to make sure that the schools were empowered to act upon those tips if it did not rise to the level of law enforcement intervention. We wanted to make sure to work closely with behavioral health entities and the Division of Public and Behavioral Health and our schools to make sure we deescalate kids that have risen but not all the way into law enforcement, instead of letting them be out there and take our chances.

This program is very systematic. There is the front-end on the tips. We are partnering with the Department of Public Safety and we are blessed to have them as partners. There has also been the response end of things which includes the behavioral health, and the school piece that really looks at, what does the child need to stay safe; what does the school need; what do teachers—you know, teachers are under a lot of stress lately. We want to make sure that they too have the resources they need to deal with behavior issues or feel safe themselves.

**Governor:** Thank you for that. I really think it is important that we are moving the resources to you to accelerate this program and to be able to add more people to be able to do what you have done. I have appointed via Executive Order a School Safety Committee that is going to be examining these things. What is important for me amongst many things though is the conversation has been about hardening schools but I also believe we need to soften the schools. Softening by ensuring that there are more of these behavioral health resources for some of these students so it does not escalate to the point where the Department of Public Safety or law enforcement may not have to get involved.

So, obviously, we are coming to the end of the school year, will some of these additional resources be implemented by the end of the school year?

**Christy McGill:** Yes, that is our plan. We also are really excited about your task force because a team approach is really what is needed. So you know, law enforcement right alongside with behavioral health, right alongside the schools, right alongside the State to really look at this as a complex issue, we are really excited about the team approach.

**Governor:** Well, thank you Ms. McGill. We are going to need your testimony in front of that Committee coming up here. All right, those are all the questions I have on this contract. Madam Secretary, Mr. Attorney General, do you have any questions?

**Secretary of State:** I have none Governor.

**Attorney General:** I have none.

**Governor:** Thank you very much. We will move to contracts 16 and 17.

**Steve Fisher:** Good morning Governor and Members of the Board, for the record, Steve Fisher, I am the Administrator for the Division of Welfare and Supportive Services. With me this morning is Nova Murray, Deputy Administrator over Field Operations Support. She has responsibility for the Child Support Enforcement Program.

It has been a long time coming, about five years ago, we went before the Legislature in 2013 and we were approved for funding to go forward with a feasibility study. So for the last five years, we have been planning and preparing for this moment. We are very prepared and we are very excited to move forward with this project.

What I would like to do is turn it over to Nova, just so she can have an opportunity to provide some high-level information about the program and the project and then we will answer any questions you might have. So, with that, Nova.

**Nova Murray:** Nova Murray for the record. I would say that our Child Support Program has about 94,000 cases. We serve over 100,000 children and in State Fiscal Year 2017, we collected \$218 million. It is a state partnership with the counties. We have nine participating counties that work with us. Eight years ago, we were 52<sup>nd</sup> nationally. 2016, we were at 25<sup>th</sup> and this year we are proud to say we just reached 13<sup>th</sup> in the Nation. We are really excited about the program.

The goal of the project is to increase child support collections, productivity and customer service for Nevada's children. Also, decrease operation and maintenance costs which leads to less employee training time. It is a difficult system to maneuver. Lack of automation obviously results in processes that staff have to do and it keeps them from actually making case management decisions because they are worried about the system.

The current Legacy System is greater than 30 years old. It still has green screen technology and people have to tab through. It is really difficult to use. It has an obsolete code base and poor data structure which is why we are asking for this contract.

**Governor:** Thank you. I was not aware how far we have come. So, congratulations. I know that you and your team are really working hard, particularly with outdated technology. That really speaks to what you have accomplished. With this new system, do you think it will be even better and will you be able to collect even more money on behalf of those parents?

**Nova Murray:** We do believe it will be better. The processes are so outdated that even your interfaces are difficult. We will be able to gain new interface information. The system will do a lot of the processes when it knows the first one is done, instead of a human coming in and saying, now move to the second piece. It moves on and the system will automatically push it through the process. It will only stop when a decision is needed by an employee, on what to do next. It should let them do a lot of case management without

a lot of system slowdowns with the system. We have a special tickler system to tell us when to touch something and you have to rely on somebody remembering to tell the tickler, the system will be created to push all of that stuff through automated.

**Governor:** My last question is, when do you anticipate implementation?

**Steve Fisher:** Governor, for the record, Steve Fisher. This is a five and a half year project with implementation in four years from May with a year and a half of operations. The vendor will still be here for a year and a half after implementation just making sure that the operations of this system are maintained for a year and a half.

**Governor:** Thank you. Questions from other Board Members?

**Secretary of State:** I have none, Governor.

**Attorney General:** I just have one question. Could you tell me what goes into that ranking? You said we have climbed to 13, is that total dollars collected or percentage that we have been able to track down?

**Nova Murray:** There are actually five different factors. One of them is the cost of the program, how many dollars we bring in versus how many dollars we spend to get there, current collections, past due collections, paternity establishment and court orders on record. We are ranked against all of the other programs.

**Attorney General:** Great, thank you very much.

**Governor:** Well, thank you and good work. Keep up the good work, appreciate it. The next contract is number 21. My understanding is that the Attorney General had asked for that contract to be held out.

**Attorney General:** Yes, Governor.

**Julie Butler:** My name is Julie Butler. I am the Division Administrator for the Department of Public Safety, Records, Communications and Compliance Division. Happy to answer any questions you have and give you an overview or just, go right into the questions, whatever you want to do.

**Attorney General:** Thank you Ms. Butler, I would love an overview but I also wanted to ask you to make a record, since this is a sole source contract that is citing that information is gleaned from 2012, as to why this needs to remain sole source. Would you make a record of why that data is important that you do in fact keep this particular vendor in place?

**Julie Butler:** Certainly. The purpose of this contract is to update a study that this vendor conducted on the Division's behalf in 2012 to help us modernize our very complex and ancient IT systems. As we were implementing, we have been trying to implement the changes to the Nevada Criminal Justice Information System for several years now and things have kind of stalled out for a variety of reasons but we have reached the point at

which both Enterprise IT Services, who provides our Department's IT Services and our Division feel that it is really time to bring in the experts again who have an expertise and particular niche in public safety law enforcement procurements to assist us.

MTG performed this study for us in 2012. To answer your question, the reason that we wanted to sole source this is it really would not make sense for a new vendor to update another vendor's work. MTG has already put in the time and resources and conducted the interviews with our staff and with staff from several years ago from IT that are still there. They do understand the complexity of our system. To bring in anybody else at this point, we would basically have to be starting over, whereas MTG can pick-up where we left off and also, they assist many other states with procurements of similar technology. They really have a finger on the pulse of what is going on in the criminal justice community and can assist us going forward.

**Attorney General:** So, it is a continuation of what is stalled out is what you are representing?

**Julie Butler:** Julie Butler, for the record. Yes, Attorney General, that is correct.

**Attorney General:** Okay, thank you. That is all I had Governor.

**Governor:** Thank you. Thank you, Ms. Butler.

**Julie Butler:** All right, thank you.

**Governor:** All right, that is all I have in terms of contracts that were requested to be held out. Board Members, any other questions? If there are none, the Chair will accept a motion to approve the contracts in agenda item number 9 with the exception of contract number 2.

**Attorney General:** I move to approve.

**Secretary of State:** I will second that.

**Governor:** The Attorney General has moved to approve Contracts 1 and 3-33, the Secretary of State has seconded the motion. That motion passes 3-0.

## **10. [Approval of Proposed Work Plan](#) (For possible action)**

**Governor:** We will move to agenda item number 10, Approval of Proposed Work Plan. Mr. Wells.

**Clerk:** Thank you Governor. There is one work plan on a previously approved master service agreement for approval by the Board this morning. No additional information has been requested by any of the members.

**Governor:** I have no questions. Board Members, any questions on agenda item number 10?

**Secretary of State:** If I could Governor and I apologize, Mr. Wells, for not asking to have it pulled but I am just curious if anybody's there that could tell us about the \$182,000 that they are asking for in this program, how long that is for and what kind of work they are going to be doing just in that time and then, do they come back for an additional amount and if they have a plan? I just wanted to see what the projection was based on what happened with the last vendor.

**Clerk:** We did not ask anyone from Department of Motor Vehicles (DMV) to be here, so I will try to answer the questions and we can have Director Albertson's staff reach out to you. This is a contract to kind of get them back on track after the contract termination with the previous vendor. So, this is an analysis of potential opportunities, both to do a transfer from another state jurisdiction as well as to look at what it would take to bring in a new vendor similar to the way we procured the last vendor. So they are doing an analysis of kind of those two options with the intent that it is completed in a relatively short period of time so that they can determine which way they are going to move forward on the system modernization project.

**Secretary of State:** So, what you are telling me Mr. Wells is that we will not have a vendor in place until after June if we get one?

**Clerk:** That is correct. This is not the contract with the vendor or with the company that will actually do the modernization. This is basically to reevaluate options for doing the modernization project.

**Secretary of State:** Okay. And, I do have issues with the length of time because we have already lost over a year. We have a lot to do with the relationship with our office and the DMV on election matters that are contained in this. I would like to have some type of a meeting with DMV on this. Thank you and again, I apologize, Mr. Wells, for not bringing this to the attention sooner so we could have had somebody here.

**Attorney General:** Mr. Wells, do you anticipate that they are going to spend \$182,000 in two months?

**Clerk:** I do not remember exactly what the scope of work is and how the payments are made for this particular project. I do know that Gartner has done some work already to help us out with an analysis of the project. This is kind of a continuation of that work to kind of prep them for the next phase of getting a new system for DMV.

**Attorney General:** Thank you.

**Governor:** Any further questions or comments on agenda item number 10? If there are none, the Chair will accept a motion to approve the proposed work plan presented in agenda item number 10.

**Attorney General:** I will move to approve.

**Governor:** Attorney General has moved for approval, is there a second?

**Secretary of State:** I will second.

**Governor:** Seconded by the Secretary of State. Any questions or discussion on the motion? I am hearing none. That motion passes 3-0.

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

**Governor:** We will move on to agenda item number 11 which is the approval of proposed master service agreements, Mr. Wells?

**Clerk:** Thank you Governor. There are four master service agreements in agenda item 11 for approval by the Board this morning. No additional information has been requested by any of the members.

**Governor:** Any questions Board Members? If there are none, the Chair will accept a motion for approval.

**Attorney General:** Move to approve.

**Governor:** Attorney General has moved to approve the Master Service Agreements presented in agenda item number 11, is there a second?

**Secretary of State:** I will second it, Governor.

**Governor:** Thank you Madam Secretary. The Secretary of State has seconded the motion. Any questions or discussion on the motion? I am hearing none. That motion passes 3-0.

## **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 \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from January 25, 2018 through March 20, 2018.

**Governor:** We will move on to agenda item 12 which is an Information Item for Various Contracts that are less than \$50,000. Mr. Wells, I understand that Contract #9 has to do with the status of the Grant Sawyer Building. Please proceed.



**Clerk:** Thank you Governor. There were 30 contracts under the \$50,000 threshold that were approved by the Clerk between February 21, 2018 and March 20, 2018. And you are correct, while this item is informational only there has been a request for additional information on Contract number 9 between the Department of Administration Public Works Division and Natural Link Mold Lab, Inc. which is related to the Grant Sawyer Office Building Testing.

**Governor:** Good morning.

**Patrick Cates:** Good morning Governor, Members of the Board. For the record, I'm Patrick Cates, Director of the Department of Administration. On my right is Ana Andrews, she is the Administrator for Risk Management Division. On my left is Chris Chimits, the Interim Administrator for the Public Works Division. This is the Executive Team that has been working on issues around Grant Sawyer Building and the office environment for several months now. Behind us is a lot of dedicated state employees and contractors have been working really hard to try to improve conditions in Grant Sawyer.

We were before you at the last Board of Examiners Meeting and we gave you an overview of some of the issues we have been facing in the building. What we want to do is give you an update on the investigation that was done on the building to try to determine if there was a mold problem in the building. We had done some previous test with an industrial hygienist that had done some air sampling that had not found any elevated mold levels. We also did some experiments with some deep cleaning of some offices of a select set of offices and we just were not anything that might explain some of the building-related symptoms that some of the occupants have had. Just so everybody is clear, to date we have 10 Worker's Compensation Claims from people in the Grant Sawyer Building related to this issue.

We turned to Dr. Craner who is a medical doctor and public health expert. He is distinguished in the field of occupational and environmental medicine. He also has a history with this building and did an evaluation of the building back in the 1990s when we were facing similar problems.

We received his report late last week and met with him to understand the report and we are currently drafting a response and a plan based on his findings. We will be releasing that this week to the building residents so everybody knows what it says. I will summarize for you his investigation and what he found.

Dr. Craner's investigation started with a hypothesis that the most likely explanation for the reported illnesses from the building occupants would be indoor mold contamination. His hypothesis was that the mechanism for that contamination is leaking water valves from the Heating Ventilation Air Conditioning system (HVAC) that are dripping down on to the ceiling tiles and being distributed and that creates a mold which is being distributed through the building. That was his hypothesis and that is what he was trying to determine in his investigation.

They took 20 samples throughout the building from carpet and the plenum side of the ceiling tiles which is where the air circulates in the HVAC system. They subjected those 20 samples to two types of testing. One was a culture method where they put it in a petri dish and apply water and see if anything grows. The other is a more sensitive analysis, a DNA analysis just to see if there any trace amounts of Deoxyribonucleic Acid (DNA). If mold grows, then you have active mold, but you can find trace amounts with DNA analysis.

Overall he indicated that there are a very low total mold and mold concentrations in the building from those samples. It is reflective of generally clean conditions in the building. The pattern of mold types in the samples was consistent with the outdoor Las Vegas environment. So in general, low levels of mold consistent with what you would find in the Las Vegas environment.

However, there were two exceptional findings. He found a very low concentration of *Stachybotrys Chartarum*.

In the samples, they found in 10% of the cultures, they found this type of mold and in 60% based on DNA analysis. This type of mold is consistent with very wet building materials. It has a presence, and he noted, usually in the air and at much higher concentration but its presence is highly associated with building-related symptoms. He also found *Aspergillus niger*, low concentrations in all the samples. That also is associated with water damaged material in the building.

So, these were atypical findings, not what you would expect in a building that did not have any issues, but again, at very low levels. It does support the hypothesis of water damaged tiles from the plenum and the leaking HVAC valves to support his hypothesis. He was careful to point out that this supports the hypothesis, but it does not prove that the Grant Sawyer is mold contaminated and is the cause of the building-related symptoms reported by building occupants. He said that the levels are very low and that there is uncertainty in the science regarding causation between symptoms and mold. We know we have low-level types of mold indicative of water damage. It seems to support his hypothesis.

The doctor's recommendations to address this issue is to complete the replacement of the HVAC valves to stop the source of the water leaks. That is ongoing as part of the overall Capital Improvement Plan (CIP) to upgrade the HVAC system. That work is anticipated to be completed by May 4<sup>th</sup>. I think most of the floors are already done.

Then after that is done, after the source has been eliminated, to remediate the disseminated mold concentrated settled dust; basically, the carpets and large porous surfaces. He is recommending a wet cleaning, an extraction of the carpets and large porous materials. Then he's recommending, after a period of time, after several months that we retest and evaluate and see if that has taken care of the issue.

That is the summary of his report. I was going to turn it over to Chris Chimits and have him explain a little bit about specifically, what we plan to do to address those recommendations.

**Governor:** Before we go to Mr. Chimits, Board Members, do you have any questions of Mr. Cates?

**Secretary of State:** Thank you Governor. I do. Thank you very much for everything that you have done to work with our Office. I really appreciate it. You have been very proactive and we appreciate the time that you have taken to not only meet with our staff but to talk to us on a regular basis and then to keep us updated with emails.

I do not know why this was not put on the agenda for discussion. I know that number 9 was pulled so we could have the discussion, but I would appreciate it, Governor, if we could have it on the agenda again. I know I want to hear about the findings of today's issue that we had with the pipe leakage in one of the offices. I would like to know what happened with that. If we could get a response in our next meeting. I know that all these leaks are not the valves, just based on today as another evidence of that.

The one thing that I think upsets me the most is that we are looking at shampooing carpet that extremely old. I do have some questions about cleaning carpet that probably should be replaced. I would like to have that discussion or have somebody look into that. This is my fourth year here and I see a lot that goes on, not only in the office but in the hallways.

I did want to make sure Governor, that we thanked the whole team for all that they are doing in keeping us abreast and doing everything that they can to assist with the employee's issues and the building itself. Thank you, Governor.

**Governor:** Thank you Madam Secretary. Mr. Cates, do you have any comments or response?

**Patrick Cates:** Do you want to address the carpet?

**Chris Chimits:** Chris Chimits with the State Public Works Board. I will follow-up on where Mr. Cates left off. We do have a plan and it does involve steam cleaning the carpet. The sequence that Dr. Craner recommended and that we are going to implement is that we will come into each office space over a period of I believe of six or seven weekends in that building. We are going to do the work starting Friday evening around 4:00 pm and then finish by Sunday morning by 5:00 am so we won't be in there during occupied times.

We will provide boxes to the occupants where they can put in loose materials on top of their desks. Then, as Patrick eluded, we will be wet wiping the ceiling diffusers, supply and return air diffusers, all horizontal surfaces, working our way down to the carpet level. Then the next process would be to vacuum the carpets completely. Then, once that is complete we would steam clean. This does involve 200-degree water but we will go through an extraction process that is more extensive than normal to pull all of the water back out of the carpet. Then, we will be running dehumidifiers during that time of steam cleaning the carpet. Then running forced air dryers for a minimum of two hours in each space and then allowing approximately eight hours at the end of that before we allow people to reoccupy their space.

The goal here is to get the carpet completely cleaned. Get the room completely cleaned of any residual spores and then have it dried out. Then, as Patrick had mentioned, we will be inspecting this each weekend and then providing the air sampling report several months after the cleaning is completed.

What I would say though, because Dr. Craner's report came out, I was very relieved with the findings. I think some of the issues in that building are going to go away. I believe they will because we are fixing that building's ability to maintain temperature correctly. Not too hot, not too cold. We are fixing that building's ability to correct outside air mix. There were outside air dampers that had become damaged and we discovered this in the construction of the CIP project. All those things are going to be fixed by May 4<sup>th</sup>.

I think this whole idea of a sick building syndrome has something to do with just comfort and fresh air in the building. By May 4<sup>th</sup>, we will have those completed and then clean the carpet. Dr. Craner's report did recommend that we not clean anything until after our contractors were completed and the air balancing was done, the commissioning was done on the systems in the building, which are about 90% complete right now.

So we are getting ready so that as soon as the construction is done - I believe we will come to the May Board of Examiners meeting with the contract and then we are going to start cleaning that carpet.

Towards the Secretary's comment, I brought that up just yesterday, the idea of replacing carpet rather than just shampooing it. I think maybe in the quarters, we might look at that. There is carpet tile that we have available that could be used for that. We will certainly look at that and see how that can fit into this schedule. What we do want is by June to be done and have people that are happy to be working in that building. I believe with the actions that are being taken right now, we are going to be getting there.

**Governor:** Mr. Chimits, are you convinced that cleaning will do it? We have gone through all this work and spent a lot of money in replacing and repairing if you are leaving carpet that may have legacy remnants from what the problem was in the first place, why wouldn't we just replace it?

**Patrick Cates:** For the record, Patrick Cates. We discussed replacing the carpet and certainly, it is of an age where it should be considered to be replaced. Part of it was the immediate availability of budget to replace the carpet but we also had a conversation about, if you did not go in and clean the dust from the existing carpet and then you removed it, you could possibly contaminate the office environment more because it is dusty and you are pulling it up and kicking it up. We also had concerns because there have been so many issues with comfort in the building if we go through and replace all the carpet, then there is glue and there are other smells that come with new carpet. We were a little bit concerned about adding on other areas of discomfort for the employees in the short-term.

**Governor:** So, you are convinced that it is not just cleaning, it is sanitizing it? You said 200-degrees. So, I would assume that 200 degrees will kill if there is anything that resides on that carpet once and for all.

**Chris Chimits:** Chris Chimits for the record. We are relying on Dr. Craner and we are going to abide by his recommendations to the letter of the law. What he recommended is the water be at 200 degrees and so that is what we are going to do.

Just to address your previous comment, Governor, I think that the problem is the best solution is more holistic, that the cleaning and steam cleaning of the carpet is needed and necessary. Director Cates really hit the nail right on the head. In addition to that, to keep the building between 72-74 degrees, to have a correct mix out of the outdoor air and to be able to monitor it correctly is also part of the problem. I think people are going to be happier to be in that environment.

**Governor:** Thank you. Mr. Attorney General had a follow-up question.

**Attorney General:** Thank you Governor. Mr. Cates I have seen the initial findings from the Doctor and are you all able to vary from that? Do you plan on taking his recommendations and making them your recommendations? The reason why I ask is, we do not see any mention of replacing of the tiles and I am curious whether you guys are looking at that on your own as an additional solution?

**Patrick Cates:** For the record, Patrick Cates. Thank you for the question. We did have a discussion with the doctor about replacing the tiles. He did not recommend wholesale replacement of all the tiles, which is something we were considering for the reason that you could disturb mold in place and spores that have not sprouted that you could disturb and it might create rather than solve problems. He did recognize that damaged tile should be replaced and we are in progress with replacing all the damaged ceiling tiles in the building and it should be done by June.

**Attorney General:** Okay. My second part of you all writing your own report is, you know, we have real employees that absolutely have physical manifestations of whatever is going on in the building. So, as you write your own report, I hope you take that into account. Obviously, the Doctor's report is not necessarily digestible and I think it will be interpreted that there is not really much going on and with a few minor fixes everyone should be okay. And, I do not think that is the tone you guys want to send. At least that is what I recommend. Once we go through this process, I hope we are meeting with the individuals in my office as well as Secretary of State's office that absolutely are being affected by this. I mean, these are professionals and we trust that they are being open and honest that they are having problems. I have a part of my office that cannot work in this building right now. I just want you to be sensitive to not just one or two folks but many folks that are in fact being affected by something. Appreciate it.

**Secretary of State:** Governor, if I may. I did not feel like I really got my question about the carpet answered. I mean, I look outside the doors at this worn carpet at the door entrances, so that really does have me concerned. I do not know that I agree with you

having to steam clean something before you can remove it. I am very concerned with the years that that carpet has been in here and what it has accumulated over the years. I know in our reception area, some of the things that have happened in there and what gets cleaned up and how it gets cleaned. I would imagine that in the hallways it could be virtually stained. I would really like to know, Mr. Cates, the year that it was put in and if it has ever been replaced since this building has been here?

I do know that you had tiles to replace that carpet but they never had the money to replace it. All of the money that we are spending on the upkeep that should have been done, I believe consistently, was not being done, is now being done. We are spending an awful lot of money taking care of something that should have been regularly maintained. So, I am concerned, very concerned about the carpet. You are going to have to give me a little more than just that the Doctor said that 200 degrees is going to sterilize that carpet before it gets pulled up, to let me know that we want to spend — I do not even know how much it is going to cost. Are you doing all five floors, are you doing every piece of carpet there is in the whole building? I just wondered what the cost was to that and is it just less expensive to pull up the carpet and put in new.

Those are still the questions I have. If you want to wait for a meeting later, I am fine. I don't need to drag it on, but I am really concerned about what we're doing and how we are spending money. Thank you.

**Patrick Cates:** For the record, Patrick Cates. We'll have to get back to you on the year of the current carpet. I can say that what we were looking at is cleaning all the carpet on every floor and the estimates are from about \$70,000 – \$90,000.

**Secretary of State:** Thank you Governor.

**Governor:** All right, any other questions on this contract and the status of the Grant Sawyer Building? Ok, keep up the good work. I agree with the Attorney General and the Secretary of State. I mean, there are real people out there that are hardworking, good people that have families that are not feeling well. It is the State's responsibility to ensure they have the best working conditions possible. I know you are trying to achieve that goal. So, thank you very much.

### **13. Information Item – Reports**

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of March 16, 2018.

TORT Claim Fund	\$ 6,119,883.36
Statutory Contingency Account	\$ 795,808.16
State Claims Account	\$ 960,465.44
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 8,589,159.59
IFC Unrestricted Contingency Fund General Fund	\$15,542,201.23
IFC Unrestricted Contingency Highway Fund	\$ 1,676,832.35
IFC Restricted Contingency Fund General Fund	\$12,906,386.00
IFC Restricted Contingency Highway Fund	\$ 2,379,248.00

**Governor:** We will move to agenda item number 13, which is another Information Item with the Status of Accounts. Mr. Wells.

**Clerk:** Thank you Governor. Agenda item number 13 is an informational report on the available balance in the various contingency accounts that are managed either by the Board of Examiners or the Interim Finance Committee as of March 16, 2018. These accounts cover contingencies throughout the 2017-19 biennium.

I would say that with the exception of the potential need for money from the IFC Unrestricted General Fund Contingency Account, I think that the balances are sufficient to get us through the next biennium.

**Governor:** I suppose we will know a lot more after the Interim Finance Committee meeting tomorrow, correct Mr. Wells?

**Clerk:** Correct. We will know a lot more after tomorrow.

**Governor:** Board Members, any questions with regard to agenda item number 13?

**Secretary of State:** I have none Governor.

**15. Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

**Governor:** All right. I think there is a typo on the agenda and just for the purposes of the record, it goes from 13 to 15. So I am moving to agenda item number 15, public comment. There is no 14 on the paper agenda. Is there any member of the public present that would like to provide public comment to the Board in Carson City? I hear and see none. Any public comment from Las Vegas?

**Secretary of State:** I see none, Governor.

**Governor:** All right, thank you Madam Secretary.

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

**Governor:** Is there a motion to adjourn?

**Secretary of State:** If I can, right before we adjourn I just make sure that the topic we talked about, the Grant Sawyer Building is an agenda item for future reference. I will move for an adjournment.

**Governor:** Secretary of State has moved to adjourn, is there a second?

**Attorney General:** I second.

**Governor:** Seconded by the Attorney General. That motion passes 3-0. This meeting is adjourned. Thank you ladies and gentlemen.

DRAFT



Brian Sandoval  
Governor

James R. Wells, CPA  
Director

Paul Nicks  
Deputy Director



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

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

Date: April 10, 2018  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Garrison, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Garrison, the Executive Branch Budget Officer.

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

**NEVADA DEPARTMENT OF TRANSPORTATION**


Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with a former employee, Albert "Mike" Free. Diversified Consulting Services (DCS) plans to utilize Mr. Free as an Assistant Resident Engineer in the 3716 Project in District 1.

Additional Information:

Mr. Free retired from state service on March 2, 2017 and has been employed by DCS. NDOT has issued a Notice of Intent to award an agreement to Slater Hanifan Group (SHG) as the highest ranked firm responding to RFP 564-17-040 for augmentation of Crew 906 in District I. DCS is partnered with SHG. Mr. Free retired as a Supervisor III, Associate Engineer and is very qualified and brings 26 years of experience in overseeing highway construction project activities. Mr. Free has had no influence or authority over the consultant procurement for this crew augmentation. This will be a full-time contracted position working forty hours per week from May 2018 to December 2020.

Statutory Authority:  
NRS 333.705

REVIEWED: 
ACTION ITEM: _____



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

## MEMORANDUM

March 27, 2018

RECEIVED

MAR 27 2018

To: State of Nevada Board of Examiners  
From: Rudy Malfabon, Director DocuSigned by: Rudy Malfabon  
Subject: Authorization to Contract with a Former Employee C4C7E5C0581445

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

### SUMMARY

Pursuant to the State Administrative Manual section 0323, the Nevada Department of Transportation requests the authority to contract with a retired state employee. Mr. Albert "Mike" Free, retired from State service on March 2, 2017, and has been employed by Diversified Consulting Services (DCS). DCS is proposing to use Mr. Free as an Assistant Resident Engineer to augment NDOT Crew 906 on the NDOT 3716 Project, SR160 Phase 2 Widening and Roadbed Modification in District 1.

### BACKGROUND

There is insufficient staff and expertise to successfully manage the workload, size and scope of the SR160 Phase 2 Widening and Roadbed Modification project currently assigned to Crew 906 in District 1. In December of 2017, NDOT issued a Request for Proposals (RFP) 561-17-040 to engage service providers to perform professional and technical engineering services to provide construction management augmentation to Construction Crew 906. This augmentation includes providing an Assistant Resident Engineer, Inspectors, and Testers to ensure the construction of the SR160 Phase 2 Widening and Roadbed Modification are accomplished in conformance with the plans, specifications, and all other contract documents.

NDOT has issued a Notice of Intent to award an agreement to Slater Hanifan Group (SLG) as the highest ranked firm responding to the RFP for the augmentation of Crew 906 in District I. DCS is partnered with SLG and has proposed to utilize Mr. Albert "Mike" Free to fill the role of Assistant Resident Engineer, a key role in overseeing the construction of the Project. Mr. Free is very qualified and brings over 26 years of experience in overseeing highway construction project activities.

When Mr. Free retired from state service as an Assistant Resident Engineer he was not at a level that would have any authority involving consultant procurement or agreements including DCS's agreement with the NDOT. For construction augmentation agreements, those duties are typically a manager level or higher responsibility.

### RECOMMENDATION

We respectfully request your consideration for approval for DCS to enter into contract with Mr. Free to provide Assistant Resident Engineer services to NDOT in District 1.

Brian Sandoval  
Governor



Patrick Cates  
Director

Jeffrey Haag  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

<b>Employee Information</b>	
<b>Former Employee Name:</b>	Albert M Free
<b>Former Employee ID Number:</b>	06841
<b>Former Job Title:</b>	Assistant Resident Engineer, C906
<b>Former Employee Agency:</b>	NV Department of Transportation
<b>Former Class and Grade:</b>	6.209 Supervisor III AE, Pay Grade 40
<b>Former Employment Dates:</b>	February 19, 1991 through March 2, 2017
<b>Contracting Agency:</b>	NV Department of Transportation
<b>Please check which of the following applies:</b>	
<input type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.	
<input checked="" type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-l below.	
<b>a. Summarize scope of contract work.</b>	
Employee will be an Assistant Resident Engineer on NDOT 3716, SR160 Phase 2 Widening and Roadbed Modification, duties include observing and documenting the contractor for conformance with plans and specification, Document quantities for payment, and observe construction operations for compliance with applicable related regulations.	
<b>b. Document former job description.</b>	
Assistant Resident Engineer, responsible for assisting C906 RE with staff supervision, project paperwork, Change Order processing.	
<b>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 time frame for the transfer?</b>	
Mr. Free is being proposed for this position because he has extensive experience on heavy highway construction projects for NDOT in southern Nevada. While his knowledge is not specialized, his level and length of experience on large NDOT construction projects makes him a valuable asset to any project team on which he would serve.	
<b>d. Explain why existing State employees within your agency cannot perform this function.</b>	
The current staffing levels on Construction Crews in District 1 (Las Vegas) are not sufficient for current and anticipated construction projects.	

<b>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 <a href="#">NAC 284.750</a>.</b>
There are no relationships between Mr. Free, Slater- Hanifan staff, DCS staff and management or the NDOT Construction Division where the agreement is housed.
<b>f. List contractor’s hourly rate.</b>
\$190.00 fully loaded rate includes the hourly base rate pay plus company overhead, profit, employee benefits, vehicles, technology, and all equipment incidental to performing construction crew augmentation.
<b>g. List the range of comparable State employee wages.</b>
\$28.78 to \$43.19 hourly (Pay Grade 40)
<b>h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?</b>
The state hourly range does not include the same overhead and direct costs as the contractor’s fully loaded rate. Also, the state hourly range does not include fringe and leave costs (66.87%). No, the duration is not affected by the pay as contract term is limited to the length of the agreement, which aligns with the duration of the construction project.
<b>i. Document justification for hiring contractor.</b>
NDOT feels they do not currently have the resources to complete this project and have solicited a RFP from the general engineering and planning community. DCS is partnered with Slater-Hanifan who has entered into an agreement with the NDOT. The agreement was awarded to Slater-Hanifan based on their response to the request for proposal for services. They had the highest scored proposal and where awarded the agreement based on NDOT policy and procedures.
<b>j. Will the employee be collecting PERS at any time during the contract?</b>
Yes
<b>k. What is the duration of the contract with the former employee? (include start and end date)</b>
May, 2018 to December, 2020
<b>l. Will the former employee be working FT/PT? If PT how many hours</b>
Employee will be working Full Time


**Comments:**

DocuSigned by:



03/27/2018

**Contracting Agency Head's Signature and Date**

 4/10/18

**Budget Analyst Signature and Date**

**Clerk of the Board of Examiners Signature and Date**

Brian Sandoval  
Governor

James R. Wells, CPA  
Director

Paul Nicks  
Deputy Director



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

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

Date: April 10, 2018  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Garrison, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Garrison, is written over the "From:" field.

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

**NEVADA DEPARTMENT OF TRANSPORTATION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with a former employee, Brian Mitchell. Slater Hanifan Group, Inc. (SHG) plans to utilize Mr. Mitchell as a Tester in NDOT Construction Crew 926 contract 3692 in District 1.

Additional Information:

Mr. Mitchell retired from state service on February 3, 2018 and has been employed by SHG. NDOT has awarded the agreement to CA Group as the highest ranked firm responding to RFP 564-17-040 for augmentation of Crew 926 in District I. SHG is partnered with CA Group. Mr. Mitchell retired as a Supervisor II, Associate Engineer and is very qualified with extensive experience in mineral testing. Mr. Mitchell has had no influence or authority over the consultant procurement for this crew augmentation. This will be a full-time contracted position working forty hours per week from May 2018 to April 2020.

Statutory Authority:

NRS 333.705

REVIEWED: _____
ACTION ITEM: _____





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

**MEMORANDUM**

March 30, 2018

**To:** State of Nevada Board of Examiners  
**From:** Rudy Malfabon, Director DocuSigned by: Rudy Malfabon  
**Subject:** Authorization to Contract with a Former Employee – Brian Mitchell C2DC1EFD-5ACD-4F67-A17F-C51F583B3F70

RECEIVED

APR 03 2018

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**SUMMARY**

Pursuant to the State Administrative Manual section 0323, the Nevada Department of Transportation requests the authority to contract with a retired state employee. Mr. Brian Mitchell, retired from State service on February 3, 2018, and has been employed by Slater Hanifan Group, Inc. (SHG). SHG is proposing to use Mr. Mitchell as a Tester to augment NDOT Construction Crew 926 on NDOT Contact 3692, US 95 Phase 2B/5 and 3C in District 1.

**BACKGROUND**

There is insufficient staff and expertise to successfully manage the workload, size and scope of the US 95 Phase 2B/5 and 3C project currently assigned to Crew 926 in District 1. In May of 2017, NDOT issued a Request for Proposals (RFP) 215-17-040 to engage service providers to perform professional and technical engineering services to provide construction management augmentation to Construction Crew 926. This augmentation included providing a Schedule Reviewer, Survey Crew, Inspectors, Testers, lab trailer and office to ensure the construction of the US 95 Phase 2B/5 and 3C project are accomplished in conformance with the plans, specifications, and all other contract documents.

NDOT has awarded the agreement to CA Group as the highest ranked firm responding to the RFP for the augmentation of Crew 926 in District 1. SHG is partnered with CA Group and has proposed to utilize Mr. Brian Mitchell to fill the role of Tester. Mr. Mitchell is very qualified and has extensive experience in materials testing.

When Mr. Mitchell retired from state service as an Supervisor II, Associate Engineer he was not at a level that would have any authority involving consultant procurement or agreements including CA Group's agreement with the NDOT. For construction augmentation agreements, those duties are typically a manager level or higher responsibility.

**RECOMMENDATION**

We respectfully request your consideration for approval for SHG to enter into contract with Mr. Mitchell to provide testing services to NDOT in District 1.

Brian Sandoval  
Governor



Patrick Cates  
Director

Jeffrey Haag  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Purchasing Division*

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


## Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Brian S. Mitchell
Former Employee ID Number:	013185
Former Job Title:	Quality Construction Inspector
Former Employee Agency:	Nevada Department of Transportation
Former Class and Grade:	6.228 Supervisor II Associate Engineer, Grade 37 step 10
Former Employment Dates:	Jan 3, 1989 to Feb. 3, 2018
Contracting Agency:	Nevada Department of Transportation
<b>Please check which of the following applies:</b>	
<input type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-1 below.	
<input checked="" type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-1 below.	
<b>a. Summarize scope of contract work.</b>	
Employee will be a Tester for the capacity improvements on US 95 Phase 2B, 5 and 3C; duties included inspection and testing of material in the field and laboratory and documenting the results per NDOT standards.	
<b>b. Document former job description.</b>	
Quality Assurance Inspector – Provided on-site project review / internal inspections on federally funded and state funded construction projects.	
<b>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 time frame for the transfer?</b>	
Mr. Mitchell is being proposed because he has extensive experience in transportation construction project and material testing on these projects. Also, he has ACI and NAQTC certifications required to test materials in Nevada.	
<b>d. Explain why existing State employees within your agency cannot perform this function.</b>	
The current staffing levels in District 1 are not sufficient to cover the current nor anticipated construction projects.	

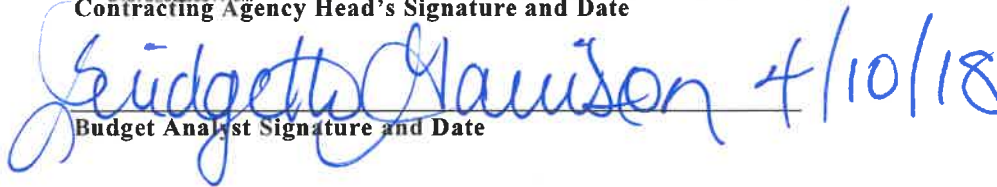


<b>e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate <a href="#">NAC 284.750</a>.</b>
No relationship
<b>f. List contractor's hourly rate.</b>
\$125.00 fully loaded rate includes the hourly base rate pay plus company overhead, profit, employee benefits, vehicles, technology, and all equipment incidental to performing construction crew augmentation.
<b>g. List the range of comparable State employee wages.</b>
\$25.26 to \$37.65 hourly (Pay Grade 37)
<b>h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?</b>
The state hourly range does not include the same overhead and direct costs as the contractor's fully loaded rate. Also, the state hourly range does not include fringe and leave costs (66.87%). No, the duration is not affected by the pay as contract term is limited to the length of the agreement, which aligns with the duration of the construction project.
<b>i. Document justification for hiring contractor.</b>
NDOT feels they do not currently have the resources to complete this project and have solicited a RFP from the general engineering and planning community. Slater Hanifan is partnered with CA Group who has entered into an agreement with the NDOT. The agreement was awarded to CA Group based on their response to the request for proposal for services. They had the highest scored proposal and were awarded the agreement based on NDOT policy and procedures.
<b>j. Will the employee be collecting PERS at any time during the contract?</b>
Yes
<b>k. What is the duration of the contract with the former employee? (include start and end date)</b>
May, 2018 to April, 2020
<b>l. Will the former employee be working FT/PT? If PT how many hours?</b>
Mr. Mitchell will work full time.

**Comments:**

DocuSigned by:  
 03/30/2018  
C4C7CE5C1D584445...

**Contracting Agency Head's Signature and Date**

 4/10/18

**Budget Analyst Signature and Date**

**Clerk of the Board of Examiners Signature and Date**

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

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

Date: April 06, 2018  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, 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 PUBLIC SAFETY – OFFICE OF TRAFFIC SAFETY**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Office of Traffic Safety requests authority to contract with Joanne Lighthart to provide Quality Assurance service for the Nevada Rider Motorcycle Safety Program. Manpower employment will begin upon approval and end March 21, 2021.

Additional Information:

The division indicates that since it only has two full-time staff for the Nevada Rider Motorcycle Program and therefore relies heavily on contracted part-time instructors to fulfill the quality assurance services for the program. Ms. Lighthart retired from state service October 2, 2017 and is collecting PERS benefits.

This will be a part-time position, on an as-needed basis, not to exceed 75 hours per calendar year.

Statutory Authority:

NRS 333.705

REVIEWED: _____
ACTION ITEM: _____

Brian Sandoval  
Governor



James M. Wright  
Director

Amy Davey  
Administrator

## Office of Traffic Safety

107 Jacobsen Way  
Carson City, NV 89711  
Telephone (775) 684-7470 • Fax (775) 684-7482

### MEMORANDUM

DATE: March 30, 2018

TO: Jim Rodriguez, Executive Branch Budget Officer  
Governor's Finance Office

THROUGH: Melissa Carr, Administrative Services Officer  
Department of Public Safety, Director's Office *MC*

FROM: Amy Davey, Administrator *A.D.*

RE: Item Submission for the May Board of Examiner Agenda

RECEIVED

APR 02 2018

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety, Office of Traffic Safety requests authority to contract with a former State of Nevada employee, who is collecting PERS, to provide Quality Assurance services for the Nevada Rider Motorcycle Safety Program.

The Program Administrator and the Program Assistant are the only two full-time employees for the Nevada Rider Motorcycle Safety Program and thus rely on contracted instructors to fulfill the quality assurance service on a part-time basis.

Further explanations and justifications are provided in the attached applications for the Authorization to Contract with a Former Employee and additional testimony may be provided at the Board of Examiner meeting. Please do not hesitate to contact with any questions or concerns regarding this request. Thank you.

Cc: Susan Hohn, Budget Analyst, DPS-Director's Office

## Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Joanne Lighthart
Former Employee ID Number:	05372
Former Job Title:	Programming Manager
Former Employee Agency:	Nevada Gaming Control Board
Former Class and Grade:	Unclassified exempt
Former Employment Dates:	Retired October 2, 2017
Contracting Agency:	Department of Public Safety/OTS

**Please check which of the following applies:**

- Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-l below.
- 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. Please complete all steps a-l below.

**a. Summarize scope of contract work.**

Perform Quality Assurance services for the State's Motorcycle Safety Program at training providers located in Clark County. It is anticipated that this part-time employee, hired through a temporary employment agency, will earn wages not to exceed \$1,875 per year.

**b. Document former job description.**

Supervised a team of seven software developers.

**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 time frame for the transfer?**

This employee has been a part-time DPS licensed motorcycle safety instructor since 2010. She holds an additional certification from the Motorcycle Safety Foundation as a Quality Assurance Specialist. The motorcycle program Quality Assurance work is unrelated to her previous duties at the Nevada Gaming Control Board.

This employee was previously approved by the BOE to work part-time for the motorcycle safety program. This request for a second approval is due to her now being retired from State service and is collecting PERS.

**d. Explain why existing State employees within your agency cannot perform this function.**

The motorcycle safety program within the Office of Traffic Safety has only two full time employees; an Administrator and a Program Assistant both based in Carson City. All Quality Assurance work throughout the State is by performed by temporary employment agency employees who hold a Quality Assurance Specialist certification from the Motorcycle Safety Foundation..

**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 contractor's hourly rate.**

Wages are \$125 per Quality Assurance visit. This equates to approximately \$25 per hour.

**g. List the range of comparable State employee wages.**

No other State positions are comparable.

**h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?**

N/A

**i. Document justification for hiring contractor.**

The motorcycle safety program does not employ full-time State employees to perform this type of work. All Quality Assurance Specialists are employed by a temporary employment agency. This employee has the necessary certification to perform this work.

**j. Will the employee be collecting PERS at any time during the contract?**

This employee is currently and will continue collecting PERS.

**k. What is the duration of the contract with the former employee? (include start and end date)**

There is not a start/end date contract for this position. This part-time work is performed on an as needed basis as long as the employee remains certified by the Motorcycle Safety Foundation.

**l. Will the former employee be working FT/PT? If PT how many hours**

Part-time as needed. It is anticipated this former employee's time will not exceed 75 hours in a calendar year.

**Comments:**

 3/30/18  
Contracting Agency Head's Signature and Date

 4-2-18  
Budget Analyst Signature and Date

\_\_\_\_\_  
Clerk of the Board of Examiners Signature and Date

**REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS**

The 2017 Legislature, through Assembly Bill 517 and Senate Bill 368, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State’s respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor’s Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

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

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>	<b>HWY FUND ADJUSTMENT</b>
2941	Tourism - Museum and History Administration	\$2,579	
	<b>Total</b>	<b>\$2,579</b>	



April 2, 2018

Memorandum

To: Lynnette Aaron, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division

From: Carrie Edlefsen, Administrative Services Officer *CE*  
Division of Museums and History

Through: Peter Barton, Administrator  
Division of Museums and History

Cc: David Peterson, Interim Director  
Department of Tourism and Cultural Affairs

Subject: Fiscal Year 2018 General Fund Salary Adjustment (GFSA) Request for  
the Division of Museums and History for the May Board of Examiners  
meeting

RECEIVED

MAR 30 2018

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

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Per Assembly Bill 517, Section 3 and Senate Bill 368 Section 1 the Division of Museums and History is requesting the use of the FY2018 GFSA available amount for the Division of Museums and History Administration budget account (BA 2941) to assist in offsetting a Category 01 shortfall of \$5,730.

Remaining funds needed are being requested from the Commission on Tourism as a transfer in order to fulfill the 45%/55% General Fund/Tourism Transfer funding split.



<b>GFSA</b>	<b>Transfer from Tourism</b>	<b>Transfer from Other Categories within B/A 2941</b>	<b>Total</b>
\$2,579	\$3,151	\$0	\$5,703

Please find the General Fund Salary Adjustment Form Showing the available amount, salary projections, budget projections, and position fund map attached to this memo.

Attachments: 3

General Fund Salary Adjustment  
Fiscal Years 2018 and 2019

Div	Division Description	Budget	Budget Account Name	FY 2018	FY 2019
300	NDE - DEPARTMENT OF EDUCATION	2697	NDE - ASSESSMENTS AND ACCOUNTABILITY	\$ 25,077	\$ 50,880
300	NDE - DEPARTMENT OF EDUCATION	2706	NDE - PARENTAL INVOLVEMENT AND FAMILY ENGAGEMENT	\$ 2,501	\$ 5,288
300	NDE - DEPARTMENT OF EDUCATION	2709	NDE - OFFICE OF EARLY LEARNING AND DEVELOPMENT	\$ 6,325	\$ 13,023
300	NDE - DEPARTMENT OF EDUCATION	2712	NDE - STUDENT AND SCHOOL SUPPORT	\$ 15,931	\$ 32,719
300	NDE - DEPARTMENT OF EDUCATION	2713	NDE - LITERACY PROGRAMS	\$ 5,411	\$ 11,144
300	NDE - DEPARTMENT OF EDUCATION	2716	NDE - DATA SYSTEMS MANAGEMENT	\$ 20,187	\$ 41,369
300	NDE - DEPARTMENT OF EDUCATION	2719	NDE - DISTRICT SUPPORT SERVICES	\$ 18,034	\$ 37,414
300	NDE - DEPARTMENT OF EDUCATION	2721	NDE - SAFE AND RESPECTFUL LEARNING	\$ 9,627	\$ 19,544
331	DTCA - MUSEUMS AND HISTORY DIVISION	1350	TOURISM - MUSEUMS & HIST - LOST CITY MUSEUM	\$ 4,828	\$ 10,089
331	DTCA - MUSEUMS AND HISTORY DIVISION	2870	TOURISM - MUSEUMS & HIST-NEVADA HISTORICAL SOCIETY	\$ 6,010	\$ 12,320
331	DTCA - MUSEUMS AND HISTORY DIVISION	2940	TOURISM - MUSEUMS & HIST - NEVADA STATE MUSEUM, CC	\$ 18,048	\$ 36,898
331	DTCA - MUSEUMS AND HISTORY DIVISION	2941	TOURISM - MUSEUMS & HISTORY	\$ 4,794	\$ 9,777
331	DTCA - MUSEUMS AND HISTORY DIVISION	2943	TOURISM - MUSEUMS & HIST - NEVADA STATE MUSEUM, LV	\$ 15,544	\$ 32,138
331	DTCA - MUSEUMS AND HISTORY DIVISION	4216	TOURISM - MUSEUMS & HIST-NV STATE RAILROAD MUSEUMS	\$ 12,803	\$ 26,391
332	ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	1052	ADMINISTRATION - NSLA - ARCHIVES & PUBLIC RECORDS	\$ 25,130	\$ 51,629
332	ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	2891	ADMINISTRATION - NSLA - STATE LIBRARY	\$ 29,498	\$ 60,571
333	DTCA - NEVADA ARTS COUNCIL	2979	TOURISM - NEVADA ARTS COUNCIL	\$ 10,447	\$ 21,326
334	DCNR - HISTORIC PRESERVATION	4205	DCNR - OFFICE OF STATE HISTORIC PRESERVATION	\$ 9,113	\$ 18,958
334	DCNR - HISTORIC PRESERVATION	5030	DCNR - HISTORIC PRES - COMSTOCK HISTORIC DISTRICT	\$ 3,611	\$ 7,370
360	COMMISSION ON POSTSECONDARY EDUCATION	2666	DETR - COMMISSION ON POSTSECONDARY EDUCATION	\$ 6,877	\$ 14,250
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	1499	HHS-DO - PUBLIC DEFENDER	\$ 9,517	\$ 19,328
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	3150	HHS-DO - ADMINISTRATION	\$ 31,575	\$ 64,698
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	3154	HHS-DO - DEVELOPMENTAL DISABILITIES	\$ 1,924	\$ 3,984
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	3195	HHS-DO - GRANTS MANAGEMENT UNIT	\$ 1,075	\$ 2,214
400	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	3204	HHS-DO - CONSUMER HEALTH ASSISTANCE	\$ 4,721	\$ 9,553
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3151	HHS-ADSD - FEDERAL PROGRAMS AND ADMINISTRATION	\$ 56,611	\$ 117,917
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3167	HHS-ADSD - RURAL REGIONAL CENTER	\$ 64,508	\$ 140,377
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3208	HHS-ADSD - EARLY INTERVENTION SERVICES	\$ 271,350	\$ 604,282
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3266	HHS-ADSD - HOME AND COMMUNITY-BASED SERVICES	\$ 214,837	\$ 473,029
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3279	HHS-ADSD - DESERT REGIONAL CENTER	\$ 365,320	\$ 796,761
402	DHHS - AGING AND DISABILITY SERVICES DIVISION	3280	HHS-ADSD - SIERRA REGIONAL CENTER	\$ 113,370	\$ 245,573
403	DHHS - HEALTH CARE FINANCING & POLICY	3158	HHS-HCF&P - HCF&P ADMINISTRATION	\$ 293,589	\$ 613,135
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3161	HHS-DBPH - SO NV ADULT MENTAL HEALTH SERVICES	\$ 1,418,123	\$ 2,868,243
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3162	HHS-DBPH - NO NV ADULT MENTAL HEALTH SVCS	\$ 368,260	\$ 710,828
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3168	HHS-DBPH - BEHAVIORAL HEALTH ADMINISTRATION	\$ 31,841	\$ 65,509
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3170	HHS-DBPH - BEHAVIORAL HEALTH PREV & TREATMENT	\$ 34,862	\$ 72,041
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3219	HHS-DBPH - BIostatISTICS AND EPIDEMIOLOGY	\$ 9,350	\$ 19,371
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3222	HHS-DBPH - MATERNAL CHILD & ADOLESCENT HEALTH SVCS	\$ 11,135	\$ 23,012
406	DHHS - PUBLIC AND BEHAVIORAL HEALTH	3223	HHS-DBPH - OFFICE OF HEALTH ADMINISTRATION	\$ 82,499	\$ 170,265

**BEFORE WP# 18SA2941**

**DEPARTMENT OF TOURISM CULTURAL AFFAIRS  
DIVISION OF MUSEUMS AND HISTORY  
POSITION ROSTER BY FUNDING SOURCE  
B/A 2941**

**FY 2018**

PC #	Position Description	Expenditures			Revenues		
		Salary	Benefits	Total Request	Gen. Fund Appropriation # 2501	Tourism Transfer #4663	Total Request
01	Adminr Museums & History	100,858	28,789	129,647	58,341	71,306	129,647
12	Admin Assistant 3	43,024	23,896	66,920	30,114	36,806	66,920
13	Admin Services Officer 2	64,989	30,967	95,956	43,180	52,776	95,956
14	Admin Assistant 4	46,870	25,130	72,000	32,400	39,600	72,000
5320	Hold Harmless	0	0	0	0	0	0
5860	Board & Commission Pay	7,680	0	7,680	3,456	4,224	7,680
5960	Terminal Sick Leave	0	0	0	0	0	0
5970	Terminal Annual Leave	0	0	0	0	0	0
	<b>Total</b>	<b>263,421</b>	<b>108,782</b>	<b>372,203</b>	<b>167,491</b>	<b>204,712</b>	<b>372,203</b>
				<b>372,203</b>			<b>372,203</b>



Payroll Report- SFY 2018 BA #2941 Administrator, Division of Museums & History

Name	Pos. Unit	Gd-Step	MSI Date	Ret Code	Pay Policy	Hourly Rate	PP Rate		MSI Hourly Rate	MSI PP Rate		FY 2017 Work Program	Actual	
							w/o ins	w/ ins		w/o ins	w/ ins		PP# 01 07/14/17	PP# 02 07/28/17
Barton, Peter	01 1 FTE	UNC		1.00	XPP10	49.75	4,808.64	5,551.64	49.75	4,808.24	5,551.24	129,647.00	743.00	4,711.13
Rabe, Deborah	12 1 FTE	27-10	N/A	8.00	PP02	21.22	2,280.22	3,023.22	21.22	2,280.05	3,023.05	66,920.00	743.00	2,278.85
Edlefsen, Carrie	13 1 FTE	39-7	3/19/2018	8.00	PPV2	31.57	3,392.39	4,135.39	33.03	3,549.01	4,292.01	95,956.00	743.00	3,385.83
Brown, Lauri	14 1 FTE	29-10	N/A	8.00	PPV2	23.12	2,484.38	3,227.38	23.12	2,484.20	3,227.20	72,000.00	743.00	2,482.91
<b>Total Position Costs:</b>													<b>2,972.00</b>	<b>12,858.72</b>
Work Prg Authority Salaries													0.00	0.00
Work Prog													0.00	0.00
BD and Comm Salaries													0.00	59.30
Salary Adjustment													0.00	0.00
Adjustment													0.00	0.00
<b>Total CAT 01 Authority</b>													<b>372,203.00</b>	
<b>Pay Period Grand Totals:</b>													<b>2,972.00</b>	<b>12,918.02</b>
<b>Year to Date Balance:</b>													<b>2,972.00</b>	<b>15,890.02</b>
<b>Budget Status Report Balance:</b>													<b>2,972.00</b>	<b>15,890.02</b>
<b>Difference</b>													<b>0.00</b>	<b>0.00</b>

7/1/17-7/2/17 7/31/17-7/16/17

Insurance 100%





**Payroll Report- SFY 2018 BA #2941**

Name	Pos.	2/12/18-2/25/18		2/26/18-3/1/18		3/12/18-3/25/18		3/26/18-4/8/18		4/9/18-4/22/18		4/23/18-5/6/18		5/7/18-5/20/18		5/21/18-6/3/18		6/4/18-6/17/18	
		Actual PP# 18 03/09/18	Insurance	Actual PP# 19 03/23/18	Insurance	Projected PP# 20 04/06/18	Insurance	Projected PP# 21 04/20/18	Insurance	Projected PP# 22 05/04/18	Insurance	Projected PP# 23 05/18/18	Insurance	Projected PP# 24 06/01/18	Insurance	Projected PP# 25 06/15/18	Insurance	Projected PP# 26 06/29/18	
Barton, Peter	01	5,544.59		4,808.64		5,544.59		4,808.64		5,544.59		4,808.64		5,544.59		4,808.64		4,808.64	
Rabe, Deborah	12	3,021.87		2,280.22		3,021.87		2,280.22		3,021.87		2,280.22		3,021.87		2,280.22		2,280.22	
Edeisen, Carrie	13	4,132.87		3,389.74		4,292.01		3,549.01		4,292.01		3,549.01		4,292.01		3,549.01		3,549.01	
Brown, Lauri	14	3,224.87		2,484.39		3,224.87		2,484.39		3,224.87		2,484.39		3,224.87		2,484.39		2,484.39	
<b>Total Position Costs:</b>		<b>15,924.20</b>		<b>12,962.99</b>		<b>16,083.34</b>		<b>13,122.26</b>		<b>16,083.34</b>		<b>13,122.26</b>		<b>16,083.34</b>		<b>13,122.26</b>		<b>13,122.26</b>	
Work Prg Authority Salaries		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Work Prog		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
BD and Comm Salaries		0.00		59.30		0.00		240.00		0.00		560.00		0.00		240.00		1,760.00	
Salary Adjustment		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Adjustment		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
<b>Total CAT 01 Authority</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	
<b>Pay Period Grand Totals:</b>		<b>15,924.20</b>		<b>13,022.29</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	
<b>Year to Date Balance:</b>		247,926.37		260,948.66		260,948.66		260,948.66		260,948.66		260,948.66		260,948.66		260,948.66		260,948.66	
<b>Budget Status Report Balance:</b>		<b>247,926.37</b>		<b>258,506.92</b>		<b>260,948.66</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	
<b>Difference</b>		<b>0.00</b>		<b>(2,441.74)</b>		<b>0.00</b>		<b>(260,948.66)</b>		<b>(260,948.66)</b>		<b>(260,948.66)</b>		<b>(260,948.66)</b>		<b>(260,948.66)</b>		<b>(260,948.66)</b>	
		0.00		0.00		16,083.34		13,362.26		16,083.34		13,682.26		16,083.34		13,362.26		14,882.26	



**Payroll Report- SFY 2018 BA #2941**

6/18/18-6/30/18

Name	Pos.	Projected Holiday	Projected PF# 01 07/13/18	Includes Both Actuals & Estimates to End-of-Year!					Difference By Position
				1st Quarter Totals	2nd Quarter Totals	3rd Quarter Totals	4th Quarter Totals	TOTAL	
Barton, Peter	01	0.00	100% 10 days	31,332.43	29,853.48	36,719.08	35,247.17	133,152.16	(3,505.16)
Rabe, Deborah	12	0.00	4,808.64	16,700.44	15,039.15	18,987.48	17,504.19	68,231.26	(1,311.26)
Edlfsen, Carrie	13	0.00	2,280.22	23,082.54	21,541.06	26,944.85	26,414.06	97,982.51	(2,026.51)
Brown, Lauri	14	0.00	3,549.01	17,920.02	16,179.23	20,416.50	18,935.54	73,451.29	(1,451.29)
<b>Total Position Costs:</b>		<b>0.00</b>	<b>13,122.26</b>	<b>89,035.43</b>	<b>82,612.92</b>	<b>103,067.91</b>	<b>98,100.96</b>	<b>372,817.22</b>	<b>(8,294.22)</b>
Work Prg Authority Salaries		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Work Prog		0.00	0.00	0.00	0.00	0.00	0.00	0.00	364,523.00
BD and Comm Salaries		0.00	0.00	744.86	1,392.98	177.90	2,800.00	5,115.74	7,680.00
Salary Adjustment		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Adjustment		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total CAT 01 Authority</b>				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>Pay Period Grand Totals:</b>		<b>0.00</b>	<b>0.00</b>	<b>89,780.29</b>	<b>84,005.90</b>	<b>103,245.81</b>	<b>100,900.96</b>	<b>377,932.96</b>	<b>372,203.00</b>
<b>Year to Date Balance:</b>		<b>260,948.66</b>	<b>260,948.66</b>						
<b>Budget Status Report Balance:</b>		<b>0.00</b>	<b>0.00</b>						
<b>Difference</b>									<b>Estimated Surplus/Shortfall: (\$5,729.96)</b>

0.00  
13,122.26  
116,984.30

**Payroll Report- SFY 2018 BA #2941**

Name	Pos.
Barton, Peter	01
Rabe, Deborah	12
Edelisen, Carrie	13
Brown, Lauri	14

**Total Position Costs:**

Work Prg Authority Salaries	377,932.96
Work Prog	207,863.13
BD and Comm Salaries	170,069.83
Salary Adjustment	167,490.00
Adjustment	-2,579.83
<b>Total CAT 01 Authority</b>	

**Pay Period Grand Totals:**

<b>Year to Date Balance:</b>	
Budgeted Funding Surplus	(3,151.48)
Tourism	(2,578.48)
General Fund	(5,729.96)
<b>Budget Status Report Balance:</b>	
<b>Difference</b>	

Museums & History Admin  
 Category 03 Instate travel  
 FY 2018

3/31/2018

GL	Description	Actual	Projected	Total Actual/Proj	L01	Difference	Notes:
6200	Per Diem In-State	715.10	2,336.24	3,051.34	3,164.00	112.66	
6210	MP Daily Rental	296.23	965.00	1,261.23	1,927.00	665.77	
6215	Non MP Vehicle Rental	65.89	0.00	65.89	142.00	76.11	
6240	Personal Vehicle I/S	479.75	901.50	1,381.25	922.00	(459.25)	
6250	Comm Air Trans I/S	3,033.40	3,356.00	6,389.40	5,995.00	(394.40)	
		4,590.37	7,558.74	12,149.11	12,150.00	0.89	

Pending In-state Travel							
Dates	Traveler's Name	Destination	6200	6210	6240	6250	Total
21-Mar	Barton	Boulder City	64	60	60.1	380	564.1
2-Apr	Barton	Boulder City	64	60	60.1	0	184.1
12-Apr	Barton	Boulder City	210.78	60	60.1	248	578.88
12-Apr	Edlfsen	Boulder City	210.78	0	60.1	248	518.88
17-Apr	Barton	Overton	210.78	60	60.1	248	578.88
24-Apr	Barton	Las Vegas	210.78	60	60.1	248	578.88
2-May	Barton	Las Vegas	64	60	60.1	248	432.1
10-May	Barton	Las Vegas	210.78	60	60.1	248	578.88
10-May	Edlfsen	Las Vegas	210.78	0	60.1	248	518.88
19-May	Barton	Las Vegas	64	60	60.1	248	432.1
5-Jun	Barton	Las Vegas	64	60	60.1	248	432.1
11-Jun	Barton	Ely	266	245	0	0	511
20-Jun	Barton	Las Vegas	64	60	60.1	248	432.1
26-Jun	Barton	Overton	210.78	60	60.1	248	578.88
TBD	SB244 Regulatory Meetings	Las Vegas	210.78	60	60.1	248	578.88
TBD	SB244 Regulatory Meetings	Reno	0	0	60.1	0	60.1
Total			2336.24	965	901.5	3356	7558.74

0.00

Museums & History Admin  
 Category 04 Operating  
 FY 2018

3/31/2018

GL	Description	Actual	Projected	Total Actual/Proj	L01	Difference	Notes:
7020	Operating Supplies	71.83	1,828.17	1,900.00	3,379.00	1,479.00	
7030	Freight Charges	9.91	0.00	9.91	16.00	6.09	
7040	Non State Printing	0.00	0.00	0.00	569.00	569.00	
7044	Excess Printing Charge	413.47	286.53	700.00	283.00	(417.00)	
7045	State Printing Charge	0.00	0.00	0.00	0.00	0.00	
7050	Employee Bond Ins	6.00	5.00	11.00	6.00	(5.00)	
7051	Agency Owned-P&C	17.00	0.00	17.00	17.00	0.00	
7054	AG Tort Claim Assess	394.28	0.00	394.28	395.00	0.72	
705A	Non B&G Prop & Cont Ins	0.00	0.00	0.00	0.00	0.00	
7060	Contracts	0.00	0.00	0.00	0.00	0.00	
7090	Equipment Repair	0.00	0.00	0.00	80.00	80.00	
7110	Non-State Office Rent	24,673.92	0.08	24,674.00	24,674.00	0.00	
7140	Maintenance of B&G	0.00	0.00	0.00	0.00	0.00	
7145	B&G Maint Supplies	0.00	0.00	0.00	0.00	0.00	
7250	B&G Extra Service	0.00	600.00	600.00	912.00	312.00	
7255	B&G Lease Assessment	304.00	0.00	304.00	304.00	0.00	
7270	Late Fees	9.00	0.00	9.00	0.00	(9.00)	
7280	Postage	0.00	0.00	0.00	0.00	0.00	
7285	State mail -Postage	60.06	164.94	225.00	120.00	(105.00)	
7286	State Mail - Admin	1,884.96	0.00	1,884.96	2,183.00	298.04	
7290	Phone	897.81	1,020.00	1,917.81	602.00	(1,315.81)	
7291	Cell Phone	394.79	340.00	734.79	167.00	(567.79)	
7294	Conference Call Charge	222.92	75.00	297.92	166.00	(131.92)	
7296	EITS Long Distance	155.69	100.00	255.69	202.00	(53.69)	
7299	Phone & Data Wiring	0.00	0.00	0.00	0.00	0.00	
7302	Registration	0.00	116.00	116.00	0.00	(116.00)	
7390	Credit Card Fees	331.02	-331.02	0.00	0.00	0.00	
7980	Xerox Lease	2,048.16	1,024.08	3,072.24	3,073.00	0.76	
9006	Trans to Attorney General	0.00	4,205.00	4,205.00	4,205.00	0.00	
		31,894.82	9,433.78	41,328.60	41,353.00	24.40	

Museums & History Admin  
 Category 26 Information Technology  
 FY 2018

3/31/2018

GL	Description	Actual	Projected	Total Actual/Proj	L01	Difference	Notes:
7020	Operating Supplies	390.40	616.00	1,006.40	1,168.00	161.60	
7220	Non EITS DSL	719.92	222.60	942.52	865.00	(77.52)	
7299	Phone and Data Wiring	0.00	0.00	0.00	0.00	0.00	
7533	EITS Email Service	582.80	291.40	874.20	874.00	(0.20)	
7545	EITS VPN	0.00	0.00	0.00	0.00	0.00	
7554	EITS Infrastructure	588.00	196.00	784.00	784.00	0.00	
7556	EITS Security Assessment	285.00	93.00	378.00	378.00	0.00	
7771	Computer Software	0.00	0.00	0.00	0.00	0.00	
8271	Special Equipment	0.00	0.00	0.00	0.00	0.00	
8371	Computer Hardware	83.00	0.00	83.00	0.00	(83.00)	
		2,649.12	1,419.00	4,068.12	4,069.00	0.88	

Museums & History Admin  
 Category 59 Utilities  
 FY 2018

3/31/2018

GL	Description	Actual	Projected	Total Actual/Proj	L01	Difference	Notes:
7132	Electric Utilities	0.00	0.00	0.00	0.00	0.00	
7134	Natural Gas	0.00	0.00	0.00	0.00	0.00	
7137	Water & Sewer Utilities	320.34	57.66	378.00	378.00	0.00	Service to be shut off by December 2014/Storm Drainage Program still
		320.34	57.66	378.00	378.00	0.00	

Department of Tourism and Cultural Affairs  
 Museums and History Administration  
 Budget Account 2941  
 Financial Status Report  
 Prepared by: Carrie Edlefsen  
 FY2018 Projection

	Budget				Projection							M	N	
	A	B	C	D	E	F	G	H	I	J	K			L
	L01	Approved W/P	Current Budget BSR (A+B)	Pending W/P	Total W/P (B+D)	Total W/P as % of L01 (E/A)	Projected Budget (A+E)	Projected Budget as % of Total Revenues	YTD Actual	Projection	Projected FY Actual (I+J)	Projected FY Actual as % of Total Revenues	Projected Budget Under (Over) (G-K)	Projected FY Actual As % of Projected Budget (K/G)
<b>Revenue:</b>														
Appropriations	449,558.00	4,301.00	453,859.00		4,301.00	0.01	453,859.00	48.46%	453,859.00	0.00	453,859.00	48%	0.00	100%
3893 License Plate Charge	222,790.00		222,790.00		0.00	0.00	222,790.00	23.79%	92,968.84	129,821.16	222,790.00	2.4%	0.00	100%
4601 GF Salary Adjustment	0.00		0.00	2,579.00	2,579.00	0.00	2,579.00	0.28%	0.00	2,579.00	2,579.00	0%	0.00	100%
4663 Trans From Commission on Tour	243,906.00	5,256.00	249,162.00	3,151.00	8,407.00	0.03	252,313.00	26.94%	182,929.50	69,383.50	252,313.00	2.7%	0.00	100%
4709 Trans FM Historic Preservation	0.00	5,000.00	5,000.00		5,000.00	0.00	5,000.00	0.53%	0.00	5,000.00	5,000.00	1%	0.00	100%
<b>Total Revenues</b>	<b>916,254.00</b>	<b>14,557.00</b>	<b>930,811.00</b>	<b>5,730.00</b>	<b>20,287.00</b>	<b>0.02</b>	<b>936,541.00</b>	<b>100.00%</b>	<b>729,757.34</b>	<b>206,783.66</b>	<b>936,541.00</b>	<b>100%</b>	<b>0.00</b>	<b>100%</b>
<b>Expenditures:</b>														
01-Personnel Services	372,203.00		372,203.00	5,730.00	5,730.00	0.02	377,933.00	40.35%	260,948.66	116,984.30	377,933.96	40%	0.04	100%
03-In-State Travel	6,798.00	5,352.00	12,150.00		5,352.00	0.79	12,150.00	1.30%	4,590.37	6,939.76	11,530.13	1%	619.87	95%
04-Operating	37,148.00	4,295.00	41,353.00		4,295.00	0.11	41,353.00	4.42%	31,894.82	9,433.78	41,328.60	4%	24.40	100%
11-SHPO Grant	0.00	5,000.00	5,000.00		5,000.00	0.00	5,000.00	0.53%	513.23	4,486.77	5,000.00	1%	0.00	100%
13-School Bus Program	250,000.00		250,000.00		0.00	0.00	250,000.00	26.69%	10,187.95	239,812.05	250,000.00	2.7%	0.00	100%
20-Commemorative License Plates	222,790.00		222,790.00		0.00	0.00	222,790.00	23.79%	1,108.50	221,681.50	222,790.00	2.4%	0.00	100%
26-Information Services	4,069.00		4,069.00		0.00	0.00	4,069.00	0.43%	2,649.12	1,053.00	3,702.12	0%	366.88	91%
59-Utilities	378.00		378.00		0.00	0.00	378.00	0.04%	320.34	57.66	378.00	0%	0.00	100%
82-Debt cost Allocation	1,709.00		1,709.00		0.00	0.00	1,709.00	0.18%	855.00	854.00	1,709.00	0%	0.00	100%
87-Purchasing Assessment	929.00		929.00		0.00	0.00	929.00	0.10%	696.00	233.00	929.00	0%	0.00	100%
89-AG Cost Allocation	20,230.00		20,230.00		0.00	0.00	20,230.00	2.16%	20,230.00	0.00	20,230.00	2%	0.00	100%
93-Reserve for Reversion	0.00		0.00		0.00	0.00	0.00	0.00%	0.00	0.00	0.00	0%	0.00	0%
<b>Total Expenditures</b>	<b>916,254.00</b>	<b>14,557.00</b>	<b>930,811.00</b>	<b>5,730.00</b>	<b>20,287.00</b>	<b>0.02</b>	<b>936,541.00</b>	<b>100.00%</b>	<b>335,993.99</b>	<b>601,535.82</b>	<b>935,529.81</b>	<b>100%</b>	<b>1,011.19</b>	<b>100%</b>
<b>Operating Income (Loss)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>	<b>395,763.35</b>	<b>(394,752.16)</b>	<b>1,011.19</b>	<b>0%</b>	<b>(1,011.19)</b>	<b>0%</b>
<b>Cash Balance</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00%</b>	<b>395,763.35</b>	<b>(394,752.16)</b>	<b>1,011.19</b>	<b>0%</b>	<b>(1,011.19)</b>	<b>0%</b>

Brian Sandoval  
Governor

James R. Wells, CPA  
Director



Paul Nicks  
Deputy Director

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

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

Date: April 17, 2018

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Heather Field, Executive Branch Budget Officer  
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "Heather Field", written over the "From:" line of the memo.

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

**DEPARTMENT OF MOTOR VEHICLES**

Agenda Item Write-up:

Pursuant to NAC 333.175, the Division requests approval to utilize a Kentucky Transportation Cabinet/Division of Motor Carriers contract with Explore Information Services, LLC to provide access to an existing and fully operational International Fuel Tax Agreement (IFTA) system.

Additional Information:


The department's current system has no provision for filing amended, corrected or audited returns and has no financial component resulting in IFTA non-compliance. The State of Kentucky holds a contract with Explore Information Services, LLC in which they maintain and host the IFTA Processing Consortium (IPC) system. The IPC system is a highly configurable, multi-tenant system, personalized for each participating jurisdiction. The purpose of the IPC system is to maintain compliance with the IFTA Articles of Agreement, Procedures Manual, Audit Manual and the IFTA Clearinghouse information



exchange protocols and procedures.

Statutory Authority:

BOE approval required pursuant to NAC 333.175

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

**Brian Sandoval**  
Governor



**Terri L. Albertson**  
Director

555 Wright Way  
Carson City, Nevada 89711-0900  
Telephone (775) 684-4368  
www.dmvnv.com

April 18, 2018

To: Heather Field, Governor's Finance Office

A handwritten signature in blue ink that reads "Terri Albertson". The signature is written over the "To:" line and extends slightly into the "From:" line.

From: Terri Albertson, Director, Nevada Department of Motor Vehicles

Re: International Fuel Tax Agreement Processing Consortium (IPC) Joinder with Kentucky

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For Your consideration and approval, the Department of Motor Vehicles has submitted an agreement with the IPC through the State of Kentucky to provide a fully functional International Fuel Tax Agreement (IFTA) compliant system.

In May 2017, the Department received notification from its IFTA vendor (Conduent), services were no longer going to be provided as of November 30, 2017.

The Department explored its options at that time, which included:

- Contracting with another Vendor
- Partnering with another Jurisdiction (Indiana)
- Joining the IPC
- Fast tracking the IFTA portion of Phase I on the Tech Mahindra SysMod project

It was determined the best course of action was to proceed with Tech Mahindra and fast track the required IFTA elements as a stop gap measure to get us through the upcoming renewal season which runs from October through January each year.

After an audit and independent health assessment of the project, the Department terminated the contract with Tech Mahindra effective 3/23/18. The necessary work to get the IFTA system built by Tech Mahindra, compliant with the IFTA agreement, was unable to be completed. As a result, we are utilizing a system that does not meet the requirements of IFTA and requires significant staff intervention and manual processes to operate.

Due to the urgent need of replacing the IFTA system, the Department once again explored its options and requested quotes from the four (4) vendors who provide IFTA services. The quotes came back as high as \$3,000,000 to get us operational within 4 – 6 months after the RFP process.

The IFTA Processing Consortium was determined to be the most cost and time effective option, for the following reasons:

- Joinder language in the Statute allows us to partner without going through a formal RFP, though Kentucky went through a competitive bidding process to procure their vendor.
- Costs are limited to the cost of data conversion and interface with the Department financial system.
- Monthly maintenance fees are shared and are about 35% of the costs we were paying to Conduent.
- Current budget authority and grant funding will cover the entire cost.
- We will be fully operational and IFTA compliant within 90 days.

Please let me know if you need additional clarification.

Date: 4/17/18

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19931**

Agency Name: <b>DEPARTMENT OF MOTOR VEHICLES</b>	Legal Entity Name: Commonwealth of Kentucky Finance and Administration Cabinet
Agency Code: <b>810</b>	Contractor Name: <b>Commonwealth of Kentucky Finance and Administration Cabinet</b>
Appropriation Unit: <b>4717-15</b>	Address: <b>702 Capitol Avenue Room 096</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Frankfort, KY 40601</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Susan Noland 502-564-5951</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged? <b>2018-2019</b>	

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>35.20 %</b>	Bonds	0.00 %
<b>X</b> Highway Funds	<b>64.80 %</b>	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: **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2018**

Contract term: **244 days**

4. Type of contract: **Other (include description): Joinder Contract per NRS 332.195**

Contract description: **IFTA Tax System**

5. Purpose of contract:

**This is a new contract to provide quick access to an existing and fully operational International Fuel Tax Agreement (IFTA) System. IFTA enables participating jurisdictions to act cooperatively and provide mutual assistance in the administration and collection of motor fuel tax. The states current system has no provisions for filing amended, corrected or audited returns and has no financial component; resulting in IFTA non-compliance. Kentucky (KY) holds a contract with Explore Information Services, LLC in which they maintain and host the IFTA Processing Consortium (IPC) system. The IPC system is a highly configurable, multi-tenant system, personalized for each jurisdiction. The purpose of the IPC system is to maintain compliance with the IFTA Articles of Agreement, Procedures Manual, Audit Manual and the IFTA Clearinghouse information exchange protocols and procedures.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$283,913.64**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Intermodal Surface Transportation Efficiency Act (ISTEA) of 1991 required all continental states participate by 1996 or lose funding. NRS 366.175 provides authority for the Department to be a Member Jurisdiction of IFTA; and Nevada has been a member since July 1991 with an implementation of January 1992.

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: **Exempt (Per statute)**

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

NRS 332.195 which allows the State of Nevada to join or use contracts of other local or state governments located within or outside the State with the authorization of the contracting vendor.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Dawn Lietz, Administrator Ph: 775-684-4626

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Pending	
Division Approval	Pending	
Department Approval	Pending	
Contract Manager Approval	Pending	
Budget Analyst Approval	Pending	
BOE Agenda Approval	Pending	
BOE Final Approval	Pending	

Date: \_\_\_\_\_

### CONTRACT SUMMARY

*Revised*

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19931**

*Vendor*

Agency Name: **DEPARTMENT OF MOTOR VEHICLES**

Legal Entity Name: Commonwealth of Kentucky Finance and Administration Cabinet

Contractor Name: **Commonwealth of Kentucky Finance and Administration Cabinet**

Agency Code: **810**  
Appropriation Unit: **4717-15**

Address: **702 Capitol Avenue Room 096**

Is budget authority available?: **Yes**

City/State/Zip: **Frankfort, KY 40601**

If "No" please explain: **Not Applicable**

Contact/Phone: **Susan Noland 502-564-5951**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2018-2023**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>10.90 %</b>	Bonds	0.00 %
<b>X</b> Highway Funds	<b>89.10 %</b>	Other funding	0.00 %

2. Contract start date:

**RECEIVED**

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

**APR 05 2018**

Anticipated BOE meeting date: **05/2018**

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: ~~12/31/2022~~

Contract term: **4 years and 245 days**

4. Type of contract: **Other (include description): Joinder Contract per NRS 332.195**

*International Fuel Tax Agreement*

Contract description: **IFTA Tax System**

5. Purpose of contract:

This is a new contract to provide Nevada with quick access to an existing and fully operational IFTA System. IFTA enables participating jurisdictions to act cooperatively and provide mutual assistance in the administration and collection of motor fuel tax. Nevada Motor Carrier's current system has no provisions for filing amended, corrected, or audited returns and has no financial components resulting in IFTA non-compliance. Kentucky (KY) holds a contract with Explore Information Services, LLC in which Explore maintains and hosts the IFTA Processing Consortium (IPC) system. The IPC system is a highly configurable, multi-tenant system, personalized for each jurisdiction. The purpose of the IPC system is to maintain compliance with the IFTA Articles of Agreement, Procedures Manual, Audit Manual and the IFTA Clearinghouse information exchange protocols and procedures. There are currently six jurisdictions that are members of the IPC each joined via a Memorandum of Agreement (MOA).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$921,446.11**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Intermodal Surface Transportation Efficiency Act (ISTEA) of 1991 required all continental states participate by 1996 or lose funding. NRS 366.175 provides authority for the Department to be a Member Jurisdiction of IFTA; and Nevada has been a member since July 1991 with an implementation of January 1992.

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: **Exempt (Per statute)**

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

NRS 332.195 which allows the State of Nevada to join or use contracts of other local or state governments located within or outside the State with the authorization of the contracting vendor.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Dawn Lietz, Administrator Ph: 775-684-4626

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vleigh	04/05/2018 13:35:22 PM
Division Approval	vleigh	04/05/2018 13:35:25 PM
Department Approval	cmunoz	04/05/2018 13:53:10 PM
Contract Manager Approval	hazevedo	04/05/2018 14:18:29 PM
Budget Analyst Approval	Pending	
BOE Agenda Approval	Pending	
BOE Final Approval	Pending	

## **LIST OF ATTACHMENTS**

### **Attachment A:**

Commonwealth of Kentucky-IFTA Processing Consortium Memorandum of Agreement (MOA)

### **Attachment B:**

Commonwealth of Kentucky MOA-Nevada-IFTA Cost Breakdown

### **Attachment C:**

Commonwealth of Kentucky-Explore Information Services, LLC-Contract

### **Attachment D:**

Commonwealth of Kentucky/Explore Information Services, LLC- Draft Statement of Work-New IPC Jurisdiction –for contract amendment to add Nevada to the IFTA Processing Consortium

### **Attachment E:**

Emails confirming approval to join the IFTA Processing Consortium from both the Commonwealth of Kentucky and Explore Information Services LLC.

Confirmation e-mail from the Commonwealth of Kentucky of their intent to utilize the renewal options as stated in their contract with Explore Information Services LLC.

FINAL  
10/1/2013

COMMONWEALTH OF KENTUCKY

# IFTA Processing Consortium

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## Memorandum of Agreement

**Kentucky Transportation Cabinet/Division of Motor Carriers**

The purpose of the IFTA Processing Consortium (IPC) MEMORANDUM OF AGREEMENT is to facilitate the administration of the IFTA as mandated by the provisions of the Intermodal Surface Transportation Efficiency Act of 1991, and to provide the basis for the processing of participant jurisdiction (base jurisdiction) fuel tax returns subject to the IFTA at the service level defined herein for each respective participant jurisdiction.



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# ARTICLE I

## AUTHORITY AND PURPOSE

This INTERNATIONAL FUEL TAX AGREEMENT PROCESSING CONSORTIUM MEMORANDUM OF AGREEMENT (hereafter, "IPCMOA,") is entered into by and among the following member jurisdictions to the International Fuel Tax Agreement (hereafter, "IFTA"), as evidenced by the signatures of their duly authorized representatives, pursuant to the authority of the respective IFTA implementing statute or pursuant to such other authority of the respective statutes of such jurisdiction, with respect to the processing of fuel use tax returns subject to IFTA. The purpose of the IPC is to facilitate the administration of the IFTA as mandated by the provisions of the Intermodal Surface Transportation Efficiency Act of 1991, and to provide the basis for the processing of participant jurisdiction (base state) fuel tax returns subject to the IFTA at the service level defined herein for each respective participant jurisdiction.

# ARTICLE II

## DEFINITIONS

For purposes of the IPCMOA, the following definitions apply:

1. **Participant Jurisdiction**, shall mean any state, province or other jurisdiction that has validly executed this IPCMOA, for so long as the IPCMOA remains in effect, and has selected any combination of program functionality reflected in Article V which must include function 4.1 A (i.e., return computation and liability determination and exception processing on Selected Vendor's platform) or function 4.2 (i.e., return computation, liability determination and exception processing software to be operated in-house by the participant jurisdiction).
2. **Member Jurisdiction**, shall mean any state, province or other jurisdiction participating in IFTA, but not a signatory to this IPCMOA.
3. **Agency**, shall mean the agency(ies), body(ies), office(s), department(s), cabinet(s), board(s), division(s) or commission(s) of a jurisdiction which is (are) charged under the laws of that jurisdiction with the responsibility for IFTA tax administration, including the processing of fuel use tax returns under IFTA.
4. **Agency Representative**, shall mean the head of the agency(ies), or employees, agents or authorized representatives designated in writing by the head of the agency(ies) as the person or persons who are authorized to represent that agency(ies) regarding IFTA tax administration, but only so long as the duties and employment of such agency(ies) head or designated employee, agent or authorized representative requires access to tax returns and return information for purposes of IFTA tax administration.

5. **ISTEA**, shall mean the Intermodal Surface Transportation Efficiency Act of 1991 (Public Law 102-240).

6. **Primary Clearing House**, shall mean the party who shall serve as the administrative depository for receipt and retention of the clearinghouse information from all participant jurisdictions. Such information shall include, but shall not be limited to:

- A. statutory provisions applicable to the exchange of state or province tax returns or tax return information, and any amendments thereto;
- B. statutory provisions concerning confidentiality of the information exchanged, the penalties for unlawful disclosure thereof, policies for destruction of such information, and any amendments thereto;
- C. written designation(s) of the personnel authorized to request and receive tax information on behalf of the signatory agencies under the terms of the IPCMOA, and any amendments thereto; and,
- D. current statutory provisions relating to the exchange of state or province tax returns or tax return information with state or provincial agencies other than those charged with the administration and collection of state or provincial taxes.

The primary clearinghouse shall be the Kentucky Division of Motor Carriers (KYDMC).

7. **Corporation**, shall include associations, joint-stock companies, insurance companies, financial institutions and public corporations created by federal, state or provincial, or local law.

8. **Disclosure**, shall mean the making known to any person, in any manner whatsoever, a state or provincial tax return or tax return information.

9. **Fiduciary**, shall mean a guardian, trustee, executor, administrator, receiver, conservator or any person acting in any fiduciary capacity for any person.

10. **Partnership**, shall include a syndicate, group, pool, joint venture, limited liability company or other unincorporated organization, through or by means of which any business, financial operations, or venture is carried on and which is not within the meaning of this section, a trust or estate or a corporation. The term "partner" shall mean a member in such a syndicate, group, pool, joint venture, Limited Liability Company or other unincorporated organization.

11. **Person**, shall mean any individual, a trust, estate, partnership, association, company or corporation; and includes any fiduciary acting on behalf of any such individual, trust, estate, partnership, association, company or corporation.

12. **Province**, shall mean any of the provinces or territories of Canada.

- 13. Secondary Clearinghouse(s)**, shall mean the party(ies) appointed to serve as the administrative depository for the compilation and dissemination of certain clearinghouse information for supplemental IPCMOA(s) executed by two or more signatory agencies pursuant to Article VII of the IPCMOA. The signatory agencies to the supplemental IPCMOA(s) shall prescribe the authority and responsibilities of the secondary clearinghouse(s) within the IPCMOA(s).
- 14. Signatory Agency** shall mean any agency, instrumentality, body, office, department, board, division or commission of a state or province that has executed the IPCMOA, for so long as the IPCMOA remains in effect with that agency.
- 15. State**, shall mean any of the states of the United States of America.
- 16. State or Provincial Audit Agency**, shall mean any agency, body, office, department, board, division or commission of a state or province which is charged under the laws of that state or province with the responsibility of auditing state or province revenues and programs.
- 17. State or Province Tax Return**, shall mean any tax information return or report, declaration of estimated tax, claim or petition for refund or credit, or petition for reassessment or protest that is required by, or provided for, or permitted, under the provisions of the tax laws of the state or province of a signatory agency, which is filed with the agency by, on behalf of, or with respect to any person, and any amendment, or supplement thereto, including supporting schedules, attachments, or lists which are supplemental to, or part of, the return so filed.
- 18. State or Province Tax Return Information**, (hereinafter referred to as "information" or "return information") includes, but is not limited to:
- A. A taxpayer's identity, the nature, source or amount of his income, gains, losses, formulary apportionment factors, payments, receipts, deductions, exemptions, credits, assets, liabilities, net worth, tax liability, deficiencies, assessments, over assessments, or tax payments, whether the taxpayer's return was, is being, or will be, examined or subject to other investigation for processing; whether the taxpayer is authorized to use a direct pay permit and any information related thereto; names of customers and any other relevant information related to specific transactions or any other data, received, recorded by, prepared by, furnished to or collected by the agency with respect to an IFTA tax return or with respect to the determination of the existence, or possible existence of liability (or the amount thereof), or by any person under the laws of the state or province of a signatory agency for administration, collection or enforcement of the tax laws of the state or province of a Signatory agency including tax, additions to tax, penalty, interest, fine, or other imposition, of offense; and,
  - B. Any part of any written determination or any supporting document relating to such written determination. "Return information" does not include, however, data in a

form which cannot be associated with, or otherwise identify, directly or indirectly, a particular taxpayer.

19. **Taxpayer**, shall include, but is not limited to, any individual, corporation, partnership, fiduciary or other entity subject to tax, believed to be subject to tax, or required to file a tax return or information document under the tax laws of the state or province of the signatory agencies whether or not such return or document was actually filed.
20. **Tax Administration**, The term "tax administration" includes but is not limited to:
  - A. The administration, management, conduct, direction and supervision of the execution and application of the tax laws or related statutes of the state or province of a Signatory agency and the development and formulation of state or provincial tax policy relating to existing or proposed state or provincial tax laws and related statutes of the state or province of the Signatory agencies, and
  - B. Includes audit assessment, collection, enforcement, litigation, publication and statistical gathering functions under the tax laws and related statutes of the state or province of a signatory agency.
21. **Taxpayer Identity**, The term "taxpayer identity" means the name of a person with respect to whom a tax return is filed, his/her mailing address, taxpayer identifying number, or a combination thereof.
22. **Taxpayer Return Information**, The term "taxpayer return information" means return information as defined in Paragraph 18, above, which is filed with, or furnished to, the agency by or on behalf of the taxpayer to whom such tax return information relates.
23. **IFTA Processing Consortium**, The term "IFTA Processing Consortium" or "IPC" means the following: A consortium of IFTA member jurisdictions assembled to share an IFTA returns processing solution hosted by a Selected Vendor. The IPC shall conduct its business through a Policy and Management Advisory Committee as defined herein and shall cooperatively participate in accordance with this Memorandum of Agreement. The management of the IPC shall be chaired by a representative of the Kentucky Division of Motor Carriers. KYDMC shall be responsible for front line technical assistance to the IPC members, billing services for IPC usage of the Hosted Vendor Solution, oversight of the Policy and Management Advisory Committee, coordination of technical and functional assistance between the IPC members and the Selected Vendor, compliance with and maintenance of contract language between the vendor and by KYDMC on behalf of the IPC, and for contact with the Selected Vendor unless otherwise agreed to by KYDMC, the Selected Vendor, and the IPC member jurisdiction.
24. **Hosted Vendor Solution**, The term "Hosted Vendor Solution" means the following: A hosted solution for the administration of the International Fuel Tax Agreement. Functions and services supported by the solution are enumerated in the RFP and contract between the Selected Vendor and the KYDMC.
25. **Selected Vendor**, The term "Selected Vendor" means the following: The vendor chosen by and contracted with the KYDMC for the purpose of providing returns processing and other services

related to the administration of the International Fuel Tax Agreement in the jurisdictions that are members of the IFTA Processing Consortium (IPC).

**26. Policy and Management Advisory Committee,** The participant jurisdictions Policy and Management Advisory Committee (hereinafter, "Policy and Management Advisory Committee" or "PMAC") shall be comprised of a person designated by the agency head from each participant jurisdiction. In the event the agency head does not select a person, the IFTA Commissioner will assume the role of PMAC member or appoint a designee. The committee shall be chaired by the KYDMC representative. The function of the Policy and Management Advisory Committee shall be to provide input and advice to KYDMC with regard to IPC policy development and participant jurisdiction needs.

**27. Verifiable Electronic Means,** shall mean communication and information access through the IPC online system with a logon ID.

**28. User Group,** shall mean a subgroup of representatives from each participant jurisdiction performing a related function. Each participant jurisdiction shall designate their representative(s) to the group.

*(This area intentionally left blank.)*

# **ARTICLE III**

## **PARTICIPANT JURISDICTIONS POLICY AND MANAGEMENT ADVISORY COMMITTEE**

### **SECTION I. GENERAL**

KYDMC shall be solely responsible for the original development of the IPC. During that development phase, KYDMC shall solely contract with the Selected Vendor, and shall oversee all original development activities. The original IPC program and any subsequent changes to the program must conform to IFTA and ISTEPA. Each participant jurisdiction shall be responsible for compliance to IFTA rules and regulations. Selected Vendor will make the system available to facilitate the participant jurisdiction's internal audit(s) and IFTA Program Compliance Review(s).

### **SECTION II. POLICY AND MANAGEMENT ADVISORY COMMITTEE DEFINED**

The participant jurisdictions Policy and Management Advisory Committee (hereinafter, "PMAC") shall be comprised of the duly authorized person from each participant jurisdiction and shall be chaired by the KYDMC representative. Each participant jurisdiction shall have one vote on the Policy and Management Advisory Committee. The PMAC member may designate a representative to vote for that jurisdiction if he or she is unavailable to vote at any meeting. There will be at least two annual meetings of the PMAC. Any participant jurisdiction may request an additional meeting of the PMAC, but it shall require a simple majority vote of the PMAC to approve the scheduling of an additional meeting. The PMAC may schedule periodic user group meetings.

### **SECTION III. PMAC FUNCTIONS**

The function of the Policy and Management Advisory Committee shall be to provide input and advice to KYDMC with regard to IPC policy development and participant jurisdiction needs. KYDMC shall serve as the sole conduit through which the Policy and Management Advisory Committee and the respective participant jurisdictions shall interact with the Selected Vendor for all program operations, systems changes and problem resolution related communications with KYDMC. Any jurisdiction or the Policy and Management Advisory Committee may request a program change by initiating the change control procedure outlined in **Appendix 1**.

### **SECTION IV. PMAC PRINCIPLES**

The following principles shall be adhered to by the Policy and Management Advisory Committee:



1. Any changes to the original IPC program must conform to the provisions of IFTA and ISTEAA;
2. KYDMC shall solely contract with the Selected Vendor and shall oversee all development activities during the initial program development phase and for any subsequent development activities. During the program operations phase, each respective participant jurisdiction shall operate under this MOA for services with the Selected Vendor;
3. Although the Policy and Management Advisory Committee shall advise KYDMC with respect to issues of IFTA program administration, KYDMC shall serve as the sole conduit through which that committee and the participant jurisdictions will interact with the Selected Vendor for all program operations, systems changes and problem resolution related communications with the KYDMC Selected Vendor; and,
4. The costs for any services not directly related to the Hosted Vendor Solution for the Administration of IFTA and as enumerated in the contract between KYDMC and the Selected Vendor shall be borne solely by the respective jurisdiction(s) in Appendix 7.
5. Any member jurisdiction will be accepted as a participant jurisdiction if they execute and agree to the terms of the IPCMOA.
6. Prior to renewing a contract with a Selected Vendor, entering into a new contract with a Selected Vendor, or approving a price increase requested by a Selected Vendor, KYDMC shall call a meeting of the Policy and Management Advisory Committee. A vote shall be held regarding the modification of services being provided by a Selected Vendor or any proposed increases in costs.

**Appendix 2** details the decision making structure and respective roles of KYDMC and the Policy and Management Advisory Committee.

## **ARTICLE IV**

### **KYDMC AND SELECTED VENDOR SERVICE PROVISIONS**

KYDMC shall manage the daily operations of the IFTA Processing Consortium (IPC). Services provided by the Selected Vendor shall be in accordance with the contract between KYDMC and the Selected Vendor.

The Selected Vendor shall bill KYDMC for all services related to the Hosted Vendor Solution as utilized by the IPC jurisdictions. KYDMC will in turn bill the respective IPC participant jurisdiction for its share of the service costs in accordance with Article VI herein.

1. The following services will be provided by Selected Vendor, if selected by the participant jurisdiction(s):

- A. **Profile Maintenance.** Maintaining an updated data base for the participant jurisdictions. Including mailing address, tax preparer, credits and delinquent returns.
- B. **Printing and Mailing.** Printing and mailing of customized taxpayer returns (including a preprinted header and credit) to taxpayers or preparers.
- C. **Return Computation and Liability Determination.** Return computation and liability determination, and detailed distribution data for monthly settlement to be operated by Selected Vendor on behalf of the participant jurisdiction(s).
- D. **Return Computation and Liability Determination Software.** Return computation and liability determination, and detailed distribution data for monthly settlement software to be provided by Selected Vendor for the participant jurisdiction(s) to operate in-house.
- E. **Monthly Settlement/ Funds Transfer.** Data receipt, data capture, and transmission of monthly account settlement data among the participant jurisdictions. In addition, initiate funds transfer (i.e., disbursement) upon the completion of the monthly settlement process. (i.e., ACH Credit, Fedwire, bank check or internal bank transfer, among the participant jurisdictions and member jurisdictions to affect financial settlement)

**Appendix 4** details the performance standards related to the Selected Vendor functions and participant jurisdiction's responsibilities.

## ARTICLE V

### PARTICIPANT JURISDICTION SERVICE REQUIREMENTS

Participant jurisdictions will select, from the services listed below, their respective required program functionality. Each participant jurisdiction will contract individually with the KYDMC Selected Vendor services (i.e., funds transfer services). Each participant jurisdiction must identify to KYDMC services it will require by completing and filing a copy of **Appendix 3** with KYDMC in the manner provided therein.

Program functionality consists of the following:

1. Maintain an updated taxpayer profile data base for the participant jurisdictions. Including mailing address, tax preparer, credits and delinquent returns.
  - 1.1 Customized printing and mailing of participant jurisdiction tax returns and delinquency notifications by Selected Vendor. Printing & mailing service must be used in conjunction with service (1) above.
2. Tax return deposit and data capture by the Hosted Vendor Solution. Functions may include all or a subset (based on a participant jurisdiction's requirements) of the following:

- Receipt;
- Taxpayer Identification;
- Data Preparation;
- Deposit;
- Data Capture; and
- Data Delivery

3. Fee transmittal deposit and data capture by the Hosted Vendor Solution. Functions may include all or a subset (based on a participant jurisdiction's requirements) of the following:

- Receipt;
- Jurisdiction Identification;
- Data Preparation;
- Deposit;
- Data Capture; and
- Data Delivery

4. Fee transmittal processing and dissemination through Selected Vendor. Functions include:

- Summary of Data
- Posting of Participant Jurisdiction Required Data Fields; and
- Identification of Exceptions;

4.1 A Return computation, liability determination and exception processing on the Hosted Vendor Solution's platform.

4.1 B Detailed return data posted to the Hosted Vendor Solution for monthly settlement.

4.2 Return and fee transmittal report computation, liability determination, and exception processing software to be operated in-house by the participant jurisdiction. Selected Vendor's will provide:

- Original Software
- Updates and Enhancements;
- System Documentation;
- Technical Assistance;
- Training;
- Installation Documentation; and
- Impact Analysis at Least 30 Days Prior to Installation

5. Monthly settlement and funds transfer by Selected Vendor with software provided by the selected funds transfer contractor or owned by Selected Vendor. Functions include:

- Offsetting Liabilities Between Participant Jurisdictions;
- Funding Requirement Determination; and
- Initiate Fund Transfers on behalf of the Participant Jurisdictions to settle their liabilities to all Participant Jurisdictions and Member Jurisdictions

6. Audit interface accepts audit information from an external system and processes it through the Hosted Vendor Solution.

**Appendix 4** details the performance standards related to participant jurisdictions in the IPC.

**Appendix 5** outlines the performance standards of the Help Desk. The Help Desk is available to all participant jurisdictions using any of the services enumerated above.

## **SUBJECT TO CHANGE DUE TO SELECTED VENDOR**

### **ARTICLE VI**

### **CHARGE-BACK PROCESS**

#### **SECTION I. GENERAL CHARGE-BACK STRUCTURE**

Appendix 7 details the Cost Structure for each participant jurisdiction and this Memorandum of Agreement is signed on the basis of the costs presented in this document. The Cost Structure assumes commitment will be secured from the nine (9) jurisdictions. If any jurisdiction does not commit, or is unable to meet its payment schedule or its payment obligations, and the costs in Appendix 7 increase as a result, the remaining participant jurisdictions will be notified and a new Cost Structure must be affirmed.

The IPC charge-back structure will be as follows:

1. Calendar Monthly Basis. The general charge-back accounting will be on a calendar monthly basis.
2. Charge-Back Payment. Participant jurisdictions will be billed by KYDMC on a calendar-month basis. Itemized statements will be mailed within 20 days of the end of the calendar-month. Payment in U.S. funds shall be mailed or via electronic (guaranteed funds process) within 25 working days from the date of each such statement.
  - A. If payment is not received by KYDMC within 15 days of the mailing due date, KYDMC will mail a "Notice of Late Payment". If payment is not received within 180 days of the notice, KYDMC may cease providing service to the delinquent jurisdiction.

- B. If statutory considerations prevent the standard billing arrangements for any participant jurisdiction, KYDMC may make alternative provisions. The additional administrative costs would be borne by the participant jurisdiction and included in their charge-back bill.
3. Charge-Back Records Availability. The charge-back billing will be subject to established KYDMC internal control procedures. The respective charge-back accounting records and supporting documentation for each respective participant jurisdiction will be made available by KYDMC for inspection by the respective jurisdiction, upon 30 day notice to KYDMC.
4. Itemized Charge-Back Statements. Itemized statements will contain three sections setting forth:
- A. Apportioned Charges, as agreed to by the PMAC, based on the number of accounts in the member IPC jurisdiction divided by the total number of accounts administered in all IPC member jurisdictions. Costs allocated based on the resultant percentage.
  - B. Equal Charges, as agreed to by the PMAC, based on each participant jurisdiction receiving the same benefit from the use of a hosted vendor function.
  - C. Administrative Charges, as agreed to by the PMAC, the costs incurred by the IPC administrator (KYDMC) allocated to the IPC member jurisdiction.
5. Fees Not Included in Charge-Backs. Bank services fees from the participant jurisdiction Selected Vendor(s) for lockbox services will not be included in the charge-back accounting, as such fees will be billed directly by the Selected Vendor(s) to the participant jurisdiction. Similarly, all communications line connection and usage charges incurred during actual usage of the IPC System will be billed to and paid directly to the Selected Vendor(s) by the respective participant jurisdiction.

## **SECTION II. IFTA CHARGE-BACKS**

1. Determination of whether IFTA Charge Backs are to be Appropriated or Equal Charges shall be established by the Policy and Management Advisory Committee.
- A. Implementation and Development (Year 1)
  - B. Data Conversion (Year 1)
  - C. Hosting and Maintaining Solution (Year 1)
  - D. Software Maintenance (Year 1)
  - E. Initial Licensing of Software (Year 1)

- F. Hosting and Maintaining Solution (Succeeding Years, e.g. years 2 through 5)
- G. Software Maintenance (Succeeding Years, e.g. years 2 through 5)
- H. Administrative Costs (Lead Jurisdiction Assistance/IPC Accounting and Billing)
- I. Administrative Costs (PMAC Travel)
- J. Costs related to any modification and/or enhancement to the Hosted Vendor Solution not covered by the prevailing contract between KYDMC and the Selected Vendor and as approved by the Policy and Management Advisory Committee.

**Appendix 6** details the methodology of the charge-back.

### **SECTION III. CHARGE-BACK CALCULATIONS**

1. Charge-Back Projections. In December of each year, KYDMC will provide each participant jurisdiction with a projected charge-back amount for the upcoming calendar year.

For participant jurisdictions utilizing function 4.1A or 4.2 from Article V, either alone or in combination with any other function listed in Article V, the projected charge-back amount will be calculated as follows:

- A. a projection of the charges for the upcoming calendar year (except where prohibited by statute) based on the actual costs for the IPC system over the prior twelve months, except during the initial year when the estimated usage charge will be based on anticipated first year system utilization;
  - B. Any planned changes, enhancements or expansions will be estimated and charged back to all participant jurisdictions through the PMAC process.
2. Actual Charge-Back Amounts. Starting in January of each year, Selected Vendor will implement charge-backs based upon the projected total IPC system usage charge utilizing the applicable charge-back methodology cited in Subsection 1; and will commence applying the direct fee charge rates, if applicable, to the actual volume of optional services selected and used (in that and subsequent month(s)) by the respective participant jurisdictions.
  3. Management Reports. IPC system management reports will be made available by Selected Vendor to participant jurisdictions on a monthly, quarterly and annual basis. The management report is intended as a tool to aid participant jurisdictions in their IFTA budgeting and fiscal planning.

#### **SECTION IV. CHARGES TO BE BORNE DIRECTLY BY PARTICIPANT JURISDICTIONS AND DIRECTLY BILLABLE TO THEM BY THEIR SELECTED VENDOR(s)**

The following costs or fees are to be billed directly by the respective contractor(s) to the respective participant jurisdiction(s) and each such participant jurisdiction shall be solely responsible for such costs or fees:

1. Any terminal/PC user workstations necessary to connect to the IPC System along with all associated maintenance/replacement requirements costs and any associated installation, and operations costs.
2. The cost of any communications devices necessary to connect the IFTA user workstation/LAN/host to the IPC System, along with all associated maintenance/replacement requirements costs, and any associated installation and operating costs.
3. Any acquisition, usage and support costs for all commercial software products necessary for the respective participant jurisdictions to operate their internal systems environment (i.e., workstation/LAN/host) and effectively connect such user environment (i.e., communications devices) to the IPC System; including any associated installation and currency costs. Any software developed by the participant jurisdiction to support or communicate with the IPC will remain the property of the participant jurisdiction.

### **ARTICLE VII**

#### **EXCHANGE OF IFTA INFORMATION**

##### **SECTION I. UNIFORM EXCHANGE OF IFTA INFORMATION**

The purpose of this article is to enhance and facilitate tax administration in all its aspects to the extent each participant jurisdiction to the IPCMOA is empowered to administer its tax laws by exchanging tax information with other participant jurisdictions. Participation in Article VII is optional. Participant jurisdictions will select the appropriate box in **Appendix 3** indicating their intention. Participant jurisdictions intend that the information exchanged may be specifically requested, voluntarily transmitted, or on-line access granted ( Article V, 4.1 A users only) under an established exchange procedure, in instances where the transferring/authorizing jurisdiction believes that such information will be useful in facilitating tax administration. Authorization of on-line access (4.1A users only) of IFTA information is encouraged. On-line access will be logon specific.

It is the understanding and intent of the participant jurisdictions that all information, in any form whatsoever, exchanged pursuant to the IPCMOA shall be employed solely for the purposes of tax administration.

## SECTION II. INFORMATION SUBJECT TO EXCHANGE

1. Information Subject to Exchange. Except as set forth in Subsection 2 of this Section, this Article shall apply to the exchange of any information in the possession of one participant jurisdiction which could reasonably be considered useful to other participant jurisdictions for the facilitation of tax administration. Such information includes, but is not limited to, lists of taxpayers or potential taxpayers including identifying data; tax or information returns or documents including supporting schedules, attachments, and lists; nexus information and questionnaires; research and revenue estimating materials; audit reports and other information regarding audit; collection and enforcement activities; appeals and criminal tax matters with respect to any taxpayer or group of taxpayers.
2. Information not Subject to Exchange. Notwithstanding Article I, the following information shall not be subject to exchange:
  - A. Information received from the U.S. Internal Revenue Service pursuant to Section 6103(d) of the Internal Revenue Code, or any other U.S. federal agency, unless the exchange is authorized in advance by the U.S. Internal Revenue Service or such other U.S. federal agency;
  - B. Information received from Revenue Canada pursuant to Section 241 of Canada's Income Tax Act, or any other agency or Department of the Government of Canada or a provincial government, unless the exchange is authorized in advance by the government, agency or department from which the information originates;
  - C. Any information the disclosure of which would be in violation of or detrimental to the administration of the laws of the state or province of the participant jurisdiction;
  - D. Information the disclosure of which is not in accord with the IPCMOA in the judgment of the participant jurisdiction from which the information is sought.

## SECTION III. CONFIDENTIALITY

1. Each participant jurisdiction shall inform the others of the current statutory provisions of its state or province concerning confidentiality of the information exchanged, the penalties for unlawful disclosure thereof, and any amendments thereto, by providing this information to the primary clearinghouse.
2. The primary clearinghouse shall distribute the applicable statutory provisions of the state or province of each Signatory agency as they apply to the exchange of information pursuant to the IPCMOA including destruction policy. Each participant jurisdiction shall, at least annually, update the information by providing notification of any amendments to the primary clearinghouse at least 30 days prior to the effective date of such amendments when possible. The primary clearinghouse shall then notify the agency head, or his or her designee, of each Signatory agency of such amendments in a timely manner.



3. Each Signatory agency agrees to protect the confidentiality of any information obtained pursuant to the IPCMOA in accordance with the laws of its state or province; provided, however, notwithstanding the above, no participant jurisdiction to this IPCMOA shall disclose any information obtained pursuant to the IPCMOA to any other state or province without the explicit consent of the participant jurisdiction furnishing the information. In addition, no participant jurisdiction shall disclose any information obtained pursuant to the IPCMOA to any other agency, department or unit within the receiving state or province, or to any local government unit, except as otherwise provided in Section III, Subsection 4. Further, no information obtained pursuant to the IPCMOA shall be disclosed to officers, employees, or other members of a state or provincial legislature, except as required by the laws of the state or province of the receiving agency for purposes of an audit of the state or provincial tax agency or for the purposes of the audit of a refund of tax.
  
4. Nothing herein shall be construed so as to prohibit disclosure of any information obtained by virtue of the IPCMOA to the following:
  - A. Other employees, agents or authorized representatives of the receiving party who are charged with tax administration;
  - B. A legal representative of the receiving party for use in administrative, civil or criminal proceedings concerning tax administration purposes;
  - C. Other state or provincial employees, agents or authorized representatives to whom such disclosure is necessary in connection with the processing, storage, and transmission of such information;
  - D. Other state or provincial employees, agents or authorized representatives, charged by that state's or province's laws with the responsibility of auditing the activity of the signatory agencies; or,
  - E. To a duly designated officer of a state or provincial audit agency in conjunction with an audit of the state or province IFTA tax agency or for the purposes of the audit of a refund of IFTA tax.
  
5. Signatory agencies should require that independent contractors, consultants, agents or authorized representatives comply with all applicable confidentiality provisions prohibiting disclosure of any information obtained by virtue of the IPCMOA and should hold said parties subject to applicable penalties and/or prosecution for such unlawful disclosure under the civil and criminal laws of the state or province of the receiving agency.

## SECTION IV. PROCEDURES FOR EXCHANGE OF INFORMATION

### 1. Types of Exchange.

- A. This provision of the IPCMOA constitutes a request by each Signatory agency for information obtained by any other participant jurisdiction or participant jurisdictions relative to the probable taxability of any taxpayer in the state or province of the Signatory agency, when practical.
- B. Information may be exchanged upon request, voluntarily transmitted, or on-line access (4.1A users only) granted where the providing participant jurisdiction believes that such information will be useful to the other participant jurisdiction for tax administration purposes. The providing participant jurisdiction may forward to the other participant jurisdiction sufficient details required to make a request for the information as provided in Section IV, Subsection 3 of the IPCMOA.
- C. The exchange may be on a one-time basis (e.g., request for one-quarters returns, etc.) or it may be established on an ongoing basis. Two or more agencies may establish written procedures regarding the method and frequency of the exchange based on their individual requirements.
- D. The exchange may also be through on-line access (4.1A users only) into the IFTA return processing system where the providing participant jurisdiction believes that such information will be useful to the requesting participant jurisdiction(s) for tax administration purposes. On-line access may be on a one-time basis (i.e., renewed annually) or it may be established on an ongoing basis. All requests must be authorized by the base participant jurisdiction and communicated to the primary clearinghouse for initiation of user access, which will be log-on specific, for the requesting participant jurisdiction. Authorization of on-line capability of IFTA information is encouraged.

### 2. Requirements of Persons Designated to Request and Receive Information.

- A. Each Signatory agency shall designate to the others, in writing or by verifiable electronic means, the personnel authorized to request and receive tax information on its behalf under the terms of the IPCMOA by providing, in writing, such information to the primary clearinghouse. Each party agrees to at least annually supply a list of authorized personnel to the primary clearinghouse. The primary clearinghouse shall provide all such information to each Signatory agency. The primary clearinghouse shall not be designated to receive any confidential information, but shall function as provided in Article II, paragraph 6.
- B. If there is any change affecting any designated individual's right of access to tax information or status as a participant jurisdiction's representative, the participant jurisdiction shall immediately advise the primary clearinghouse of such a change, in writing or verifiable electronic means, specifying that such individual is no longer

authorized to request and receive tax information. The primary clearinghouse shall immediately provide such information to each Signatory agency.

### 3. Requests for Information Between Participant Jurisdictions.

- A. Information may be requested at any time by any Signatory agency. Informal (e.g., telephone) inquiries regarding the availability of information for exchange are encouraged. Such inquiries will be verified, through a phone call, to a designee of the requesting participant jurisdiction's IFTA Commissioner.
- B. Formal requests for information shall be in writing or by verifiable electronic means from the requesting Signatory agency to the providing Signatory agency and must indicate the tax administration reason for the exchange if the reason is not apparent from the context of the request.
- C. Informal requests and voluntary exchanges shall be conducted under an established exchange procedure, as outlined in section IV.
- D. Each formal request shall also specify, to the extent such information is known and available, the following:
  - i. The name and address of each taxpayer for whom information is requested;
  - ii. The taxable period or periods for which information is desired and required;
  - iii. The taxpayer's employer identification number, social security number, or jurisdiction assigned account number; and,
  - iv. Any other information which may help to facilitate the exchange.
- E. If the providing Signatory agency approves of the information request and it requires on-line access to be granted, the providing Signatory agency shall provide written or verifiable electronic approval to the primary clearinghouse to update its listing of personnel authorized to have on-line access.

## SECTION V. RETURN OR DESTRUCTION OF EXCHANGED INFORMATION

Information provided to the requesting participant jurisdiction remains the property of the furnishing jurisdiction. The recipient participant jurisdiction agrees to return all returns and/or information (along with all copies made thereof) to the furnishing participant jurisdiction, or to destroy the returns and/or information in conformity with the recipient's controlled destruction policy(ies) at the discretion of the furnishing jurisdiction.

It shall not be necessary for the recipient participant jurisdiction to return or destroy the information it disclosed in the course of judicial or administrative proceedings, to the extent that such information has become part of the record thereof.

## SECTION VI. SUPPLEMENTAL IPCMOA

The IPCMOA may be supplemented by addenda between two or more Signatory agencies prescribing the nature, quality and operations for the continuous exchange of tax information. A secondary clearinghouse(s) may be appointed to administer the compilation and dissemination of certain information under the supplemental IPCMOA(s). The supplemental IPCMOA(s) shall prescribe the authority and responsibilities of the secondary clearinghouse(s). All provisions contained in the addenda must be consistent with the terms and conditions in the IPCMOA. If the addenda are intended to control in the event of a conflict, this shall be specifically stated in the addenda. In the absence of such language, the Article VII Exchange of IFTA Information shall control in the event of a conflict. Such Addenda will be considered to be part of the IPCMOA and will be binding on only the parties thereto, their agents and employees, and their successors in office to the same extent as the IPCMOA, unless limited by the addenda, or rescinded or amended or a Signatory agency withdraws from the IPCMOA, as provided in Article IX.

## SECTION VII. COSTS

1. The Signatory agencies agree not to charge one another for the costs of routine reproduction of returns and return information mutually exchanged. The providing participant jurisdiction may charge a reasonable fee for furnishing tax returns and return information in magnetic tape format or under other non-routine circumstances. Such costs shall be agreed upon before they are incurred. Information requests shall not be denied on account of the cost alone, unless the requesting participant jurisdiction declines to pay the direct costs of the providing participant

jurisdiction and the request involves excessive time and resources in the opinion of the providing participant jurisdiction.

2. The participant jurisdictions also agree to cooperate to the extent practicable in allowing personnel of the requesting participant jurisdiction to inspect and copy information if they determine that the time demands of the information request exceed what they can reasonably supply.

## **SECTION VIII. TERMINATION OF EXCHANGE AGREEMENTS**

### **UNDER THIS ARTICLE**

1. Written notice of intent to terminate participation in Article VII of the IPCMOA shall be served by the terminating participant jurisdiction on the Policy and Management Advisory Committee and primary clearinghouse at least 30 days prior to the date of termination, when possible. The primary clearinghouse shall then notify the head of the agency, or his or her designee, of all other Signatory agencies.
2. Any unauthorized use or disclosure of state or provincial tax returns or return information furnished pursuant to the IPCMOA or inadequate procedures for safeguarding the confidentiality of such returns and return information by an agency constitutes grounds for immediate termination of Article VII of the IPCMOA, as to any, some or all Signatory agencies, and the exchange of information hereunder.
3. Any unauthorized disclosure or use of information of a participant jurisdiction shall be reported to that jurisdiction or its Signatory agency including therein the identification of the jurisdiction from which originated the unauthorized disclosure or use, the names of the people involved, the facts surrounding the disclosure or use and the measures to remedy the situation.

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## **ARTICLE VIII**

### **TERMINATION, MODIFICATION OR WITHDRAWALS**

#### **SECTION I. MODIFICATION OF IPCMOA**

Additions and modifications to the provisions of this IPCMOA may be made by mutual written consent of the duly authorized representatives of the participant jurisdictions, acting through the PMAC. The procedure for proposing any such additions or modifications is set forth in **Appendix 1** of this IPCMOA. As provided therein, initial modification requests should be made through the KYDMC Change Control Representative (CCR). Such requests shall ultimately be ratified at a meeting of the PMAC, and must be ratified by two thirds (2/3) vote of duly authorized PMAC representatives.

#### **SECTION II. PARTICIPATION OF MEMBER JURISDICTIONS IN THE INITIAL CONTRACT PERIOD**

Jurisdictions signing the initial MOA have agreed to participate as a member of the IPC for the period of the contract between KYDMC and the Selected Vendor. A jurisdiction wishing to terminate its participation in the IPC during the initial contract period shall do so in accordance with Section VI of this Article.

#### **SECTION III. PARTICIPATION OF KYDMC AS ADMINISTRATOR IN THE INITIAL CONTRACT PERIOD**

The KYDMC shall serve as the Administrator of the IPC for the period of the contract between KYDMC and the Selected Vendor. Withdrawal of KYDMC as the Administrator of the IPC shall be in accordance with Section VII of this Article.

#### **SECTION IV. RENEWAL CONTRACT PERIODS, PARTICIPATING JURISDICTIONS**

Contract renewal periods agreed to by the PMAC and executed by the KYDMC with the Selected Vendor shall constitute a continuous participation of such jurisdiction as a member of the IPC unless said jurisdiction elects to terminate its participation in accordance with Article VIII, Section VI.

#### **SECTION V. RENEWAL CONTRACT PERIODS, KYDMC AS ADMINISTRATOR**

Contract renewal periods agreed to by the PMAC and executed by the KYDMC with the Selected Vendor shall constitute a continuous participation of the KYDMC as the Administrator of the IPC unless the KYDMC elects to withdraw in accordance with Article VIII, Section VII.

## **SECTION VI. TERMINATION**

A participant jurisdiction shall serve written notice of its intent to terminate participation in the IPCMOA at least seven hundred twenty (720) days prior to the effective date of the termination by certified mail upon the Administrator of the IPC, who shall be responsible for serving a copy of such notice upon all of the PMAC authorized representatives. The final charge-back will follow the same charge-back rules as those outlined in Article VI except for the inclusion of a net reconciliation of the overage or underage for the current and prior year. The Selected Vendor computation and liability software and all supporting documentation are for the administration of IFTA. They may not be copyrighted, sold or exchanged for commercial use or used for any but its intended purpose.

## **SECTION VII. WITHDRAWAL OF KYDMC AS ADMINISTRATOR**

The KYDMC may withdraw from its role as Administrator of the IPC by providing at least seven hundred twenty (720) days notice to the participating jurisdictions.

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## **ARTICLE IX**

### **ADDITIONAL PARTICIPANT JURISDICTIONS**

#### **SECTION I. GENERAL POLICY**

Since the Selected Vendor computation and liability software and all supporting documentation are created for the sole purpose of administration of the fuel use taxes and returns subject to the IFTA, and since the purposes of the IPCMOA is to facilitate such administration by and between IFTA member jurisdictions; then it follows that any such member jurisdiction desirous of utilizing the IPC and agreeing to be bound by the terms of the IPCMOA may be added as participant jurisdictions. Any new jurisdictions joining the consortium after the first day of October 1, 2013 shall pay initial startup costs in the sum of -0- dollars.

#### **SECTION II. PROCEDURES FOR ADDING SUBSEQUENT**

##### **PARTICIPANT JURISDICTIONS**

1. Subsequent to the effective date of this IPCMOA, new participant jurisdictions may be added if any agency representative of a member jurisdiction agrees to bind such agency and such jurisdiction to the terms and conditions contained herein, and evidences such agreement by affixing its signature as an addendum to this IPCMOA. A new participant jurisdiction will select an effective date to coincide with the first day of a calendar quarter.
2. Continued participation as a member of the IPC and the procedure for termination as a member of the IPC shall be in accordance with Article VIII herein.
3. New participant jurisdictions shall be responsible for any costs associated with the implementation and ongoing use and maintenance of the Hosted Vendor Solution plus administrative costs assessed by the KYDMC as the Administrator of the IPC. Determination of such costs shall be made by the KYDMC and shall be approved by the PMAC in accordance with Article VI herein.
4. In the event overall costs are decreased as a result of a new participant jurisdiction, such reductions shall be prorated against all original participant jurisdictions and applied against the next scheduled payment.



**ARTICLE X**  
**NOTIFICATION**

Any notification required by this IPCMOA to be made upon the PMAC or KYDMC, respectively, shall be mailed to:

- A. PMAC /KYDMC
- Kentucky Transportation Cabinet  
Division of Motor Carriers  
Brian Beaven, Director  
200 Mero Street  
Frankfort, KY 40622

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## ARTICLE XI

### EFFECTIVE DATE, TERMS AND RATIFICATION

#### SECTION I. EFFECTIVE DATE AND TERMS

This IPCMOA and Appendixes attached hereto, shall take effect on 10/25/13; or on the date designated by the signatory agency representatives in Article XI section II of this agreement. This IPCMOA shall be binding on the participant jurisdictions, their agents and employees, and their successors in office, and shall continue in effect by and between the participant jurisdictions, unless and until a participant jurisdiction elects to withdraw from the IPCMOA as provided in Article VIII, herein. The Appendixes attached hereto are hereby incorporated into the IPCMOA and are deemed to be part hereof, as though they were set out in full herein. This agreement may be executed in multiple counter parts and each counterpart shall have the same force and effect as if all parties were signatories of a single document.

Signed this 25<sup>th</sup> day of October, 2013,

  
\_\_\_\_\_  
Mike Hancock, Secretary  
Kentucky Transportation Cabinet

Approval as to form and legality:


Will Fogh 10-24-13  
\_\_\_\_\_  
Kentucky Transportation Cabinet  
Legal Counsel

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**SECTION II. RATIFICATION**

The following agency representatives, as evidenced by their respective signature, hereby ratify and agree, on behalf of their respective agencies and member jurisdictions, to be bound by the provisions of this IPCMOA, and of the Appendices attached hereto:

Signed this 5th day of April, 2018

  
Name of agency head: Terri L. Albertson

For the State / Province of Nevada

Director  
Title of agency head

The State / Province of Nevada agrees to be bound by this Memorandum of Agreement effective the 8<sup>th</sup> day of May, 2018 (upon Board of Examiner's approval)

APPROVED BY BOARD OF EXAMINERS

\_\_\_\_\_  
Signature-Board of Examiners

On: \_\_\_\_\_  
Date

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**APPENDIX I IFTA CHANGE CONTROL PROCESS**

<b>COMMON PROCEDURES</b>	<b>IPCMOA CHANGES</b>	<b>PROGRAM CHANGES</b>
<p>1) Participant Jurisdiction contacts KYDMC to request change.</p> <p>2) Participant Jurisdiction's Primary Contact (PJPC) discusses the potential change with the Change Control Representative (CCR) in KYDMC.*</p>		
<p>3) The CCR prepares a Change Request with the assistance of the PJPC completing the sections regarding:</p> <ul style="list-style-type: none"> <li>• Type of change (IPCMOA or Program)</li> <li>• Participant Jurisdiction's Primary Contact</li> <li>• Description of current procedure or policy</li> <li>• Affected screens, functions or plans</li> <li>• Description of change</li> <li>• Reason for request (e.g., legislative mandate, production problem, performance monitoring results, etc)</li> <li>• Desired or required implementation date</li> <li>• Comment period and review date</li> </ul>		
<p>4) The CCR determines the Primary KYDMC Contact (if different from the CCR) and complete KYDMC Primary Contact section of the Change Request.</p>	<p>4A) Primary KYDMC Contact for IPCMOA issues will be the KY's member of the PMAC.</p>	<p>4B) Primary KYDMC Contact for Program issues will be a representative from Motor Carrier Management, Office of Information Technology (OIT) Services or Commonwealth of Kentucky (COT)</p>
<p>5) The CCR has a preliminary discussion with the Primary KYDMC Contact to determine the course of action</p> <ul style="list-style-type: none"> <li>• Move forward</li> <li>• Contact requesting jurisdiction for clarification / reevaluation</li> </ul>		
<p>6) Change requests that are beyond the scope of the IPC and/or the contractors will be returned to the requesting jurisdiction for clarification/reevaluation of the change request.</p>	<p>6A) The PMAC member will notify the Participant Jurisdiction PMAC member of the results of the KYDMC discussions. The participant jurisdiction would have the option of withdrawing the request, reevaluating the request based on the information provided by KYDMC or provide KYDMC with additional information to consider.</p>	<p>6B) The CCR will notify the PJPC of the KYDMC discussions. The participant jurisdiction would have the option of withdrawing the request, reevaluating the request based on the information provided by KYDMC or providing KYDMC with additional information to consider.</p>

<p>7) Requests that are within the capabilities of the IPC will continue with the change control process.</p> <p>8) The CCR assigns a IPCMOA/Program change control number.</p>		
<p>9) The CCR completes the Change Request sections regarding: * IPCMOA/Program change control number.</p>		
<p>10) The CCR makes copies of the Change Request and keeps one in a binder according to IPCMOA/Program change control number.</p>		
<p>11) The CCR forwards a copy of the Change Request along with any documentation to the Primary KYDMC contact for analysis. Core service changes that affect the KYDMC Selected Vendors will be submitted to them for analysis. They will analyze the impact of cost, work flow, systems, department dependencies, resource requirements and overall efficiency.</p>	<p>11A) IPCMOA changes that will necessitate a program change will be submitted to the affected KYDMC bureau for analysis. It will be analyzed for feasibility, impact to the charge-back, the RPC, the contractors (through their analysis).</p>	<p>11B) KYDMC will analyze potential changes for feasibility, impact to the charge-back, the IPC, the contractors (through their analysis) and other jurisdictions.</p>
<p>12) Copies of the request and analysis are forwarded to all jurisdictions for comments.</p>	<p>12A) IPCMOA issues are distributed to PMAC members 60 days prior to their next scheduled meeting. An extraordinary meeting will be convened for matters of immediate concern or at the desire of a majority of members. The PMAC chair will poll the members on the need for an extraordinary meeting and the meeting format.</p>	<p>12B) Program issues will be distributed to the PMAC member for dissemination within their jurisdiction.</p>
<p>13) The Primary KYDMC contact will contact the CCR with a summary of the analysis and any Bureau specific change control number (e.g., ISM900 Change Control Number). The CCR will complete the appropriate sections of the Change Request.</p> <p>14) If the analysis determines that change requests are impractical or too costly to implement.</p>	<p>14A) The PMAC Member will notify the Participant Jurisdiction PMAC member of the results of the KYDMC analysis. The participant jurisdiction would have the option of withdrawing the request, reevaluating the request based on the information provided by KYDMC or provide KYDMC with additional information to consider.</p>	<p>14B) The CCR will notify the Participant Jurisdiction's Primary Contact of the KYDMC analysis. The participant jurisdiction would have the option of withdrawing the request or reevaluating the request based on the information provided by KYDMC or provide KYDMC with additional information to consider.</p>

	<p>15A) Changes that pass analysis and receives 2/3 majority of the PMAC will be drafted as an addendum to the IPCMOA. Changes that also change programs will be implemented by the appropriate KYDMC bureau in coordination with participant jurisdiction(s).</p> <p>16A) The participant jurisdictions will have 180 days in which to sign the addendum in the IPCMOA. If the addendum has not been signed within 180 days, it will be deemed notification of the jurisdiction's intent to withdraw from the IPCMOA. (Unless otherwise notified in writing by the jurisdiction).</p>	<p>15B) Changes that are adopted will be implemented by the appropriate KYDMC bureau in coordination with participant jurisdiction(s).</p> <p>16B) N/A</p>
<p>15) The results or status of all changes requests will be distributed to all jurisdictions through the newsletter or at the scheduled meeting. The CCR will complete the appropriate section of the Change Request.</p> <p>*KYDMC prepares Change Requests for all changes to core services. Where the contractor desires to initiate a change, the contractor contacts the CCR for informed discussions and, upon agreement, the Department CCR prepares and submits CR. If the Department does not agree to the proposed change to core services, the contractor shall not proceed with change or contracted services. Any preliminary analysis completed as part of the informal discussions shall be included in the CR documentation.</p>		

**Kentucky Transportation/Division of Motor Carriers  
IPCMOA CHANGE REQUEST**

Program Change IPCMOA Change	ISM 990 Change Control #	Program Change Control Request #	IPCMOA Change Control Request #
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Participant Jurisdiction's Primary Contact: Requesting Jurisdiction:	Telephone: Fax:
-------------------------------------------------------------------------	--------------------

I. Description of Current Process:	
Screen(s)/Function(s)/Plan(s) Affected:	
II. Description of Change Required:	
III. Reason for the Request:	
IV. Analysis Summary	V. Disposition of Request
VI. (Desired/Required) Implementation Date:	VII. Comments Due:
VIII. Attachments (List as Needed):	

Change Control Rep.	Phone	Fax
Primary KYDMC Contact	Phone	Fax
Bureau		

## Appendix 2

### IPCMOA-POLICY AND MANAGEMENT ADVISORY COMMITTEE DECISION MAKING STRUCTURE

Decision Making	KYDMC Managed	Policy and Management Advisory Committee With KYDMC as Chair
<b>PROGRAM ADMINISTRATION</b>		
<b>Performance Monitoring of KYDMC Selected Vendor(s) – Core Services (functions listed in Article V)</b> -- Accuracy and Completeness -- Timeliness -- Security -- Disaster Recovery -- Documentation	KYDMC responsible for oversight of the Selected Vendor(s) deposit & return processing; and, KYDMC responsible for oversight of Selected Vendor' S funds transfers.	Not Applicable
<b>Fee Arrangements</b>	KYDMC responsible for negotiating all fees with the Selected Vendor(s) effecting core processing.	Not Applicable.
<b>Billing Structures</b>	KYDMC responsible for paying for development costs associated with program changes; and, Costs will be reimbursed to KYDMC through billing arrangements based on nature of development effort (see below). KYDMC will notify the Policy and Management Advisory Committee of any change, modification or enhancement that materially affects the charge-back.	Not Applicable.
<b>Change Control Implementation</b>	Selected Vendor will develop and provide test scenarios to KYDMC; Participant jurisdictions will provide test conditions, through KYDMC, for selected funds transfer option; and KYDMC will certify system(s).	Not Applicable



<p><b>Processing Communications Issues for Core Services (i.e., Article V) Shared by all Participant Jurisdictions.</b></p> <ul style="list-style-type: none"> <li>-- Procedures/Processing/Training</li> <li>-- Systems and Equipment</li> <li>-- Special Assistance</li> </ul>	<p>KYDMC will serve as conduit between the Selected Vendor(s) and participant jurisdictions; Participant jurisdictions and Contractor(s) will bring processing concerns to KYDMC attention for communication to all appropriate parties; and, KYDMC will negotiate an equitable resolution.</p>	<p>Not Applicable</p>
<p><b>Critical Communications Issues</b></p> <ul style="list-style-type: none"> <li>-- Security/Confidentiality Breach</li> <li>-- Loss of Money, Data, Returns or Documents</li> <li>-- Disaster Recovery/Disruption of service</li> <li>-- Discontinuance or modification of services</li> <li>-- Loss/Reassignment of Key Manager(s)</li> </ul>	<p>KYDMC will be the initial contact; KYDMC will determine immediate actions to be taken, if necessary; KYDMC will communicate critical information to participant jurisdictions; and KYDMC will negotiate an equitable resolution.</p>	<p>Not Applicable</p>
<p><b>Entry of new participants – IPC</b></p>	<p>Not Applicable</p>	<p>KYDMC advises Policy &amp; Management Advisory Committee of estimated cost of entry; and estimated impact to the charge-back, prior to entry.</p>
<p><b>Change Control</b></p> <ul style="list-style-type: none"> <li>-- Non-Core Functions (impacts one participant jurisdiction)</li> </ul>	<p>Not Applicable</p>	<p>KYDMC communicates with Contractor; and, Costs borne by requesting participant jurisdiction. If, however, other participant jurisdictions utilize within one year, they will reimburse the other participant jurisdiction for equitable development costs.</p>
<p><b>Change Control – Funds Transfer Services</b></p> <ul style="list-style-type: none"> <li>-- Participant Jurisdiction changes funds transfer option</li> </ul>	<p>Not Applicable</p>	<p>Participant jurisdictions' communicates with Contractor and other participant jurisdictions; Costs for receipt portion borne by requesting participant jurisdiction; and, Costs for disbursement portion are divided equally among participant jurisdictions.</p>
<p><b>Dispute Resolution</b></p> <ul style="list-style-type: none"> <li>-- With Contractor(s)</li> <li>-- Between or among participant jurisdictions</li> <li>-- With IFTA regulations</li> </ul>	<p>Not Applicable</p>	<p>KYDMC communicates with Contractor(s) &amp; P&amp;MAC. KYDMC communicates with the participant jurisdictions &amp; P&amp;MAC. KYDMC communicates with IFTA Inc &amp; P&amp;MAC.</p>
<p><b>Imposition of penalties for Contractor(s) failure to perform according to standards.</b></p>	<p>Not Applicable</p>	<p>KYDMC presents supporting documentation; and the P&amp;MAC will arbitrate a jointly acceptable resolution.</p>
<p><b>Security Breach Violations</b></p>	<p>Not Applicable</p>	<p>KYDMC presents Performance Monitoring</p>

			evidence; and KYDMC assesses penalties. KYDMC gathers and presents evidence.
<b>Removal of Key Contractor Personnel</b>		Not Applicable	KYDMC negotiates with Contractor(s).
<b>Changes to key contract provisions</b>		Not Applicable	KYDMC presents supporting documentation; and the PMAC will arbitrate a jointly acceptable resolution.
<b>Sanctions, Penalties or Removal of Participant Jurisdiction for cause.</b>		Not Applicable	

## Appendix 3

### IPCMOA-PARTICIPANT JURISDICTION SERVICE REQUIREMENTS

FUNCTION		YES	NO
1	Maintain an updated data base of taxpayers profiles including credits, returns status, mailing address, business address and tax preparer.	X	
1.1	Customized printing and mailing of participant jurisdiction tax returns and delinquency notifications by Selected Vendor. Must be selected in conjunction service (1) above.	X	
2	Tax return deposit and data capture by the Hosted Vendor Solution.	X	
3	Fee transmittal deposit and data capture by the Hosted Vendor Solution.	X	
4	Fee transmittal computation and dissemination by Selected Vendor.	X	
4.1A	Return computation and dissemination by Selected Vendor.	X	
4.1B	Detailed return data posted to the IPC for monthly settlement.	X	
4.2	Return Computation, liability determination, and exception processing software to be operated in-house by the participation jurisdiction.	X	
5	Monthly settlement by Selected Vendor and funds transfer by the selected funds transfer contractor.	X	
6	IPC Audit interface.	X	

**Instructions: Please place an "X" in the appropriate column to indicate selection of a function.**

Signed this 5th day of April, 2018.

Terri L. Albertson  
Name of agency head



For the State/Province of Nevada.

Participation in Article VII  
Information Exchange

YES NO  
X

Director

Title of agency head

## Appendix 4

<b>IFTA MOA-PERFORMANCE STANDARDS FOR NON-CONTRACTOR SERVICES</b>			
<b>Responsibility</b>	<b>Task</b>	<b>Accuracy and Completeness</b>	
<b>Selected Vendor</b>	<b>1. Printing and Mailing</b>	100% of all returns will be printed and mailed using the IFTA profile database addresses provided by the participant jurisdictions and credits residing on the IFTA returns processing system.	<b>Timeliness</b> 100% of all returns will be mailed 30 days prior to the filing due date. 100% of all fee transmittal reports will be mailed to member jurisdictions the first business day following monthly settlement.
	<b>2. Processing Systems</b>	All data supplied by either the contractor (i.e., lockbox and funds transfer services) or participant jurisdictions must be processed 100% free from systems errors and processed in complete and accurate conformance with all applicable requirements.	100% of all processing systems must be operational in accordance with the approved implementation schedule.
	<b>3. Monthly Settlement</b>	100% of all settlement distribution data will be accurate and complete, and will be based on either the IFTA return processing system outputs or data supplied by the participant jurisdictions (see below: participant jurisdiction monthly settlement standards).	100% of all netting amounts required for monthly settlement will be provided by Selected Vendor to the participant jurisdictions by 9:00 am EST 3 business days prior to the last business day of the month. Selected Vendor will provide an annual calendar detailing funding dates for each jurisdiction no later than December 31 of the prior year.
	<b>4. Funds Transfer Authorization</b>	100% of all fund transfers initiated on behalf of participant jurisdictions will be complete and accurate.	100% of all fund transfers initiated will be in the time standards articulated in the IFTA Articles of Agreement.
	<b>5. Jurisdiction Specific System Changes</b>	100% of all participant jurisdiction specific systems changes will be accurate and complete based on the test conditions provided by that participant jurisdiction.	100% of all jurisdiction specific system changes will be completed in the mutually agreed upon time frame between KYDMC and that participant jurisdiction.
	<b>6. Technical Support</b>	100% of all technical support services will be provided accurately and completely.	100% of all technical services will be provided on a timely basis, as necessary.

<p><b>7. System Maintenance</b></p>	<p>100% of all system maintenance will be accurate and complete.</p>	<p>100% of all systems maintenance will be completed in the time frame specified by the participant jurisdictions and agreed to by KYDMC.</p>
<p><b>8. Help Desk</b></p>	<p>100% of all help desk services will be provided accurately and completely until final resolution is achieved.</p>	<p>100% of all help desk services will be provided on a daily basis, as necessary.</p>
<p><b>9. Data Communication</b></p>	<p>100% of all data communications services will be provided accurately and completely.</p>	<p>100% of all data communications services will be provided on a daily basis, as necessary.</p>
<p><b>10. Jurisdiction and Bank Liaison</b></p>	<p>100% of all jurisdiction and bank liaison services will be provided accurately and completely until final resolution is achieved.</p>	<p>100% of all jurisdiction and bank liaison services will be provided on a daily basis, as necessary.</p>
<p><b>11. Performance Monitoring of Lockbox and Funds Transfer Services</b></p>	<p>100% of all performance monitoring results will be provided to the Policy and Management Advisory Committee. These results will be accurate, complete, and fully documented.</p>	<p>A performance monitoring plan will be developed on an annual basis; contractor (lockbox and funds transfer) services will be monitored for timeliness on a semi-annual basis; contractor services will be monitored for physical security on an annual basis, and for employee security and confidentiality on an on-going basis; contractor services will be monitored for compliance with processing procedures during the initial quarter of processing, and components of procedures will be subsequently monitored on an annual basis.</p>
<p><b>12. Disaster Recovery</b></p>	<p>100% of all disaster recovery activities will adhere to KYDMC's disaster recovery procedures.</p>	<p>100% of all pre-disaster business functions will be restored within KYDMC's overall disaster recovery time frames.</p>
<p><b>13. Security and Confidentiality</b></p>	<p>100% of all transactions will be secured according to the participant jurisdictions security and confidentiality statutes (see below participant jurisdiction security and confidentiality standards).</p>	<p>100% of all return data will be secured on a continual basis.</p>
<p><b>14. Training and Procedures</b></p>	<p>100% of all training and procedures will be accurate and complete.</p>	<p>100% of all training and procedures will be developed and provided to participant jurisdictions according to a mutually agreed upon schedule between the participant jurisdictions and Selected</p>

				Vendor prior to initial program implementation.
	<b>15. Documentation</b>		All processing system documentation must be 100% accurate and complete.	All processing system documentation must be completed prior to implementation of any processing system, or modification to those systems.
<b>Participating Jurisdictions</b>				
	<b>1. Terminal/PC User Workstations</b>	100% of all terminal/PC user workstations necessary to connect to the IFTA processing system must adhere to the IFTA processing system requirements.		100% of all terminal/PC user workstations necessary to connect to the IFTA processing system must be installed and operational prior to the mutually agreed upon training schedule between Selected Vendor and the participant jurisdiction.
	<b>2. Communication Devices</b>	100% of all communication devices necessary to connect to the IFTA processing system must adhere to the IFTA processing system requirements.		100% of all communication devices necessary to connect to the IFTA processing system must be installed and operational prior to the mutually agreed upon training schedule between Selected Vendor and the participant jurisdiction.
	<b>4. Commercial Software</b>	100% of all communication software necessary to connect to the IFTA processing system must adhere to the IFTA processing system requirements.		100% of all communication software necessary to connect the IFTA processing system must be installed and operational prior to the mutually agreed upon training schedule between Selected Vendor and the participant jurisdiction.
	<b>5. Initial Population and Updates to IFTA Database</b>	Participant jurisdictions are responsible to ensure that their initial population and updates of taxpayer indicative data into the IFTA database is 100% accurate and complete.		Initial population of the IFTA database will occur one month prior to initial printing and mailing of IFTA returns, if selected; subsequent updates will occur up until the cut-off time mutually agreed to between KYDMC and the participant jurisdictions for printing and mailing of quarterly IFTA returns.
	<b>6. Test Conditions for System Test</b>	Participant jurisdiction must prepare 100% accurate and complete test conditions for system testing (if jurisdiction specific system change).		All participant jurisdiction test data must be provided to Selected Vendor by the mutually agreed upon cut-off time for test condition development between KYDMC and the participant jurisdiction.
	<b>7. Documentation for Bank Liaison Problem Resolution</b>	Participant jurisdiction must prepare 100% accurate and complete documentation of lockbox and/or funds transfer inaccuracies for Selected Vendor intervention.		Participant jurisdictions must provide documentation of lockbox and/or funds transfer inaccuracies two business days prior to KYDMC intervening with the Contractor.

	<p><b>8. Provision of Settlement Data</b></p>	<p>Participant jurisdiction settlement data, if not provided by the IFTA processing system, must be 100% accurate and complete.</p>	<p>Participant jurisdictions must provide monthly settlement data by 4:00 pm EST on the 4<sup>th</sup> business day prior to the last business day of the month.</p>
	<p><b>9. Funding of Funds Transfer Account</b></p>	<p>Participant jurisdictions must fund the funds transfer account 100% accurately and completely based on the participant jurisdiction settlement report produced by the IFTA processing system or reported to that participant jurisdiction by KYDMC staff.</p>	<p>Participant jurisdictions funds must be credited to the funds transfer account by 3:00 pm EST one business day prior to the last business day of the month.</p>
	<p><b>10. System Access</b></p>	<p>Participant jurisdictions must provide access authorization to KYDMC support staff to perform routine maintenance and operations (i.e., bank liaison) functions.</p>	<p>Participant jurisdictions must provide access authorization to KYDMC support staff to perform routine maintenance and operations (i.e., bank liaison) functions within 10 business days of initial installation, but prior to operation.</p>

## Appendix 5(subject to change due to Selected Vendor)

Help Desk Procedure	Date:
Recording Problem Severity Level	

### 1. Problem Reporting Procedure

The Help Desk documents all computer-related problems reported to them by Help Desk coordinators. Help Desk coordinators are designated by Selected Vendor. Problems can be either hardware or software problems. Problems can occur on either of the Department's mainframe computer systems, on any equipment connected to the Department's Local Area Network (LAN), or on any of the Department's stand-alone computer equipment. The Help Desk is responsible for documenting and tracking all computer-related problems reported. The Help Desk opens all user-reported problems, they resolve problems within their area of expertise, they assign problems they cannot resolve to an appropriate technical liaison, and they close all user-reported problems after verifying the problem's resolution with the DTF Help Desk coordinator who reported the problem.

### 2. The Help Desk Designates Severity Levels When Problems Are Opened

Each problem reported to the Help Desk requires a severity level. Severity levels reflect the degree to which the problem affects the DTF computer environment. Here is a list of severity level descriptions:

Severity Level	Description
1	Critical to DTF Multiple users cannot continue to work High profile user needs problem resolved as soon as possible
2	Of major importance to DTF User production seriously impaired
3	Normal DTF problem User can continue work or has a workaround
4	User question Request for inventory sticker to be replaced

### 3. The Help Desk Contacts Technical Liaisons and Selected Vendors to Work on Problems

If the Help Desk coordinator cannot resolve a problem, they send this problem to the appropriate technical Liaison or Department Selected Vendor for resolution.

If a problem is a severity level 2, 3, or 4, the Help Desk Contacts the technical liaison or Selected Vendor by agreed upon communications methods for the group involved. Selected Vendors who are not on site will be contacted via modem or by telephone. If the contact is a technical liaison who is a member of the Selected Vendor staff, contact will be via the Selected Vendor's problem tracking system or via the Selected Vendor's electronic mail system.

For severity level 1 problems, the technical contact must also be made aware of the problem via a telephone conversation or via a personal communication. If a severity level 1 problem is sent to a Selected Vendor, and the Selected Vendor does not call the person who reported the problem within one hour, or



the Selected Vendor is not on site within two hours, the Help Desk escalates the problem by contacting Selected Vendor management to inform them of the problem, and to request an immediate response from the Selected Vendor.

#### **4. The Help Desk Monitors Severity 1 Problems Until They Are Closed**

The Help Desk closely monitors all Severity 1 problems reported by users by taking the following actions:

- The Help Desk notifies appropriate Department management every time a Severity level 1 problem is opened by the user
- The Help Desk scans the Department's problem tracking system daily to determine whether any problem (originally reported at a lower level) has been elevated to a Severity level 1 problem. If a problem is elevated to Severity level 1, the Help desk notifies Department management that this problem has been elevated to a Severity 1 problem.
- The Help Desk notifies the Department management when any Severity level 1 problem has been downgraded to a lower severity level or when a Severity level 1 problem has been closed.
- The Help Desk notifies the user community when a Severity level 1 problem will immediately stop their work, providing an estimate of the downtime, when possible.
- The Help Desk notifies users via electronic mail bulletin boards, when critical files or applications will not be available for their use, providing an estimate of the downtime, when possible.
- The Help Desk keeps in constant contact with the Department staff and Selected Vendors who are working on Severity level 1 problems, providing user and management status updated when requested or when appropriate.

# SUBJECT TO CHANGE DUE TO SELECTED VENDOR

## Appendix 6

### CHARGE-BACK METHODOLOGY

#### MODEL OBJECTIVE:

- Define the functions and activities that are subject to charge back.
- Associate functions to selected services.
- Set forth the rules for allocating cost to the participant jurisdictions.

#### DEFINITIONS:

*KYDMC/SELECTED VENDOR FUNCTIONS:* The administrative functions performed by Selected Vendor to support the selected services. Function costs include personnel expenses, non-personnel service expenses and supply costs.

*SERVICE:* The services selected by the participant jurisdictions, as outlined in the Memorandum of Agreement.

*CHARGE-BACK RESPONSIBILITIES:* The participant jurisdictions that are liable for the expenses associated with a function.

*CHARGE-BACK RULES:* The method used to allocate the cost of each service. The expenses are divided into three types:

- I. Equal -- Expenses that support all users of a function, regardless of volume, are shared equally among those jurisdictions (e.g., Bank Monitoring Funds Transfer).
- II. Direct -- Expenses related to an individual jurisdiction will be billed at a set rate or by the actual expense incurred.
  - The set rates will be billed at a predetermined rate based on either an hourly rate of the person or persons performing the function (e.g., Help Desk) or the cost incurred by Selected Vendor for performing a function (e.g., Printing & Mailing Returns).  
An actual expense is a participant jurisdiction's expense billed to Selected Vendor, by an outside Selected Vendor. It will be passed on to the affected jurisdiction (e.g., Telecommunication Charges for Data Transmission)
- III. System Utilization -- Expenses influenced by volume are allocated proportionately. The jurisdiction's share of a proportional expense will be based on two factors. The first factor is the services selected by each jurisdiction. Each service requires a different level of system support. Jurisdictions that select services, which use more of the system, will share in more of the system related expense. The second factor is the participant jurisdiction's number of carriers. Jurisdictions are responsible for paying a percentage based on their volume of carriers.

The chart below quantifies the percentage of system use for each selected service:

	SELECTED SERVICES	PERCENTAGE OF SYSTEM UTILIZATION
1	PROFILE MAINTENANCE	12%
1.1	PRINT & MAIL RETURNS	0%
2	LOCKBOX RETURNS	0%
3	LOCKBOX FEE TRANSMITTAL	0%
4.0	FEE TRANSMITTALS PROCESSED THROUGH THE RPC	26%
4.1A	RETURNS & EXCEPTIONS PROCESSED THROUGH THE HOSTED SELECTED VENDOR SOLUTION	27%
4.1B	POSTING RETURN DATA TO THE RPC	14%
4.2	RETURNS & EXCEPTIONS PROCESSED THROUGH THE PARTICIPANT JURISDICTIONS PLATFORM	2%
5	MONTHLY SETTLEMENT	14%
6	SELECTED VENDOR AUDIT INTERFACE	5%

For example, if some jurisdiction accounts for 50% of the “RETURNS PROCESSED THROUGH THE RPC” (service 4.1), it would be responsible for 50% of the system related expense for that service, which is 42% of the total system support expense. The exceptions to this would be for jurisdictions that use the RPC software on their own platform (4.2) and monthly settlement (5). Numbers of carriers impacts neither service. Therefore, the jurisdictions using those services will share equally the 2% and 14% respectively, of the total system related expense for those services.

*SOURCE DOCUMENTATION*- The agency’s reports, systems and bureaus that record the data used to determine the expense of a function.

*RATIONALE*- The basis of the decision concerning the method of cost allocation.

CHARGE BACK METHODOLOGY						
	SELECTED VENDOR /KYDMC FUNCTIONS	SERVICES	CHARGE-BACK RESPONSIBILITIES	CHARGE-BACK RULES	SOURCE DOCUMENTATION	RATIONALE
NON-PERSONNEL	PLATFORM EQUIPMENT MAINTENANCE	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	MAINTENANCE LOG/SERVICE CONTRACT	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS.
	TELECOMMUNICATION CHARGES FOR DATA TRANSMISSION	ALL	INDIVIDUAL JURISDICTIONS	ACTUAL	PHONE RECORDS	EACH JURISDICTION WILL BE RESPONSIBLE FOR THEIR OWN TELECOMMUNICATION COST
	IPCTELECOMMUNICATION CHARGES	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	INVOICES	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS

	SOFTWARE LICENSE & MAINTENANCE	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	INFO PROVIDED BY ISM	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS
	FACILITIES	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	OGS RATE PER SQ FT	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS
	NEW EQUIPMENT & SOFTWARE > \$20K	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	ISM INVOICE	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS
	DISASTER RECOVERY	ALL	ALL JURISDICTIONS USING RPC PROCESSING	PROPORTIONATE TO SYSTEM UTILIZATION	ISM RECORDS	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS
	PRINT & MAIL RETURNS	II	INDIVIDUAL JURISDICTIONS SELECTING SERVICE	SET RATE PER PIECE	MGT REPORT	OPTIONAL SERVICE
PERSONNEL EXPENSE:	HELP DESK	ALL	ALL JURISDICTIONS USING FUNCTION	SET HOURLY RATE	ISM TIME REPORTS	EACH JURISDICTION WILL REQUIRE VARYING LEVELS OF SUPPORT
	TECHNICAL SERVICES	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	ISM TIME REPORTS	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS
	TABLE UPDATES	ALL	ALL JURISDICTIONS USING NY TABLE UPDATES	EQUAL	MGT REPORT / ISM REPORT	SUPPORTS ALL JURISDICTIONS USING SYSTEM
	SYSTEM CHANGE SPECIFIC	ALL	INDIVIDUAL JURISDICTIONS USING CHANGE	SET HOURLY RATE	ISM PROVIDED / CHANGE CONTROL	SPECIAL REQUESTS BILLED TO REQUESTING JURISDICTIONS OR JURISDICTIONS OPTING FOR CHANGE
	SYSTEM CHANGE-UNIVERSAL	ALL	ALL SIGNERS OF THE IPCMOA	EQUAL SET HOURLY RATE	ISM PROVIDED / CHANGE CONTROL	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS
	SYSTEM OPERATION RPC	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	ISM TIME REPORTS	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS
	MONTHLY SETTLEMENT*	5	ALL JURISDICTIONS SELECTING SERVICE	EQUAL	PROCESSING DIV TIME REPORT & BANK INVOICES	EACH PARTICIPANT RECEIVES THE SAME LEVEL OF SERVICE AND BENEFIT
	BANK MONITORING FUNDS TRANSFER	5	ALL JURISDICTIONS SELECTING SERVICE	EQUAL	PROCESSING DIV TIME REPORT	ALL PARTICIPANTS BENEFIT FROM THE TIMELINESS, ACCURACY, PROCEDURAL,

						SECURITY AND CONFIDENTIAL MONITORING
	BANK MONITORING LOCK BOX RETURNS	2	ALL JURISDICTIONS SELECTING SERVICE	EQUAL	PROCESSING DIVISION TIME REPORT	ALL PARTICIPANTS BENEFIT FROM THE TIMELINESS, ACCURACY, PROCEDURAL SECURITY AND CONFIDENTIAL MONITORING
	BANK MONITORING LOCKBOX FEE TRANSMITTALS	3	ALL JURISDICTIONS SELECTING SERVICE	EQUAL	PROCESSING DIV TIME REPORT	ALL PARTICIPANTS BENEFIT FROM THE TIMELINESS, ACCURACY, PROCEDURAL, SECURITY AND CONFIDENTIAL MONITORING
	BANK / JURISDICTION LIAISON	2,3, OR 5	INDIVIDUAL JURISDICTIONS USING SERVICE	SET HOURLY RATE	PROCESSING DIV TIME REPORT	EACH JURISDICTION MAY REQUIRE VARYING LEVELS OF SUPPORT
	TRAINING POST IMPLEMENTATION	ALL	ALL SIGNERS OF THE IPCMOA	SET DAILY RATE PLUS TRAVEL EXPENSES	ISM TIME REPORTS	EACH JURISDICTION MAY HAVE UNIQUE REQUIREMENT FOR ALL USERS
SUPPLIES	OFFICE SUPPLIES	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	RIM MGT	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS
	PACKAGING & SHIPMENT	ALL	ALL SIGNERS OF THE IPCMOA	PROPORTIONATE TO SYSTEM UTILIZATION	MAIL RM REPORT	SUPPORTS OPERATION & DEVELOPMENT FOR ALL USERS

**Charge-back will include any unique charges paid by KYDMC in its role as administrator**

**SUBJECT TO CHANGE DUE TO SELECTED VENDOR**

**Appendix 7**

**COST STRUCTURE**

(PLEASE SEE ATTACHED DOCUMENT AND REFER TO THE SELECTED VENDOR'S COST PROPOSAL)



# Statement of Work

## New IPC Jurisdiction

Nevada Department of Motor Vehicles

Kentucky Transportation Cabinet ♦ IFTA Processing Consortium (IPC)  
Explore Information Services, LLC

April 4, 2018

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# 1 Revision History

Version	Date	Tracker ID	Description
1.0	4/3/2018		

# 2 Introduction/Background

The Nevada Department of Motor Vehicle’s (NV DMV) contract with Conduent for IFTA processing solutions ended in 2017. The department has been using a basic IFTA system that allows the state to file original quarterly tax returns and transmit the data to clearinghouse. Their current system does not allow the jurisdiction to correct or amend returns. The department requires a new system to continue processing IFTA transactions without an interruption in service.

The Commonwealth of Kentucky holds a contract with Explore Information Services, LLC in which Explore maintains and hosts the IFTA Processing Consortium (IPC) system. The IPC system is a highly configurable, multi-tenant system, personalized for each jurisdiction. The purpose of the IPC system is to maintain compliance with the IFTA Articles of Agreement, Procedures Manual, Audit Manual and the IFTA Clearinghouse information exchange protocols and procedures. There are currently six jurisdictions, including Kentucky, that are members of the IPC. Each member jurisdiction is joined with Kentucky and the IPC via a Memorandum of Agreement (MOA). The IPC system has been processing IFTA transactions and audits in production since December 2014.

Nevada DMV is entering into an agreement with the Commonwealth of Kentucky via the MOA to join the IPC. This document provides the scope of work for converting and implementing NV DMV into the IPC system.

# 3 Overall Project Governance

The following section denotes the decision-making process among Explore, Nevada, Kentucky and the IPC PMAC (Policy Management Advisory Committee).

**Data Conversion:**

- Custom to Nevada, therefore Explore will work directly with Nevada regarding requirements and approval.
- Explore will create a mapping document with rules/assumptions. Explore will review the document with Nevada throughout development and implementation project phase.
- Nevada will provide approval of data conversion during user acceptance testing.

**Core Logic (existing workbooks/functions):**

- Any changes needed to the core logic will require a change order that must be proposed and managed through the IPC PMAC process.
- Workbooks: Explore assumes there will be no programming changes for the existing core logic during this project. Therefore there is no formal approval process for the workbook items.
- Worksheets: There will not be any new worksheet items/options. Explore will work with Nevada to configure the worksheet options specific to Nevada.
- Batch Jobs: No new batch jobs. Explore will work with Nevada regarding the schedules and configuration options per batch job based on the current requirements of the batch jobs.

**Custom Logic (new interfaces and functionality developed for NV):**

- For custom interfaces or coding, the requirements sessions will be between Explore and Nevada and other resources or vendors of the interfacing systems. Nevada will sign-off approval of the requirements as well as the user acceptance testing before implementing in production.

#### **New Change Requests:**

- For any new CRs that other Jurisdictions may vote to use and help finance, the requirements sessions, testing and approval process will include each of those jurisdictions.

## **4 General Assumptions**

- No custom programming for core functionality.
  - o The system will be implemented in functional iterations.
    - Explore produced Workbooks will be provided that detail IFTA module functions and available configuration options.
    - Worksheets are used to select the desired configuration.
  - o Workbooks: Assumptions is that there will not be any programming changes for the existing core logic. Therefore there is no formal approval process for the workbook items.
  - o Worksheets: No new worksheet items/options. Explore will work with Nevada to configure the worksheet options.
  - o Batch Jobs: No new batch jobs. Explore will work with Nevada regarding the schedules and configuration options per batch job based on the current requirements of the batch jobs
- Scope includes CRs that have been implemented in production for 2 or more years.
- Does not include CRs implemented less than 2 years due to PMAC CR requirements as they may incur an additional cost to Nevada.

## **5 Scope of Work/Task List**

The scope of work for the NV IPC project includes all planning, execution, implementation (in production), and training for Nevada to join the IPC online system. Explore is be responsible for the design, development and support of the IPC System.

The implementation project, as part of this statement of work, will be divided into two production releases. Release one contains data conversion of Nevada’s IFTA data from their current IFTA system and the essential core functionality which must be live in production in July 2018 for the second quarter tax filings. The development\configuration phase for this release will be broken up into iteration milestones and moved into QA with each iteration release. This will allow Nevada the opportunity verify each iteration change through the development life cycle of the project, as well as time for verification testing after each release and before the formal scheduled User Acceptance Testing. The work items in scope for Release One are listed in [Appendix A](#) of this document.

Release Two, which is also included in the implementation project as part of this statement of work, will be developed and released into production after Release One. Release two contains the remaining core functionality as well as custom programming for Nevada for the finance (general ledger) interface, electronic payment interface and bond processing. The work items in scope for Release Two are listed in [Appendix B](#) of this document.

Explore will ensure having adequate resources for designing, building, testing, and implementing Nevada into the IPC and is staffed for the training of NV DMV personnel as well. The Nevada Department of Motor Vehicles must provide dedicated resources for the project as well. Specific deliverables and milestones are listed in the Work Requirements and Schedules and Milestones sections of this SOW.

Not included in the scope of work for this project are:

- Change Orders developed and implemented in the IPC system in two years or less. Enabling these change orders will require an additional cost to Nevada.

Additional items may be added via the IPC PMAC Change Order process.

## 6 Project Process and Work Requirements

As part of the NV IPC Implementation Project, Explore will be responsible for performing tasks throughout various stages of this project. The following is a list of these tasks which will result in the successful completion of this project:

### Kickoff:

- Upon a signed notice to proceed, Explore will schedule an onsite kickoff meeting with Nevada DMV IFTA stakeholders in Carson City, NV
- Explore will create and present a detailed project plan including schedule, Work Breakdown Structure (WBS), testing plan, implementation plan, training plan, and transition plan
- Explore will present the project plan to NH DMV for review and approval

### Release One:

#### Development Phase:

- Review IPC “Essential” Core Workbooks with NV and demo the system as they relate to the workbooks
- Assist NV with completing the IPC Worksheets
- Modify the site based on all approved Worksheets
- Present written status at weekly meeting
- Explore will system test in their internal stage environment
- Explore will resolve any coding and site issues identified in testing

#### User Acceptance Testing Phase:

- Explore will assist in answering questions and resolving issues related to the configuration changes made for Nevada
- Explore will perform data conversion in the QA system multiple times during the development and UAT phase for Nevada to review and test

#### Training Phase:

- Explore will provide training in accordance with approved training plan provided in the kickoff
  - o Training is traditionally done onsite (Carson City, NV) during the first week of UAT

#### Implementation Phase:

- Explore will implement adding Nevada to the IPC production system on the Explore servers in their Tier III data center
- This includes converting the Nevada IFTA data into the IPC system
- Explore will begin providing production maintenance and support for NV IPC

### Release Two:

#### Development Phase:

- Review IPC “Remaining” Core Workbooks with NV and demo the system as they relate to the workbooks
- Assist Nevada with completing the IPC Worksheets
- Modify the site based on all approved Worksheets
- Work with Nevada and NV IT or 3<sup>rd</sup> party vendors to gather requirements for custom programming
- Present written status at weekly meeting
- Explore will system test in their internal stage environment
- Explore will resolve any coding and site issues identified in testing

#### User Acceptance Testing Phase:

- Explore will assist in answering questions and resolving issues related to the configuration changes made for Nevada

- Explore will provide high level test cases for the custom finance interface

#### Training Phase:

- Explore will provide GoToMeeting training for Nevada for the items configured and developed in Release Two during the first week of which the changes were moved to QA

#### Implementation Phase:

- Explore will move the changes to production upon business approval from Nevada.

## 7 Period of Performance

Explore shall commence work on the project on April 23, 2018, and agrees to commit the necessary resources to the project so the Department will have a hosted, operational online IFTA processing system in July 2018 for 2<sup>nd</sup> quarter tax filings. The functional components implemented by this date are referenced as Release One.

## 8 Place of Performance

Explore will perform all data conversion, development, configuration work at its own facility. Explore will use GoToMeeting for weekly conference calls for requirements gathering sessions, review of workbooks and worksheets, weekly status meetings and to demo the system including after each milestone iteration delivery. As part of the User Acceptance Testing (UAT) kickoff, Explore will be onsite in Carson City, Nevada and will perform formal training sessions for the staff.

## 9 Milestones and Schedule for Deliverables

The following table outlines the project schedule as well as major milestones and deliverables. In addition to the items identified below, Explore will also meet with Nevada, at a minimum, on a weekly basis for status and requirements meetings.

The schedule provided assumes the project will begin on April 23, 2018. The dates will be adjusted based on the actual begin date of the project.

Task Name	Start	Finish
<b>Project Schedule for NV IFTA</b>	<b>Mon 4/23/18</b>	<b>Fri 2/1/19</b>
Notice to Proceed Received	Thu 4/26/18	Thu 4/26/18
<b>Iteration 0 - Base Install</b>	<b>Fri 4/27/18</b>	<b>Wed 5/9/18</b>
<b>Development Life Cycle</b>	<b>Fri 4/27/18</b>	<b>Tue 5/8/18</b>
QA Move	Tue 5/8/18	Tue 5/8/18
Iteration Release Verification	Tue 5/8/18	Wed 5/9/18
Iteration 0 Approval	Wed 5/9/18	Wed 5/9/18
<b>Iteration 1 - Acct-Lic-Decal-Inv</b>	<b>Tue 5/1/18</b>	<b>Thu 5/24/18</b>
<b>Account Management</b>	<b>Tue 5/1/18</b>	<b>Fri 5/11/18</b>
<b>IFTA Lic and Decals</b>	<b>Thu 5/3/18</b>	<b>Thu 5/17/18</b>
<b>Inventory Management</b>	<b>Tue 5/8/18</b>	<b>Sun 5/20/18</b>
QA Move	Mon 5/21/18	Tue 5/22/18
Iteration Release Verification	Tue 5/22/18	Wed 5/23/18
Iteration 1 Approval	Wed 5/23/18	Thu 5/24/18
<b>Iteration 2 IFTA Returns Mgmt and Finance</b>	<b>Thu 5/10/18</b>	<b>Wed 6/6/18</b>
<b>IFTA Returns Mgmt</b>	<b>Thu 5/10/18</b>	<b>Mon 5/21/18</b>
<b>Finance Mgmt</b>	<b>Thu 5/17/18</b>	<b>Fri 5/25/18</b>

QA Move	Fri 5/25/18	Tue 6/5/18
Iteration Release Verification	Tue 6/5/18	Wed 6/6/18
Iteration 2 Approval	Wed 6/6/18	Wed 6/6/18
<b>Iteration 3 Security and Core Interfaces</b>	<b>Tue 5/22/18</b>	<b>Mon 6/11/18</b>
<b>Security</b>	<b>Tue 5/22/18</b>	<b>Fri 5/25/18</b>
<b>Core Interfaces</b>	<b>Thu 5/24/18</b>	<b>Thu 5/31/18</b>
QA Move	Thu 5/31/18	Fri 6/8/18
Iteration Release Verification	Fri 6/8/18	Mon 6/11/18
Iteration 3 Approval	Mon 6/11/18	Mon 6/11/18
<b>TESTING</b>	<b>Mon 6/11/18</b>	<b>Thu 7/5/18</b>
<b>User Acceptance (UAT) Kick off UAT</b>	<b>Mon 6/11/18</b>	<b>Thu 7/5/18</b>
Test Execution & Correct Defects Round 1	Mon 6/11/18	Thu 6/21/18
Test Execution & Correct Defects Round 2	Fri 6/22/18	Thu 7/5/18
Receive Approval to proceed for Implementation	Thu 7/5/18	Thu 7/5/18
<b>TRAINING &amp; DOCUMENTATION</b>	<b>Mon 5/7/18</b>	<b>Wed 6/13/18</b>
<b>Training Development</b>	<b>Mon 5/7/18</b>	<b>Tue 5/22/18</b>
Training documentation development (Explore)	Mon 5/7/18	Tue 5/22/18
Training documentation Development (NV)	Mon 5/7/18	Tue 5/22/18
Submit Training Plan	Mon 5/7/18	Tue 5/8/18
<b>Training Sessions Placeholders</b>	<b>Mon 6/11/18</b>	<b>Wed 6/13/18</b>
Training Sessions	Mon 6/11/18	Wed 6/13/18
<b>IMPLEMENTATION</b>	<b>Thu 5/24/18</b>	<b>Fri 7/13/18</b>
<b>Implementation Plan</b>	<b>Thu 5/24/18</b>	<b>Thu 7/12/18</b>
Explore produces initial draft	Thu 5/24/18	Fri 6/1/18
Explore delivers to NV for Review	Fri 6/1/18	Mon 6/4/18
NV Review	Mon 6/4/18	Mon 6/18/18
Explore finalizes document	Mon 6/18/18	Mon 6/25/18
Explore submits for Acceptance	Mon 6/25/18	Tue 6/26/18
NV Review	Tue 6/26/18	Tue 7/10/18
Explore Signs	Tue 7/10/18	Wed 7/11/18
NV Signs	Wed 7/11/18	Thu 7/12/18
<b>Implementation</b>	<b>Thu 7/12/18</b>	<b>Fri 7/13/18</b>
Data Conversion	Fri 7/13/18	Fri 7/13/18
Production Support Begins	Fri 7/13/18	Fri 7/13/18
<b>Phase 2</b>	<b>Fri 9/14/18</b>	<b>Fri 2/1/19</b>
<b>Iteration 4 - Audit-Online Activity-Reports Mgmt</b>	<b>Fri 9/14/18</b>	<b>Thu 11/15/18</b>
<b>Audit Management</b>	<b>Fri 9/14/18</b>	<b>Mon 10/1/18</b>
<b>Online Activity</b>	<b>Thu 9/20/18</b>	<b>Thu 10/4/18</b>
<b>Electronic Correspondence</b>	<b>Mon 9/24/18</b>	<b>Sat 10/6/18</b>
<b>Reports Misc</b>	<b>Tue 10/2/18</b>	<b>Tue 10/30/18</b>
QA Move	Fri 10/19/18	Thu 10/25/18
Iteration Release Verification	Thu 10/25/18	Tue 10/30/18
Iteration 4 Approval	Tue 10/30/18	Tue 10/30/18
<b>Iteration 5 - Custom Interfaces and Bond Process</b>	<b>Sun 9/30/18</b>	<b>Mon 11/5/18</b>
<b>Electronic Payment Interface</b>	<b>Sun 10/7/18</b>	<b>Thu 10/25/18</b>
5-ePmt Interface Requirements	Tue 10/9/18	Mon 10/15/18

5-ePmt Interface Development	Tue 10/9/18	Fri 10/19/18
5-ePmt Interface Testing	Sun 10/7/18	Thu 10/25/18
<b>Finance Interface</b>	<b>Sun 9/30/18</b>	<b>Thu 11/1/18</b>
5-Finance Interface Requirements	Mon 10/15/18	Mon 10/22/18
5-Finance Interface Development	Mon 10/1/18	Fri 10/26/18
5-Finance Interface Testing	Sun 9/30/18	Thu 11/1/18
<b>Bond Process</b>	<b>Mon 10/22/18</b>	<b>Mon 11/5/18</b>
5-Bond Process Requirements	Mon 10/22/18	Wed 10/24/18
5-Bond Process Development	Tue 10/23/18	Tue 10/30/18
5-Bond Process Testing	Tue 10/23/18	Mon 11/5/18
Submit Requirements for Bus Approval	Wed 10/24/18	Wed 10/24/18
Business Review	Wed 10/24/18	Mon 11/5/18
Business Approve	Mon 11/5/18	Tue 11/6/18
QA Move	Mon 11/5/18	Fri 11/9/18
Iteration Release Verification	Fri 11/9/18	Wed 11/14/18
Iteration 5 Approval	Wed 11/14/18	Thu 11/15/18
<b>TESTING</b>	<b>Mon 11/5/18</b>	<b>Wed 1/2/19</b>
<b>System Testing</b>	<b>Mon 11/5/18</b>	<b>Thu 12/6/18</b>
Test Execution & Correct Defects Round 1	Mon 11/5/18	Tue 11/20/18
Test Execution & Correct Defects Round 2	Tue 11/20/18	Thu 12/6/18
Review to make decision to proceed to UAT	Thu 12/6/18	Thu 12/6/18
Receive Approval to begin UAT	Thu 12/6/18	Thu 12/6/18
<b>User Acceptance (UAT) Kick off UAT</b>	<b>Thu 12/6/18</b>	<b>Wed 1/2/19</b>
Test Execution & Correct Defects Round 1	Thu 12/6/18	Tue 12/18/18
Test Execution & Correct Defects Round 2	Wed 12/19/18	Tue 1/1/19
Receive Approval to proceed for Implementation	Tue 1/1/19	Wed 1/2/19
<b>IMPLEMENTATION</b>	<b>Wed 1/2/19</b>	<b>Thu 1/3/19</b>
<b>Implementation</b>	<b>Wed 1/2/19</b>	<b>Thu 1/3/19</b>
Update Applications (Move Code to Prod)	Wed 1/2/19	Thu 1/3/19
Code Move to Production	Thu 1/3/19	Thu 1/3/19

## 10 Pricing

Project Milestones for Invoicing		
	Date	Amount
0-Base Install	May 2018	\$ 125,000.00
Implementation Phase 1	August 2018	\$ 100,000.00
Implementation Phase 2	January 2019	\$ 85,000.00
<b>Project Total</b>		<b>\$ 310,000.00</b>

Project total price includes everything listed in the scope of work.

## 11 Key Assumptions

- The schedule provided assumes the project will begin on April 23, 2018. The dates will be adjusted based on the actual begin date of the project.

## 12 Acceptance Criteria

- **Release Verification Testing:** We consider the testing done by Nevada after each iteration to be Release Verification Testing. The purpose of this testing is for Nevada to validate development progress, and be better prepared for the UAT testing phase. It helps Nevada staff to become familiar with the system before formal UAT testing starts. Each release contains the previous release as well as new items developed or configured for the current release. The iteration milestone releases may also include production defect fixes or new features that were deferred in previous releases or requested by other IPC jurisdictions. Explore will send out release notes listing programming changes.
- Explore will provide a list of workbooks included in each release for Nevada to verify. Nevada will have one week to verify the changes in QA for each milestone release. Nevada will follow-up with an email indicating their approval of the release.



## Appendix A – Work Task Items - Release One

The following are the work task items included release one.

- 1) **Base Install Iteration**
- 2) **Acct-Lic-Decal-Inv Iteration**
  - a) **Account Management**
    - i) **Explore IPC IFTA Bus Mgmt WB**
      - (1) **Create Business**
        - (a) Maintaining Business Information
        - (b) Maintaining Business Contacts
        - (c) Maintaining Business Restrictions
        - (d) Maintaining Accounts Associated with the Business
        - (e) Maintaining Business Notes
    - ii) **Explore IPC IFTA Acct Mgmt WB**
      - (1) Accessing an IFTA Account
      - (2) Account Home Page
      - (3) Reviewing Account Information
        - (a) Maintaining Account Information
          - (i) Duplicate Address Check
          - (ii) USDOT / Tax ID Validation
        - (b) Maintaining Account Options
          - (i) Closing IFTA
          - (ii) Re-Opening IFTA
          - (iii) Requiring Certified Funds
          - (iv) Setting Preferred Distribution Method
          - (v) Setting Preferred Distribution Recipient
        - (c) Maintaining Account Officers
          - (i) Adding Account Officers
          - (ii) Editing Account Officers
          - (iii) Deleting Account Officers
        - (d) D. Maintaining Account Contacts
          - (i) Adding Account Contacts
          - (ii) Editing Account Contacts
          - (iii) Deleting Account Contacts
        - (e) E. Maintaining Account Security
          - (i) Grant Access to Licensing Agency
          - (ii) Add Carrier User Account
        - (f) F. Maintaining Account Restrictions
          - (i) Adding Account Restrictions
          - (ii) Removing Account Restrictions
          - (iii) Maintaining Restrictions on Accounts with Related Entities
          - (iv) Understanding IPC Restrictions and Deny Points
          - (v) Understanding IPC Restrictions Group Level Names
          - (vi) Customizing IPC Jurisdiction Restriction Matrix
        - (g) Maintaining Related Entities
          - (i) Adding a Related Entity
          - (ii) Removing a Related Entity
        - (h) Maintaining Account Notes
          - (i) Adding Account Notes
          - (ii) Editing Account Notes
          - (iii) Deleting Account Notes
        - (i) Maintaining Account Finance Information
      - (4) Creating an Account
      - (5) System Search Options
    - b) **IFTA License and Decals Management**
      - i) **Explore IPC IFTA Licensing WB**
        - (1) Viewing IFTA History
        - (2) Maintaining an IFTA License
          - (a) Creating an IFTA License
          - (b) Updating an IFTA License
          - (c) Over-riding Account USDOT Validation
          - (d) Deleting an IFTA License



- (e) Adding a Fuel Type
      - (f) Removing a Fuel Type
      - (g) Adjusting Liability Dates
      - (h) Viewing an IFTA License
      - (i) Canceling an IFTA License
      - (j) Activating a Cancelled IFTA License
      - (k) Renewing an IFTA License
        - (i) Viewing a Renewal Form
    - (3) Viewing/Printing an IFTA License Document
      - (a) Customize IPC Jurisdictions IFTA License Fees
    - (4) Generate IFTA License / Decal Invoice
    - (5) View License Work Activity
  - ii) Explore IPC IFTA Decals and Permits WB
    - (1) Maintaining IFTA Decal Orders
      - (a) Unfiling and IFTA Order
      - (b) Deleting an IFTA Order
      - (c) Purchase Additional IFTA Decals
      - (d) Inactivate Decals for License
    - (2) Activate Decals for License
    - (3) Calculate IFTA Decal Fees
    - (4) Customize IPC Jurisdictions IFTA Decal Order Fees
    - (5) Generate IFTA License / Decal Invoice
    - (6) Adjusting an Invoice
    - (7) Enter Comment on Invoice
    - (8) Generating Temporary IFTA Decal Permits
  - iii) Explore IPC IFTA Licensing Batch Processes WB
    - (1) Batch Process – Generating IFTA License Renewal Forms
    - (2) Batch Process – Generating IFTA License Non-Renewals
    - (3) Batch Process – Assigning IFTA Decal Orders and Generating IFTA Licenses
- c) **Inventory Management**
  - i) Explore IPC IFTA Inv Assignment WB
    - (1) Assigning Inventory
      - (a) Assigning Inventory Automatically
      - (b) Assigning Inventory Manually
    - (2) IFTA Shipments
      - (a) Viewing IFTA Shipments
      - (b) Marking an IFTA Shipment as Shipped
  - ii) Explore IPC IFTA Inv Mgmt WB
    - (1) Understanding Explore Inventory Locations, Groups, Types, Series
    - (2) Configuring Jurisdiction Inventory
    - (3) Maintaining Inventory Office Locations
    - (4) Maintaining Inventory
      - (a) Viewing Available Inventory
      - (b) Receiving Inventory
      - (c) Allocating Inventory
      - (d) Deleting Inventory
      - (e) Searching for Inventory Items
      - (f) Viewing Inventory Summary Report
      - (g) Viewing Inventory Detail Report
    - (5) Reserved Inventory
      - (a) Manage Reserved Inventory
- 3) **IFTA Returns Mgmt and Finance Iteration**
  - a) IFTA Returns Management
    - i) Explore IPC IFTA Interest and Penalty Calculation WB
      - (1) Late Filing Interest
        - (a) Eligibility for Late Filing
          - (i) Original Returns
          - (ii) Amended Returns
        - (b) Interest Calculations
        - (c) Interest Waived
      - (2) Late Filing Penalty
        - (a) Eligibility for Late Filing

- (i) Original Returns
      - (ii) Amended Returns
    - (b) Penalty Calculations
      - (i) Penalty Calculation on Amendments
    - (c) Penalty Waived
  - (3) Late Payment Interest
    - (a) Eligibility for Late Payment
    - (b) Interest Calculations
    - (c) Applying Interest
    - (d) Waived Interest
  - (4) Late Payment Penalty
    - (a) Eligibility Late Payment
    - (b) Penalty Calculations
    - (c) Applying Penalties
    - (d) Waived Penalty
  - (5) Audit Filing Interest
    - (a) Interest Calculation
  - (6) Audit Filing Penalty
  - (7) Audit Late Payment Interest
    - (a) Eligibility for Late Payment
    - (b) Interest Calculations
    - (c) Applying Interest
    - (d) Waived Interest
  - (8) Audit Late Payment Penalty
    - (a) Eligibility Late Payment
    - (b) Penalty Calculations
    - (c) Applying Penalties
    - (d) Waived Penalty
  - (9) Jeopardy Assessment
  - (10) Reinstatement Fee
  - ii) Explore IPC IFTA Return Batch Processes WB
    - (1) Generate Quarterly Return Forms
    - (2) Non-Filer Batch Process
    - (3) IFTA Late Payment for Non-Audits Batch Process
    - (4) Late Payment Interest and Penalty Process
    - (5) IFTA Late Payment for Audits Batch Process
  - iii) Explore IPC IFTA Return Management WB
    - (1) View/Print an IFTA Return Form
    - (2) Filing an IFTA Return
      - (a) Fuel Schedule Summary
      - (b) Entering IFTA Miles & Gallons
      - (c) Entering Non-IFTA (Exempt) Miles & Gallons
      - (d) Options for Saving and Validating the Return Schedule
    - (3) Amending an IFTA Return
    - (4) Deleting an IFTA Return
    - (5) Reversing an IFTA Return
    - (6) Viewing an IFTA Return
- b) Finance Management**
  - i) Explore IPC Account Balance and Ledger WB
    - (1) Viewing Account Balance
    - (2) Viewing the IFTA Finance Ledger
    - (3) Movement of IFTA Return Credit and Payments Example
    - (4) Viewing the IFTA Return Billing Statement
  - ii) Explore IPC Finance Batch Management WB
    - (1) Batch Management
    - (2) Activity Report
    - (3) Fee Detail Report
    - (4) Fund Detail Report
    - (5) Closing a Batch
    - (6) Approving a Batch
    - (7) Maintaining a Fund Balance
  - iii) Explore IPC Finance Credit Management WB

- (1) Manage Finance Credit
  - (a) View Credit Balance
  - (b) View Credit Detail
  - (c) Add Administrative Adjustment
  - (d) Add Deposit Credit
- (2) Transfer Credit
- (3) Add Credit to Specific Invoice
  - (a) IFTA Order Invoices and IFTA Return Invoices (Jurs using Option 2 or 3 for Payment)
  - (b) IFTA Return Invoices
  - (c) Invoices Associated with Payment Plans
- (4) Refund Credits
  - (a) Request Refund
  - (b) View Refund Requests
  - (c) Approve Requested Refund
  - (d) Deny Requested Refund
- iv) Explore IPC Finance Utilities WB
  - (1) Adjust Invoice
  - (2) Manage Jurisdiction Payments
    - (a) Add Jurisdiction Payments or Transmittals
    - (b) Viewing Jurisdiction Payments or Transmittals
    - (c) Deleting Jurisdiction Transmittals
    - (d) Editing Jurisdiction Transmittals
    - (e) Posting Jurisdiction Transmittals as Paid
  - (3) Reviewing and Approving IFTA Jurisdiction Tax Rates
  - (4) Processing NSF Transactions
  - (5) Utility to Process Payments for Multiple Accounts
- v) Explore IPC IFTA Finance Batch Processes WB
  - (1) Refund Process
  - (2) Credit Write-off
  - (3) Generate Invoices from Prior Activity
  - (4) Generate IFTA Return Statement
- vi) Explore IPC IFTA Payments WB
  - (1) Pay IFTA License / Order / Decal Invoice
  - (2) Pay IFTA Returns
  - (3) Places to Initiate Payment Process
  - (4) Applying a Payment
    - (a) Make a Cash Payment
      - (i) Apply \$0 Payment
    - (b) Make a Check Payment
      - (i) Applying Payments with Certified Funds Required
    - (c) Make a Payment by Mail
    - (d) Make a Credit Card Payment
    - (e) Make an Electronic Check Payment
  - (5) Processing a Payment
  - (6) Overpayments
  - (7) Remove Payment
  - (8) Unpay an Invoice
  - (9) Unpay by Payment
  - (10) Payment Summary
  - (11) View Account Payment History
- vii) Explore IPC IFTA Point of Sale/Assessment WB
  - (1) Create IFTA Assessment
  - (2) Create an IFTA Assessment invoice
  - (3) Manage IFTA Assessment
- viii) Explore IPC Payment Plan Management WB
  - (1) Maintain Allow Payment Plan
  - (2) Creating a Payment Plan
  - (3) Editing a Payment Plan
  - (4) Making Payments on a Payment Plan
  - (5) Payment Plan Reports

**4) Security and Essential Core Interfaces Iteration**  
**a) Security Management**

- i) **Explore IPC Security Roles and Tasks Management WB**
    - (1) Overview of Roles
      - (a) Template Roles
      - (b) Additional Authority Roles
    - (2) Overview of Security Tasks
    - (3) Understanding Security Role to Task Relationship
    - (4) Maintain Security Tasks and Roles Utility
    - (5) Search for Users By Roles
  - ii) **Explore IPC Security User Account Management WB**
    - (1) Create User Accounts
      - (a) Create State User Account
      - (b) Create Carrier User Account
      - (c) Create Licensing Agent User Account
    - (2) Maintain User Account
      - (a) Edit User Account
      - (b) Unlock User Account
      - (c) Reset Password for User Account
      - (d) Inactivate User Account
      - (e) Delete User Account
      - (f) Search for User Account
    - (3) Forgotten Password Submission
- b) Interface-Core (Essential)**
- i) Interface – CVIEW
  - ii) Interface – IFTA Clearinghouse
    - (1) IFTA Clearinghouse Transmittals
    - (2) IFTA Clearinghouse Demographics
    - (3) IFTA Clearinghouse Decals

## Appendix B – Work Task Items - Release Two

The following are the work task items included release two.

- 1) Audit-Online Activity-Reports-Misc Iteration
  - a) Audit Management
    - i) Explore IPC Audit Reports WB
      - (1) IFTA Audits by Status
      - (2) IFTA Audits with Amended Returns
      - (3) Audit Stratification Report
      - (4) IFTA Tax Paid Gallons Greater than Total Gallons
      - (5) IFTA Taxable Miles Different than Total Miles
      - (6) IFTA Audit Data Download Report
      - (7) IFTA Audit Interest Calculated on Audit Report
    - ii) Explore IPC IFTA Audit Penalties WB
      - (1) Fee Calculation
      - (2) Interjurisdictional Report
      - (3) Adjusting Invoices
      - (4) Audit Invoice
      - (5) Interfaces
      - (6) Amending an Audit Return
    - iii) Explore IPC IFTA Audit WB
      - (1) IFTA Audit Flow
      - (2) IFTA Audit Statuses
      - (3) Selecting an Account to Audit
      - (4) Maintaining Audit Contacts
      - (5) Starting an Audit
        - (a) Viewing Taxpayer Profile
      - (6) Accessing the Audit Workbench
      - (7) Sending Data to the Audit Workbench
      - (8) Update Audit Period
      - (9) Change Assigned Auditor
      - (10) Editing an Audit
      - (11) Maintaining Audit Text
      - (12) Maintaining Audit Notes
      - (13) Audit Contact Log
      - (14) Deleting an Audit
      - (15) Maintaining IFTA Return Schedules
        - (a) Download/ Upload the IFTA Audit File
        - (b) Manually Enter Amended Returns/Schedules
        - (c) Audit Penalties
      - (16) Starting Appeal Period – Filing Audit Return
      - (17) Maintain Audit Invoice
        - (a) Viewing an Audit Invoice
        - (b) Adjusting an Audit Invoice
      - (18) View Inter jurisdictional Report
      - (19) View Audit Summary Report
      - (20) Process a Protested Audit
        - (a) Put Into Protest Period
        - (b) Close Audit Due to Protest
      - (21) Closing an Audit
      - (22) Completed Audit Returns
      - (23) View an Audit
        - (a) Viewing the Audit Summary
        - (b) Viewing the Audit Return via Audit Summary Page
        - (c) Viewing the Audit Return via IFTA Page
      - (24) Amending a Return within the Audit Period
      - (25) Distribute Funds to Clearinghouse
      - (26) Audit Reports
        - (a) Download IFTA Audit Report Data
        - (b) Interest Calculated on Audit
      - (27) Inactivating UserID Assigned to an Active Audit
  - b) Online Activity

- i) Explore IPC IFTA Upload Electronic File WB
  - (1) File Upload
  - (2) Searching Uploaded Files
- ii) Explore IPC Licensing Agency Management WB
  - (1) Manage Licensing Agencies
    - (a) Create a Licensing Agency
    - (b) Manage Licensing Agency
    - (c) Search for a Licensing Agency
    - (d) Open/Close Agency
    - (e) Carrier Acting as an Agency
  - (2) Agency Access to work on IFTA Account
    - (a) Grant Access
    - (b) Revoke Access
  - (3) View Accounts Agency has Authority to Service
  - (4) View All Agencies and their Assigned Accounts
- iii) Explore IPC Online User Activity WB
  - (1) Request an Online User Account
  - (2) Approve/Deny Online User Account Requests
  - (3) Login as Online User
    - (a) Terms and Conditions of Use
    - (b) Agent Home/Default Page
    - (c) Carrier Home/Default Page
  - (4) Basic Navigation Rules for Online Users
  - (5) Additional Web Pages Utilizing Maintained User Text
    - (a) Login Page
    - (b) File License or an Order
    - (c) File Return
    - (d) Account Balance Summary
    - (e) Cancel License
    - (f) Contact Us
  - (6) Online User Requesting Refund while Filing a Return
  - (7) Online Activity and Server Time Zones
    - (a) Footer Time Zone Disclaimer
    - (b) Filing Transactions on Due Date with Different Time Zones
- c) Electronic Correspondence
  - i) Explore IPC IFTA Electronic Correspondence WB
    - (1) System Configuration
    - (2) Account Options
      - (a) Preferred Distribution Method
      - (b) Preferred Distribution Recipient
      - (c) Other Email Distribution Recipients
    - (3) Batch Processes
      - (a) Email Configuration Settings
      - (b) Correspondence Files
      - (c) Email Output
    - (4) Accessing Email Content
    - (5) Ad Hoc Reports
- d) Reports
  - i) Explore IPC Account Reports WB
  - ii) Explore IPC Finance Reports WB
  - iii) Explore IPC IFTA Annual Report WB
  - iv) Explore IPC IFTA Decals Reports WB
  - v) Explore IPC IFTA License Reports WB
  - vi) Explore IPC IFTA Returns Reports WB
  - vii) Explore IPC Security Reports WB
- e) Miscellaneous
  - i) Explore IPC IFTA Trip Permits WB
    - (1) Generating Trip Permits
    - (2) Ordering a Block Permit
    - (3) Assigning Permits within a Block Permit
    - (4) Ordering an Individual Permit
    - (5) Editing an Individual Permit

- ii) Explore IPC Correspondence WB
- iii) Explore IPC Address Mapping Maintenance WB
- iv) Explore IPC Job Scheduler WB
- v) Explore IPC State Office Address Maintenance WB
- vi) Explore IPC User Maintained Text WB
- f) IFTA Returns Management
  - i) IPC Scanning Overview WB
  - ii) IPC Scanning Renewals WB
  - iii) IPC Scanning Returns WB
  - iv) IPC Scanning Scanner Program WB
- 2) Remaining Core Interfaces, Custom Interfaces and Bond Process Iteration
  - a) Interfaces – Core (Remaining)
    - i) Send Restrictions to Jurisdictions
    - ii) Finance IPC Refund
    - iii) IPC Account API
    - iv) IPC License and Decals API
  - b) Electronic Payment Interface
  - c) Finance Interface
  - d) Bond Process



2750 Blue Water Road, Ste 200  
Eagan, MN 55121  
Tel 800-531-9135  
[www.exploredata.com](http://www.exploredata.com)

April 16, 2018

Dawn Lietz  
Administrator  
Motor Carrier Division  
Nevada Department of Motor Vehicles  
555 Wright Way  
Carson City, NV.89711

Dawn,

This is to confirm that Explore Information Services, LLC is aware that Nevada is taking the required steps to join the IFTA Processing Consortium (IPC). Once Nevada has formal approval to join the IPC, Kentucky will make the required modifications to MA # 7581400000533 to which Explore will consent.

If I can be of further assistance please let me know. We very much look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read "John Christenson". The signature is stylized with a large, looping initial "J" and a long horizontal stroke extending to the right.

John Christenson  
Explore Information Services, LLC



# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	CHURCHILL COUNTY	\$2,400
	<b>Lease Description:</b>	This is an extension of an existing lease.	
	<b>Term of Lease:</b>	07/01/2018 – 06/30/2019	Located in Fallon
2.	NEVADA DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – DIVISION OF TOURISM	KAREN GOODWIN – TRUSTEE	\$ 13,230
	<b>Lease Description:</b>	This is the first amendment to increase the square footage from 480 ft. to 720 ft.	
	<b>Term of Lease:</b>	07/01/2018 – 06/30/2021	Located in Carson City

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

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

**STATEWIDE LEASE INFORMATION**

**RECEIVED**  
MAR 19 2018

1. Agency:

Governor's Office of Economic Development  
Procurement Outreach Program  
808 West Nye Lane  
Carson City, Nevada 89703  
Bonnie Long  
Phone: (775) 687-9910 Fax: (775) 687-9924 Email: blong@diversifynevada.com

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Remarks:

Leasing Services negotiated this renewal to have no rate increase.

Exceptions/Special notes:

2. Name of Lessor:

Churchill County

3. Address of Lessor:

155 North Taylor Street, Suite 153  
Fallon, Nevada 89406

4. Property contact:

Eleanor Lockwood, County Manager  
Phone: (775) 423-5136 Fax: (775) 423-0717 Email: countymanager@churchillcounty.org

5. Address of Lease property:

485 West B Street  
Fallon, Nevada 89406

a. Square Footage:

Rentable  
 Usable 150

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$200.00	12	\$2,400.00	July 1, 2018 - June 30, 2019	\$1.33
Increase %				
c. Total Lease Consideration:		12	\$2,400.00	

d. Option to renew:

Yes  No 90 Renewal terms: One identical Term

e. Holdover notice:

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

f. Term:

One (1) year

g. Pass-thrus/CAM/Taxes

Landlord  Tenant

h. Utilities:

Landlord  Tenant

i. Janitorial:

Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

j. Repairs:

Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate:

Not Available - Rural Area

l. Specific termination clause in lease:

Breach/Default lack of funding

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

4867

6. Purpose of the lease:

To house the Procurement Outreach Program

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

**STATEWIDE LEASE INFORMATION**

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

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

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

Bonnie Long      3/13/18  
Authorized Agency Signature      Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>EXEMPT</u>	Exp:		1	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If yes, please explain in exceptions section					
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If no, please explain in exceptions section					
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T81032440</u>				

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

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

[Signature]      7.16.18  
Authorized Signature      Date

Public Works Division

[Signature] PS For Board of Examiners       YES       NO

RECEIVED

APR 02 2018

For Budget Division Use Only	
Reviewed by:	LA 4/5/18
Reviewed by:	

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)  
OR STORAGE LEASE INFORMATION**

1. Agency (Lessee): Nevada Department of Tourism and Cultural Affairs - Division of Tourism  
401 N Carson St  
Carson City, NV 89701  
*This is the first amendment to increase the square footage from 480 to 720*

Purpose: To store printed collateral inventory consisting of the state visitor guide, state map, highway 50 passport, along with other material from the Nevada Division of Tourism.

Exceptions/Special Lease Terms:

2. Name of Landlord (Lessor): Karen Goodwin - Trustee

3. Address of Landlord: 187 Sonoma St, Carson City, NV 89701

4. Property Contact: Terry Yeager, Property Manager, Carson Properties, Inc., 187 Sonoma St, Carson City, NV 89701

5. Address of Lease Property: 2074 S Lompa Ln, Units 1 & 4, Carson City, NV 89701

a. Square Footage or Unit Description: Units #1, #4 and #5, 10X24 sq ft each, total of 720 sq ft

b. Cost:

Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
180	12	2160	July1, 2017 - June 30, 2018	.375
90	3	270	April 1, 2018 - June 30, 2018	.375
285	12	3420	July1, 2018 - June 30, 2019	.396
300	12	3600	July1, 2019 - June 30, 2020	.417
315	12	<b>3780</b>	July 1, 2020 - June 30, 2021	.438

Increase %

c. Total Lease Consideration: 13230

d. Option to Renew:  Yes  No Renewal Terms:

e. Holdover Notice: # of Days Required Holdover Terms:

f. Term:

g. Pass-thrus/CAM/Taxes:  Landlord  Tenant

h. Utilities:  Landlord  Tenant

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

j. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

k. Comparable Market Rate:

l. Specific termination clause in lease: Breach/Default/Lack of Funding

m. Lease will be paid for by Agency Budget Account Number or BOC Number: 1522

6. BOE Threshold: No

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only

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

**PROPERTY OR STORAGE LEASE INFORMATION**

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE AND STORAGE 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

David C. Peterson 3/1/18  
Authorized Agency Signature Date

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19991156422</u>	Exp:	<u>01/31/2019</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC. <input type="checkbox"/> CORP. <input checked="" type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T81080064</u>		

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

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

Please Note: Dates for lease commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE - OFFICE OF FINANCE	MOODY'S ANALYTICS, INC.	GENERAL	\$82,572	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing national and state economic data and projections for economic variables to forecast various state General Fund tax revenues. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$77,946 to \$160,518 due to the continued need for these services.				
	Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17733			
2.	017	WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION - LOANS AND STIPENDS	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF PUBLIC BEHAVIORAL HEALTH	GENERAL	\$225,000	
	Contract Description:	This is a new interlocal agreement to provide collaboration and funding to support employment of psychology intern trainees.				
	Term of Contract:	05/08/2018 - 06/30/2019	Contract # 19866			
3.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	APPRISS, INC.	FEE: COUNTY REIMBURSEMENT AND COURT ASSESSMENTS	\$838,194	
	Contract Description:	This is the seventh amendment to the original contract which provides ongoing victim notification in the Statewide Automated Victim Information and Notification Program in Nevada. This amendment increases the maximum amount from \$1,612,244 to \$2,450,438 and extends the termination date from June 30, 2018 to June 30, 2022 due to the continued need for these services.				
	Term of Contract:	04/01/2010 - 06/30/2022	Contract # 10619			
4.	060	CONTROLLER'S OFFICE	CLIFTONLARSON ALLEN, LLP	GENERAL	\$50,000	Professional Service
	Contract Description:	This is a new contract that continues ongoing audit services of the Public Employees Retirement System's financial statements to comply with the requirements of the Government Accounting Standards Board (GASB) Statement 68 rules. Contractor will audit the Schedules of Employer Allocations and Pension Amounts by Employer and the related notes to both schedules, prepared to comply with the requirements of GASB 68. The contractor shall conduct expanded employer census data testing as part of its audit.				
	Term of Contract:	07/01/2018 - 12/31/2018	Contract # 19953			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS – DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	WOW CLEANING CORPORATION	GENERAL 50% OTHER: RISK MANAGEMENT FUNDS 50%	\$79,552	Exempt
	Contract Description:	This is a new contract to provide carpet cleaning and environmental clean-up services for the Grant Sawyer Building in Las Vegas: CIP Project No. 17-S06; SPWD Contract No. 2789958.				
		Term of Contract:	05-08-2018 - 12/31/2018	Contract # 19979		
6.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – TOURISM	CIRCUS & ELDORADO JOINT VENTURE DBA SILVER LEGACY RESORT CASINO	OTHER: LODGING TAX	\$151,207	
	Contract Description:	This is a new contract to provide a venue to host the 2018 Nevada Global Tourism Summit.				
		Term of Contract:	10/01/2018 - 12/31/2018	Contract # 19917		
7.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – TOURISM	EAST PUBLIC RELATIONS	OTHER: LODGING TAX	\$150,000	
	Contract Description:	This is a new contract to provide event planning for the Nevada's Governor's Conference on Tourism and other events on an as needed basis.				
		Term of Contract:	07/01/2018 - 06/30/2020	Contract # 19909		
8.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES – NETWORK TRANSPORT SERVICES	AVIAT U.S., INC.	FEE: USER	\$884,651	
	Contract Description:	This is the first amendment to the original contract which provides replacement of the existing microwave backhaul network. This amendment increases the maximum amount from \$10,600,000 to \$11,484,651 due to the addition of microwave project work for the Nevada Department of Transportation fiber sites along U.S. Highway 50.				
		Term of Contract:	07/12/2016 - 12/31/2023	Contract # 17817		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	332	DEPARTMENT OF ADMINISTRATION – LIBRARY AND ARCHIVES – NEVADA STATE LIBRARY	EBSCO INDUSTRIES, INC. DBA STAND UP DESK STORE	GENERAL 54.8% FEDERAL 45.2%	\$213,442	
	Contract Description:	This is the second amendment to the original contract which provides ongoing access to the Core Enhanced package of databases for all public academic institutions, public libraries, and public K-12 schools. This amendment extends the termination date from June 30, 2018, to June 30, 2019 and increases the maximum amount from \$1,357,252 to \$1,570,694 due to the continued need for these services.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16585		
10.	332	DEPARTMENT OF ADMINISTRATION – LIBRARY AND ARCHIVES – NEVADA STATE LIBRARY	WORLD BOOK, INC.	GENERAL	\$93,460	
	Contract Description:	This is the second amendment to the original contract which provides ongoing database access to the Advanced Reference Suite to meet the academic needs of patrons, the public and public K-12 schools. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$280,380 to \$373,840 due to the continued need for these services.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16598		
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER – GOVERNMENTAL TRANSFER PROGRAM	REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY	OTHER: REVENUE 34.2% FEDERAL 65.8%	\$1,031,294	Exempt
	Contract Description:	This is the first amendment to the original interlocal revenue agreement to receive inter-governmental transfer funds to support paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan. This amendment increases the maximum amount from \$1,101,838 to \$2,133,132 due to an increase in validated rides.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17957		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – ADMINISTRATION	MYERS AND STAUFFER, LC	GENERAL 45% FEDERAL 55%	\$1,138,550	Exempt
	Contract Description:	This is the first amendment to the original contract which provides audit services for Managed Care Organizations, Patient Trust Funds and Cost Reports of Nursing Facilities. This amendment increases the maximum amount from \$7,180,825 to \$8,319,375 due to the addition of health information technology strategic and technical assistance services to the scope of work.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18630		
13.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – MEDICAID	MASON VALLEY FIRE PROTECTION DISTRICT	OTHER: COUNTY 34.2% FEDERAL 65.8%	\$349,625	Exempt
	Contract Description:	This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19817		
14.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES – JUVENILE JUSTICE SERVICES	MULTI HEALTH SYSTEMS, INC.	GENERAL	\$488,500	Sole Source
	Contract Description:	This is a new contract to provide unlimited use and training for the Youth Level of Service/Case Management Inventory risk and needs assessment tool selected by the Juvenile Justice Oversight Commission to meet the requirements of Assembly Bill 472 of the 2017 Legislative Session.				
		Term of Contract:	05/08/2018 - 04/30/2020	Contract # 19696		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	690	COLORADO RIVER COMMISSION	CRAIG FENNEMORE, P.C. DBA FENNEMORE CRAIG JONES VARGAS	OTHER: WATER AND POWER ADMINISTRATIVE CHARGES	\$100,000	Professional Service
	Contract Description:	This is the fifth amendment to the original contract which provides legal services and representation on the Navajo Nation v. United States that challenges current Colorado River operations. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$519,000 to \$619,000 to fully consider the Navajo Nation breach of trust and possible amendment to the claim on remand with the District Court.				
	Term of Contract:	06/11/2013 - 06/30/2020	Contract # 14264			
16.	702	DEPARTMENT OF WILDLIFE – WILDLIFE CIP – NON-EXEC	DINTER ENGINEERING COMPANY	FEE: SPORTSMEN 25% BONDS 25% FEDERAL 50%	\$74,997	Professional Service
	Contract Description:	This is a new contract to provide statewide electrical engineering, design and consulting services.				
	Contract Description:	Term of Contract:	05/08/2018 - 03/01/2021	Contract # 19907		
17.	702	DEPARTMENT OF WILDLIFE – FISHERIES MANAGEMENT	MCMILLEN, LLC DBA MCMILLEN JACOBS ASSOCIATES	FEE: SPORTSMEN 25% FEDERAL 75%	\$191,062	Professional Service
	Contract Description:	This is a new contract to provide engineering consultation services with respect to production water well construction and pump station design at Mason Valley Hatchery.				
	Contract Description:	Term of Contract:	03/02/2018 - 12/31/2018	Contract # 19840		
18.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – ENVIRONMENTAL PROTECTION – WASTE MANAGEMENT AND CORRECTIVE ACTION	TERRAPHASE ENGINEERING, INC.	OTHER: ADMINISTRATIVE ORDER OF CONTRACT INCOME - ATLANTIC RICHFIELD COMPANY	\$500,000	
	Contract Description:	This is a new contract to provide ongoing support services for the Abandoned Mine Lands Program at the Anaconda Copper Mine Site by conducting specific review and assessment of clean-up activities.				
	Contract Description:	Term of Contract:	05/08/2018 - 05/07/2020	Contract # 19872		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – ENVIRONMENTAL PROTECTION – WATER QUALITY PLANNING	RIVER WRANGLERS	FEDERAL	\$70,000	
	Contract Description:	This is a new contract to provide environmental education programs that focus on non-point source pollution for local schools, clubs and service groups.				
		Term of Contract:	05/08/2018 - 06/30/2019	Contract # 19860		
20.	749	DEPARTMENT OF BUSINESS AND INDUSTRY – ATHLETIC COMMISSION	CHARLES A. DIMINO	FEE: GATE FEES 90% TICKET SURCHARGE AMATEUR PROGRAM 10%	\$30,000	
	Contract Description:	This is a new contract that continues ongoing services to provide Unarmed Combat Inspector services for weigh-ins and events.				
		Term of Contract:	02/01/2018 - 06/30/2022	Contract # 19921		
21.	800	DEPARTMENT OF TRANSPORTATION	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL	HIGHWAY	\$150,000	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides uniformed officers to perform traffic control as needed. This amendment increases the maximum amount from \$300,000 to \$450,000 due to the increased need for these services.				
		Term of Contract:	01/13/2015 - 09/30/2018	Contract # 16257		
22.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION – BLIND BUSINESS ENTERPRISE PROGRAM	RON'S REFRIGERATION, INC.	OTHER: BUSINESS ENTERPRISES SET ASIDE	\$15,000	
	Contract Description:	This is the first amendment to the original contract that continues ongoing maintenance and repair services for commercial refrigeration units for Business Enterprises of Nevada program facilities in northern Nevada. This amendment increases the maximum amount from \$45,000 to \$60,000 due to an increased need for these services.				
		Term of Contract:	04/01/2015 - 03/31/2019	Contract # 16360		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION – VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - COLLEGE OF SOUTHERN NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$59,620	Exempt
	Contract Description:	This first amendment to the original interlocal contract which provides SoftSkills training for eligible clients of the Bureaus of Vocational Rehabilitation and Services to the Blind and Visually Impaired on soft work skills in efforts to obtain and maintain a job. This amendment extends the termination date from June 30, 2018 to June 30, 2021 and increases the maximum amount of the contract from \$30,360 to \$89,980 due to the continued need for these services.				
		Term of Contract:	03/27/2017 - 06/30/2021	Contract # 18483		
24.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION – VOCATIONAL REHABILITATION	DP VIDEO PRODUCTIONS, LLC	OTHER: 21.3% FEDERAL 78.7%	\$240,000	
	Contract Description:	This is a new contract to build and expand the current multi-media outreach platform to promote the Nevada Vocational Rehabilitation Program to Nevadans with disabilities while promoting the workforce resources available to existing, new and potential businesses and to educate businesses of all sizes, about the benefits of hiring Nevadans with disabilities.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19795		
25.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION – VOCATIONAL REHABILITATION	REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$80,000	
	Contract Description:	This is a new interlocal agreement to provide for the evaluation of skills and bus route system training for all eligible clients in southern Nevada.				
		Term of Contract:	05/08/2018 - 12/31/2022	Contract # 19841		

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **17733** Amendment Number: **2**  
 Agency Name: **GOVERNOR'S FINANCE OFFICE - BUDGET DIVISION** Legal Entity Name: **MOODYS ANALYTICS, INC.**  
 Agency Code: **015** Contractor Name: **MOODYS ANALYTICS, INC.**  
 Appropriation Unit: **1340-10** Address: **121 N. WALNUT STREET SUITE 500**  
 Is budget authority available?: **Yes** City/State/Zip: **WEST CHESTER, PA 19380-3166**  
 If "No" please explain: **Not Applicable** Contact/Phone: **GREGORY BILES 610/235-5000**  
 Vendor No.: **T27024326**  
 NV Business ID: **NOT APPLICABLE**

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

<input checked="" type="checkbox"/>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 06/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Economic Projections**

5. Purpose of contract:

**This is the second amendment to the original contract that provides ongoing national and state economic data and projections for economic variables to forecast various state General Fund tax revenues. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the total maximum amount from \$77,946 to \$160,518 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$64,746.00	\$64,746.00	\$64,746.00	Yes - Action
a. Amendment 1:	\$13,200.00	\$13,200.00	\$13,200.00	Yes - Info
2. Amount of current amendment (#2):	\$82,572.00	\$82,572.00	\$95,772.00	Yes - Action
3. New maximum contract amount:	\$160,518.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Information is needed for input into various state revenue projection models used by the executive and legislative branches to construct presentations to the Technical Advisory Committee and the Economic Forum, and to make informed housing policy decisions.

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

The contractor has access to data that is not accessible to state employees.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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 #: 160501**

**Approval Date: 04/03/2016**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

July 2009 - June 2016 - Budget and Planning Division - satisfactory

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

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

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**The contractor does not perform any work in Nevada.**

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**The contractor does not perform any work in Nevada.**

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

No b. If "NO", please explain.

**The contractor does not perform any work in Nevada.**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	04/05/2018 16:43:08 PM
Division Approval	amarangi	04/05/2018 16:43:13 PM
Department Approval	amarangi	04/05/2018 16:43:19 PM
Contract Manager Approval	amarangi	04/05/2018 16:43:33 PM
Budget Analyst Approval	tgreenam	04/09/2018 10:10:38 AM
BOE Agenda Approval	sbrown	04/16/2018 17:02:13 PM



Purchasing Use
Approval#: 161

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE A**

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed</b>		
	<b>State Agency:</b> <i>Governor Finance Office/Budget Division</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Tiffany Greenameyer Executive Branch Budget Officer 1</i>	<i>775-684-0226</i>	<i>tmgreenameyer@f.</i>
	<i>Debra David Program Officer 1</i>	<i>775-684-0278</i>	<i>drdavid@adm</i>

<b>Vendor Information:</b>											
<b>1b</b>	<table border="1"> <tr> <td>Identify Vendor:</td> <td><i>Moody's Analytics, Inc.</i></td> </tr> <tr> <td>Contact Name:</td> <td><i>Gregory Biles</i></td> </tr> <tr> <td>Address:</td> <td><i>121 N. Walnut Street Suite 500, West Chester, PA 19380-3166</i></td> </tr> <tr> <td>Telephone Number:</td> <td><i>610-235-5000</i></td> </tr> <tr> <td>Email Address:</td> <td><i>Gregory.Miller@moody.com</i></td> </tr> </table>	Identify Vendor:	<i>Moody's Analytics, Inc.</i>	Contact Name:	<i>Gregory Biles</i>	Address:	<i>121 N. Walnut Street Suite 500, West Chester, PA 19380-3166</i>	Telephone Number:	<i>610-235-5000</i>	Email Address:	<i>Gregory.Miller@moody.com</i>
Identify Vendor:	<i>Moody's Analytics, Inc.</i>										
Contact Name:	<i>Gregory Biles</i>										
Address:	<i>121 N. Walnut Street Suite 500, West Chester, PA 19380-3166</i>										
Telephone Number:	<i>610-235-5000</i>										
Email Address:	<i>Gregory.Miller@moody.com</i>										

<b>Type of Waiver Requested – Check the appropriate type:</b>					
<b>1c</b>	<table border="1"> <tr> <td>Sole or Single Source:</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Professional Service Exemption:</td> <td></td> </tr> </table>	Sole or Single Source:	<input checked="" type="checkbox"/>	Professional Service Exemption:	
Sole or Single Source:	<input checked="" type="checkbox"/>				
Professional Service Exemption:					

<b>Contract Information:</b>			
<b>1d</b>	Is this a new Contract?	Yes	No <input checked="" type="checkbox"/>
	Amendment:	#2	
	CETS:	# 17733	

<b>Term:</b>			
<b>1e</b>	One (1) Time Purchase:		
	Contract:	Start Date: <i>07/01/2016</i>	End Date: <i>06/30/2020</i>

<b>Funding:</b>		
<b>1f</b>	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$82,572.00</i>



2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased. Vendor to provide national and state economic data and projections for economic variables to LCB, the Governor's Office of Finance and the Department of Taxation to forecast various General Fund tax revenues.</b></p>
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3	<p><b>What are the unique features/qualifications required for this service or good that are not from any other vendor:</b></p> <p><i>Information is needed for input into various state revenue projection models used by the Executive and Legislative branches to present information to the Technical Advisory Committee and Economic Forum. A vendor with access to other wise unavailable data and with proven economic analysis/modeling/forecasting experience pertaining to Nevada and the U.S. is needed to produce projections required by statute.</i></p>
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4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p><i>This vendor has access to economic data not otherwise available to the state. The vendor provides data as well as unique economic analysis and modeling/forecasting services. We do not believe the quality and reliability of Moody's forecasts can be achieved by any of the other limited economic forecast providers.</i></p> <p><i>We need continuity over multiple biennia because each change of vendors requires that we update our models to reflect new variable names, modify our models when previously supplied variables are not available, and potentially adjust our model output to compensate a national and/or Nevada forecast that differs significantly from what the previous vendor supplied. These time-consuming adjustments are disruptive when they have to be done every year or two years. In addition, Nevada's economy has a relatively small impact on the national economy, vendors generally are not well versed with Nevada's economic idiosyncrasies until they have worked directly with them over a period of time. Thus, changing vendors from Moody's to another vendor would mean that we would lose continuity during the next several years, which would jeopardize the accuracy of the economic forecast produce by the Executive and Legislative branches by statute.</i></p>
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5	<p><b>Were alternative services or commodities evaluated? Check One.</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
	<p>a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i></p>
	<p>b. <i>If not, why were alternatives not evaluated?</i></p> <p><i>We need continuity over multiple biennia because each change of vendors requires that we update our models to reflect new variable names, modify our models when previously supplied variables are not available, and potentially adjust our model output to compensate a national and/or Nevada forecast that differs significantly from what the previous vendor supplied.</i></p>

6	<p><b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b></p>	Yes:	X
	<p>a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship</i></p>		

<i>with this vendor, or any other vendor for this service or commodity, please provide the information:</i>				
<b>Term Start and End Dates</b>		<b>Value</b>	<b>Short Description</b>	<b>Type of Pro (RFP#, RFO#)</b>
07/01/16	06/30/18	\$77,946.00	Economic Projects	Waiver 16050.
07/01/12	06/30/16	\$210,930.00	Economic Projects	Waiver
		\$		
		\$		
		\$		

7	<b>What are the potential consequences to the State if the waiver request is denied and the good is competitively bid?</b>
	<i>Nevada needs the best possible support for determining its revenue forecasts. We do not b vendor's competitors can provide the same quality analysis and would not allow state agen fulfill their statutory obligations. We also need continuity.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the sea good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>This contractor is a leading independent provider of economic, financial, country and indi research with over 500 clients worldwide, including governments at all levels. Janet Roge Economist 4 with the Budget &amp; Planning Division, compared their analysis of the U.S. an economies, as published in their Precis U.S. Macro and Precis Nevada, with and found to the analysis provided by their primary competitor, Global Insight.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:		N
	a. <i>If yes, please provide details regarding future obligations or needs.</i>			

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.

*Debra David*

Agency Representative Initiating Request

*Debra David*

Print Name of Agency Representative Initiating Request

*4/6/16*

Date

*James R. Wells*

Signature of Agency Head Authorizing Request

**JAMES R. WELLS**

Print Name of Agency Head Authorizing Request

*4.6.20*

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already inst or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of request from another agency or entity. The signature below indicates another agency or entity has reviewed information you provided. This signature does not exempt your agency from any other processes that 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 1 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information bec available upon which the Purchasing Administrator determines that the service or good sought may in fa contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not bec effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

*[Signature]*

Administrator, Purchasing Division or Designee

*4-6-20*

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: **19866**

Agency Name:	<b>WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION</b>	Legal Entity Name:	Division of Public Behavioral Health
Agency Code:	<b>017</b>	Contractor Name:	<b>Division of Public Behavioral Health</b>
Appropriation Unit:	<b>2681-12</b>	Address:	<b>4150 Technology Way</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89706</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Philene O'Keefe 775-684-4200
		Vendor No.:	
		NV Business ID:	n/a

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **Yes**

If "Yes", please explain

**As of August 9, 2017, collaboration between WICHE and DPBH for the psychology internship program has commenced; however, due to the nature of WICHE agency's revenue structure, revenue to provide internship support fees was unavailable until received by the agency later in the fiscal year.**

3. Termination Date: **06/30/2019**Contract term: **1 year and 53 days**4. Type of contract: **Interlocal Agreement**Contract description: **Psych Internship**

5. Purpose of contract:

**This is a new interlocal agreement to provide collaboration between Nevada Western Interstate Commission for Higher Education and Division of Public Behavioral Health for funding to support employment of psychology intern trainees.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$225,000.00**

Payment for services will be made at the rate of \$112,500.00 per fiscal year

Other basis for payment: upon completion of deliverables as described in Attachment A.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

WICHE has been Legislatively directed to transfer its approved funding directly to DPBH in support of the Nevada Psychology Internship program. This intralocal is being utilized to memorialize the relationship between WICHE and DPBH as required for the transfer of funds.

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

n/a

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the 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. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Jeannine Warner, Director Ph: 775-687-0991

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	03/21/2018 13:56:51 PM
Division Approval	amarangi	03/21/2018 13:56:53 PM
Department Approval	amarangi	03/21/2018 13:56:55 PM
Contract Manager Approval	amarangi	03/21/2018 13:56:57 PM
Budget Analyst Approval	sbrown	04/13/2018 16:51:04 PM
BOE Agenda Approval	sbrown	04/13/2018 16:51:52 PM
BOE Final Approval	Pending	



100 North Stewart Street, Suite 220  
 Carson City, NV 89701  
 Phone 775-687-0991  
 Fax 775-687-0990

Jeannine M. Warner  
 Director  
 Certifying Officer

**MEMORANDUM**

**TO:** Susan Brown  
 Budget Analyst

**FROM:** Jeannine Warner, Governor's Office of the Western Regional Education Compact  
 Director of WICHE Programs *Jmw*

**SUBJECT:** Fiscal Year 2018 Psychology Internship Funding

**DATE:** March 19, 2017

**MEMORANDUM**

In regards to the psychology internship collaboration between the Nevada Governor's Office of the Western Regional Education Compact (WICHE) and the Division of Public and Behavioral Health (DPBH), work has commenced for Fiscal Year 2018. The transfer of funds from Nevada WICHE to the DPBH in the amount of \$112,500.00 must still be transacted to cover WICHE's financial support for the psychology internship support fees. Due to the nature of the WICHE agency's revenue structure, funds via monthly loan repayment, non-General Fund revenue to provide internship support fees was unavailable until received by the agency later in the fiscal year.

For Fiscal Year 2019 funding, a General Fund advance per NRS 353.357 may be submitted to expedite support. This collaboration ends June 30, 2019.

Thank you for your assistance in this matter.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>10619</b>	Amendment Number: <b>7</b>
Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>APPRISS, INC.</b>
Agency Code: <b>030</b>	Contractor Name: <b>APPRISS, INC.</b>
Appropriation Unit: <b>1042-20</b>	Address: <b>10401 LINN STATION RD STE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LOUISVILLE, KY 40223</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jonathon Waunch 800.816.0491</b>
	Vendor No.: <b>T32000907</b>
	NV Business ID: <b>NV20071670784</b>

To what State Fiscal Year(s) will the contract be charged? **2010-2022**

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

General Funds	0.00 %	<b>X</b>	Fees		<b>100.00 % County reimbursement and Court Assessments</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP #1846**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2010**  
Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **12 years and 93 days**

4. Type of contract: **Contract**

Contract description: **Victim Info System**

5. Purpose of contract:

**This is the seventh amendment to the original contract which provides ongoing victim notification in the Statewide Automated Victim Information and Notification Program in Nevada. This amendment increases the maximum amount from \$1,612,244 to \$2,450,438 and extends the termination date from June 30, 2018 to June 30, 2022 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:	\$490,100.00	\$490,100.00	\$490,100.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$181,000.00	\$181,000.00	\$181,000.00	Yes - Action
c. Amendment 3:	\$377,700.00	\$377,700.00	\$377,700.00	Yes - Action
d. Amendment 4:	\$194,456.00	\$194,456.00	\$194,456.00	Yes - Action
e. Amendment 5:	\$174,473.00	\$174,473.00	\$174,473.00	Yes - Action
f. Amendment 6:	\$194,515.50	\$194,515.50	\$194,515.50	Yes - Action
2. Amount of current amendment (#7):	\$838,194.00	\$838,194.00	\$838,194.00	Yes - Action
3. New maximum contract amount:	\$2,450,438.50			

## II. JUSTIFICATION

7. What conditions require that this work be done?

The 1983 Nevada Legislature mandated certain rights and guarantees to crime victims and witnesses. Accordingly, Chapter 178 of the Nevada Revised Statutes recognizes the needs and rights of crime victims. Among other provisions, Chapter 178 mandates that a victim be notified by law enforcement of the location of the defendant following arrest, during prosecution of the criminal case, during a sentence to confinement, and when there is any release or escape of the defendant from confinement.

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

No state agencies or employees have the equipment or the experience to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: 01/02/2010 Anticipated re-bid date: 01/02/2013

10. Does the contract contain any IT components? No

## III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Yes. Contractor entered into a contract with the Department of Public Safety, June 2009 and has been satisfied with their 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)?

**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	cschon1	04/10/2018 08:47:21 AM
Division Approval	cschon1	04/10/2018 08:47:24 AM
Department Approval	cschon1	04/10/2018 08:47:27 AM
Contract Manager Approval	cschon1	04/10/2018 08:47:32 AM
Budget Analyst Approval	hfield	04/13/2018 10:32:08 AM
BOE Agenda Approval	hfield	04/13/2018 10:32:14 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19953**

Agency Name: **CONTROLLER'S OFFICE**  
Agency Code: **060**  
Appropriation Unit: **1130-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **CliftonLarsonAllen, LLP**  
Contractor Name: **CliftonLarsonAllen, LLP**  
Address: **1966 Greenspring Drive Suite 300**  
City/State/Zip: **Timonium, MD 21093**  
Contact/Phone: **Jason Ostroski 410-453-0900**  
Vendor No.: **T29029873A**  
NV Business ID: **NV20121001313**

To what State Fiscal Year(s) will the contract be charged? **2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2018**

Contract term: **183 days**

4. Type of contract: **Contract**

Contract description: **PERS FY-17 Audit**

5. Purpose of contract:

**This is a new contract that continues ongoing audit services of the Public Employees Retirement System's financial statements to comply with the requirements of the Government Accounting Standards Board (GASB) Statement 68 rules. Contractor will audit the Schedules of Employer Allocations and Pension Amounts by Employer and the related notes to both schedules, prepared to comply with the requirements of GASB 68. The contractor shall conduct expanded employer census data testing as part of its audit.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$50,000.00 per Total Contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Government Accounting Standards Board Statement 68, issued June, 2012, established standard requirements for accounting and financial reporting for pensions that are provided to the employees of state and local governmental employers through pension plans, effective for fiscal years after June 15, 2014.

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

Auditing for public employee pension plans should be conducted by an outside, neutral auditor to prevent the appearance of conflict of 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?

This vendor has the very specialized knowledge and experience required for auditing government pension and related funds.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contracted by the State Controller's Office for audits of the FY-2014, FY-2015, and FY-2016 Nevada Public Employees Retirement System and the early implementation of GASB Statement 82 FY-2016 PERS audit in January 2018. Performance has always been outstanding.

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

No If "Yes", please provide details of the litigation 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	jsmack	04/11/2018 12:22:19 PM
Division Approval	jsmack	04/11/2018 12:22:21 PM
Department Approval	jsmack	04/11/2018 12:22:23 PM
Contract Manager Approval	hbill1	04/11/2018 14:55:53 PM
Budget Analyst Approval	knielsen	04/12/2018 12:49:53 PM
BOE Agenda Approval	sbrown	04/13/2018 16:41:07 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: **19979**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>WOW CLEANING CORPORATION</b>
Agency Code: <b>082</b>	Contractor Name: <b>WOW CLEANING CORPORATION</b>
Appropriation Unit: <b>1585-52</b>	Address: <b>2720 WRONDEL WAY SUITE A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-8343</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Thad Peterson 775-322-4787</b>
	Vendor No.: <b>T27041430</b>
	NV Business ID: <b>NV20141289535</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>50.00 % Risk Management Funds</b>

Agency Reference #: **2789958**

2. Contract start date:

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

Anticipated BOE meeting date **05/2018**

Retroactive? **Yes**

If "Yes", please explain

**This is a request for a retroactive start date of April 23, 2018, for the WOW Corporation contract. This is a new emergency contract to provide carpet cleaning and cleaning services at the Grant Sawyer Building to address a mold issue. Due to this time-sensitive project and the immediate need for these services to begin promptly we are requesting retroactive approval. There currently ten known workers compensation claims that have already been filed by building occupants due to this issue.**

3. Termination Date: **07/01/2018**

Contract term: **61 days**

4. Type of contract: **Contract**

Contract description: **Carpet Cleaning**

5. Purpose of contract:

**This is a new contract to provide carpet cleaning and environmental clean-up services for the Grant Sawyer Building in Las Vegas: CIP Project No. 17-S06; SPWD Contract No. 2789958.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$79,552.00**

Other basis for payment: \$49,100.38 for carpet cleaning; \$30,451.62 for cleaning services

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP - Mold issue in the building's carpet has created an immediate health issue for the occupants of the building. Immediate remediation is required.

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

Buildings and Grounds personnel do not have the technical expertise and operational resources 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: **Exempt (Per statute)**

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

NRS 333.300 4.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

2017, SPWD - B&G, 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:

Ken Scarbrough, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	04/19/2018 09:16:45 AM
Division Approval	amarangi	04/19/2018 09:16:49 AM
Department Approval	amarangi	04/19/2018 09:16:52 AM
Contract Manager Approval	amarangi	04/19/2018 09:16:55 AM
Budget Analyst Approval	jrodrig9	04/19/2018 10:03:55 AM
BOE Agenda Approval	sbrown	04/19/2018 10:14:52 AM
BOE Final Approval	Pending	



**DEPARTMENT OF ADMINISTRATION  
ADMINISTRATIVE SERVICES DIVISION**

209 E. Musser Street, Room 304  
Carson City, Nevada 89701-4204  
(775) 684-0273  
Fax (775) 684-0275

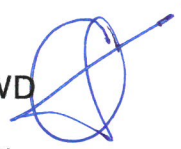
**MEMORANDUM**

April 19, 2018

TO: Jim Rodriguez  
Budget Analyst

FROM: Chris Chimits, Interim Administrator, SPWD

RE: Retro Memo for WOW Cleaning Corporation



This is a request for a retroactive start date of April 23, 2018, for the WOW Corporation contract (CETS #19979). This is a new emergency contract to provide carpet cleaning and cleaning services at the Grant Sawyer Building.

Due to this time-sensitive project and the immediate need for these services to begin promptly we are requesting retroactive approval. Note that there are at least ten worker's compensation claims that have already been filed by building occupants.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19917**

Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>CIRCUS &amp; ELDORADO Joint VENTURE DBA SILVER LEGACY RESORT CASINO</b>
Agency Code: <b>101</b>	Contractor Name: <b>CIRCUS &amp; ELDORADO Joint VENTURE DBA SILVER LEGACY RESORT CASINO</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>SILVER LEGACY RESORT CASINO 407 NO VIRGINIA ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-453-7848</b>
	Vendor No.: <b>T81038995A</b>
	NV Business ID: <b>NV20151364821</b>

To what State Fiscal Year(s) will the contract be charged? **2019**

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

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

Agency Reference #: **3521-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2018**

Contract term: **91 days**

4. Type of contract: **Contract**

Contract description: **2018 GGTS Host Venue**

5. Purpose of contract:

**This is a new contract to provide a venue to host the 2018 Nevada Global Tourism Summit.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$151,206.61**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Nevada Division of Tourism is the host for the annual Governor's Global Tourism Summit Conference.**

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

**This vendor will provide the location to hold the 2018 Governor's Global Tourism Summit, therefore, State employees would not be able 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):

Circus & Eldorado Joint Venture, LLC  
Montbleu Resort Casino and Spa  
Grand Sierra Resort and Casino

b. Solicitation Waiver: **Not Applicable**

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

The vendor had the highest score.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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)?

**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	jfranc5	04/04/2018 10:38:17 AM
Division Approval	jfranc5	04/04/2018 10:38:19 AM
Department Approval	jfranc5	04/04/2018 10:38:22 AM
Contract Manager Approval	jfranc5	04/09/2018 15:29:23 PM
Budget Analyst Approval	laaron	04/16/2018 13:07:17 PM
BOE Agenda Approval	lfree1	04/16/2018 14:01:44 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: **19909**

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: **EAST PUBLIC RELATIONS**  
Contractor Name: **EAST PUBLIC RELATIONS**  
Address: **4790 Caughlin Parkway #170**  
City/State/Zip: **RENO, NV 89519-7956**  
Contact/Phone: **775/250-8092**  
Vendor No.: **T32005073**  
NV Business ID: **NV20171069664**

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

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 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Event Planner**

5. Purpose of contract:

**This is a new contract to provide event planning for the Nevada's Governor's Conference on Tourism and other events on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Tourism is the host for the annual Global Tourism Summit and other events.

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

This contract will provide event planning services which is a service that cannot be done by State 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):

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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)?

**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	jfranc5	03/29/2018 14:05:04 PM
Division Approval	jfranc5	03/29/2018 14:05:08 PM
Department Approval	jfranc5	03/29/2018 14:05:10 PM
Contract Manager Approval	jfranc5	03/29/2018 14:42:24 PM
Budget Analyst Approval	laaron	04/06/2018 12:13:35 PM
BOE Agenda Approval	lfree1	04/09/2018 11:12:00 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>17817</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>AVIAT U.S., INC.</b>
Agency Code: <b>180</b>	Contractor Name: <b>AVIAT U.S., INC.</b>
Appropriation Unit: <b>1388-08</b>	Address: <b>5200 GREAT AMERICA PARKWAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SANTA CLARA, CA 95054-1108</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>ALI HIRSA 408-567-6640</b>
	Vendor No.: <b>PUR0004165B</b>
	NV Business ID: <b>NV20071365437</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2024**

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

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

Agency Reference #: **RFP #3234**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2016**  
 Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **7 years and 173 days**

4. Type of contract: **Contract**

Contract description: **Microwave systems**

5. Purpose of contract:

**This is the first amendment to the original contract which provides replacement of the existing microwave backhaul network. This amendment decreases the termination date from June 30, 2026 to December 31, 2023 due to a reduction in Remote Network Monitoring, Troubleshooting and Repair services; increases the maximum amount from \$10,600,000 to \$11,484,651 due to the additional sites that are being added to the microwave backhaul project; modifies the breakdown of equipment installation and services and revises the payment schedule.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$10,600,000.00	\$10,600,000.00	\$10,600,000.00	Yes - Action
2. Amount of current amendment (#1):	\$884,651.00	\$884,651.00	\$884,651.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$11,484,651.00 12/31/2023			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Replace the existing microwave backhaul network, which updates the system to meet the requires of an Internet Protocol/Multi-Protocol Labeling System network that will facilitate redundancy, traffic prioritization, dynamic routing, and Quality of Service, in addition to supporting legacy circuits and systems

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

Because the State does not have the capability 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 #3234, 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: 02/26/2106 Anticipated re-bid date: 02/26/2025

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	ddav12	01/25/2018 09:17:05 AM
Division Approval	ddav12	01/25/2018 09:17:10 AM
Department Approval	ddav12	01/25/2018 09:17:13 AM
Contract Manager Approval	ddav12	04/02/2018 11:04:10 AM

Budget Analyst Approval  
BOE Agenda Approval

cmurph3  
cmurph3

04/06/2018 08:48:35 AM  
04/06/2018 08:48:39 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16585** Amendment Number: **2**

Agency Name: **ADMIN - NEVADA STATE LIBRARY AND ARCHIVES** Legal Entity Name: **EBSCO INDUSTRIES, INC. DBA STAND UP DESK STORE**

Agency Code: **332** Contractor Name: **EBSCO INDUSTRIES, INC. DBA STAND UP DESK STORE**

Appropriation Unit: **2891-12** Address: **10 ESTES STREET**

Is budget authority available?: **Yes** City/State/Zip: **IPSWICH, MA 01938**

If "No" please explain: **Not Applicable** Contact/Phone: **CONALL HALEY 800-653-2726**

Vendor No.: **PUR0004258**

NV Business ID: **NV20011454889**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

<input checked="" type="checkbox"/>	General Funds	<b>54.80 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>45.20 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #1116**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Database Packages**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing access to the Core Enhanced package of databases for all public academic institutions, public libraries, and public K-12 schools. This amendment extends the termination date from June 30, 2018, to June 30, 2019 and increases the maximum amount from \$1,357,252 to \$1,570,694 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:	\$822,450.00	\$822,450.00	\$822,450.00	Yes - Action
a. Amendment 1:	\$534,802.00	\$534,802.00	\$534,802.00	Yes - Action
2. Amount of current amendment (#2):	\$213,442.00	\$213,442.00	\$213,442.00	Yes - Action
3. New maximum contract amount:	\$1,570,694.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

It is in the best interest of the state to continue to provide its citizens and students statewide access via libraries and the internet.

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

The state does not have licensed databases

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 received the top scores by the evaluation committee.

d. Last bid date: 02/12/2015 Anticipated re-bid date: 02/01/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

7/1/13-6/30/15 - Nevada State Library and Archives - 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	ssands	04/02/2018 10:00:13 AM
Division Approval	ssands	04/02/2018 10:00:37 AM
Department Approval	ssands	04/02/2018 10:01:02 AM
Contract Manager Approval	ssands	04/02/2018 10:01:14 AM





### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16598** Amendment Number: **2**

Agency Name: **ADMIN - NEVADA STATE LIBRARY AND ARCHIVES** Legal Entity Name: **WORLD BOOK, INC.**

Agency Code: **332** Contractor Name: **WORLD BOOK, INC.**

Appropriation Unit: **2891-28** Address: **233 N MICHIGAN AVE., STE. 2000**

Is budget authority available?: **Yes** City/State/Zip: **CHICAGO, IL 60601-5805**

If "No" please explain: **Not Applicable** Contact/Phone: **LORANNE SHIELDS, MANAGER 800-975-3250**

Vendor No.: **T81036850**

NV Business ID: **NV20131101514**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

<input checked="" type="checkbox"/>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #1116**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **K-12 Encyclopedias**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing database access to the Advanced Reference Suite to meet the academic needs of patrons, the public and public K-12 schools. This amendment extends the termination date from June 30, 2018 to June 30, 2019 and increases the maximum amount from \$280,380 to \$373,840 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:	\$186,920.00	\$186,920.00	\$186,920.00	Yes - Action
a. Amendment 1:	\$93,460.00	\$93,460.00	\$93,460.00	Yes - Action
2. Amount of current amendment (#2):	\$93,460.00	\$93,460.00	\$93,460.00	Yes - Action
3. New maximum contract amount:	\$373,840.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

It is in the best interest of the state to continue to provide its citizens and students access via libraries and the internet

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

The state does not have licensed databases

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 vendor received the top scores by an evaluation committee

d. Last bid date: 02/12/2015 Anticipated re-bid date: 02/01/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

FY2014-2015 - NSLA - 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	lmars1	04/05/2018 11:51:15 AM
Division Approval	lmars1	04/05/2018 11:51:20 AM
Department Approval	lmars1	04/05/2018 11:51:24 AM
Contract Manager Approval	lmars1	04/05/2018 11:51:27 AM
Budget Analyst Approval	mtum1	04/10/2018 16:38:44 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: <b>17957</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Regional Transportation Commission of Washoe County</b>
Agency Code: <b>403</b>	Contractor Name: <b>Regional Transportation Commission of Washoe County</b>
Appropriation Unit: <b>3157-00</b>	Address: <b>P.O. Box 30002</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89520</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>David Jickling 775-348-0400</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2017-2020</b>

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

General Funds	0.00 %	Fees	0.00 %	
<b>X</b> Federal Funds	<b>65.80 %</b>	Bonds	0.00 %	
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.20 % Revenue</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Paratransit services**

5. Purpose of contract:

**This is the first amendment to the original interlocal revenue agreement to receive inter-governmental transfer funds to support paratransit services for Medicaid eligible recipients per the Nevada Medicaid State Plan. This amendment increases the maximum amount from \$1,101,838 to \$2,133,132 due to an increase in validated rides.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,101,838.00	\$1,101,838.00	\$1,101,838.00	Yes - Action
2. Amount of current amendment (#1):	\$1,031,294.00	\$1,031,294.00	\$1,031,294.00	Yes - Action
3. New maximum contract amount:	\$2,133,132.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Nevada Medicaid State Plan, Attachment 3.1-A, Section 9 and the Medicaid Services Manual, services will be provided to Medicaid eligible recipients who have been assessed and deemed eligible for paratransit rides.

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

The State does not have transportation services in place to provide paratransit rides.

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

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

Not Applicable

b. 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. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 RTC currently provides eligibility assessments for the State and services are satisfactory.

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

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

Not Applicable

15. The contractor is 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	jkolenut	03/27/2018 08:56:59 AM
Division Approval	jkolenut	03/27/2018 13:50:29 PM
Department Approval	vmilazz1	04/02/2018 15:01:03 PM
Contract Manager Approval	iknigh1	04/04/2018 13:37:28 PM
Budget Analyst Approval	bwooldri	04/06/2018 11:30:47 AM
BOE Agenda Approval	nhovden	04/06/2018 12:35:21 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18630</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>MYERS AND STAUFFER, LC</b>
Agency Code: <b>403</b>	Contractor Name: <b>MYERS AND STAUFFER, LC</b>
Appropriation Unit: <b>3158-04</b>	Address: <b>4400 Cox Road Suite 110</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Glen Allen, VA 23060</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>804-270-2200</b>
	Vendor No.: <b>T81098965B</b>
	NV Business ID: <b>NV20001070243</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2021</b>

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

<input checked="" type="checkbox"/> General Funds	<b>45.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>55.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date: 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Audit**

5. Purpose of contract:

**This is the first amendment to the original contract which provides audit services for Managed Care Organizations, Patient Trust Funds and Cost Reports of Nursing Facilities. This amendment increases the maximum amount from \$7,180,825 to \$8,319,375 due to the addition of health information technology strategic and technical assistance services to the scope of work.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,180,825.00	\$7,180,825.00	\$7,180,825.00	Yes - Action
2. Amount of current amendment (#1):	\$1,138,550.00	\$1,138,550.00	\$1,138,550.00	Yes - Action
3. New maximum contract amount:	\$8,319,375.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Federal and State mandates require specific audits and rate settings be conducted for hospitals being paid Medicaid funds.

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 perform this work.

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

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

Not Applicable

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

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

Exempt per NAC333.150 2. (5)

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 in contract with the Division and service has been satisfactory.

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

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

Not Applicable

15. The contractor is 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	jkolenut	04/03/2018 09:51:50 AM
Division Approval	jkolenut	04/03/2018 13:24:25 PM
Department Approval	vmilazz1	04/03/2018 15:31:01 PM
Contract Manager Approval	iknigh1	04/04/2018 13:35:24 PM
Budget Analyst Approval	bwooldri	04/04/2018 13:58:08 PM
BOE Agenda Approval	nhovden	04/06/2018 12:17:45 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19817**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Mason Valley Fire Protection District</b>
Agency Code: <b>403</b>	Contractor Name: <b>Mason Valley Fire Protection District</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>118 S MAIN ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Yerington, NV 89447</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-463-2261</b>
	Vendor No.: <b>T29035634</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>65.80 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.20 % County</b>

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 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

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

Contract description: **Fire District**

5. Purpose of contract:

**This is a new interlocal agreement to provide certified public expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$349,625.00**

#### 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. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	jkolenut	03/27/2018 09:31:26 AM
Division Approval	jkolenut	03/27/2018 13:49:52 PM
Department Approval	vmilazz1	04/01/2018 17:31:34 PM
Contract Manager Approval	iknigh1	04/04/2018 13:36:26 PM
Budget Analyst Approval	bwooldri	04/06/2018 15:07:00 PM
BOE Agenda Approval	nhovden	04/06/2018 16:34:18 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: **19696**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	MULTI HEALTH SYSTEMS, INC.
Agency Code:	<b>409</b>	Contractor Name:	<b>MULTI HEALTH SYSTEMS, INC.</b>
Appropriation Unit:	<b>1383-19</b>	Address:	<b>PO BOX 950</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>NORTH TONAWANDA, NY 14120-0950</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Dominic Guay 800/456-3003
		Vendor No.:	PUR0003408A
		NV Business ID:	In Process

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **04/30/2020**Contract term: **1 year and 358 days**4. Type of contract: **Contract**Contract description: **Risk Assessment**

5. Purpose of contract:

**This is a new contract to provide unlimited use and training for the Youth Level of Service/Case Management Inventory risk and needs assessment tool selected by the Juvenile Justice Oversight Commission to meet the requirements of Assembly Bill 472 of the 2017 Legislative Session.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$488,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**This contract will fulfill the requirement in NRS 62A (AB 472) to implement a juvenile justice risk needs and assessment tool.**

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

**This is an evidence based tool. MHS is the developer and only company that sells this tool. This particular tool was chosen due to its validity and reliability, as well as eight (8) other counties throughout the State use the tool in the juvenile justice population.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the 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 #: 180105**

**Approval Date: 01/30/2018**

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

Solicitation Waiver approved by the Purchasing Division.

d. Last bid date: 01/23/2018 Anticipated re-bid date: 03/02/2020

10. Does the contract contain any IT components? 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 NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**In Process**

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

Yes

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

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

**No** If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**In Process.**

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

**No** b. If "NO", please explain.

**In Process.**

19. Agency Field Contract Monitor:

Dave Anderson, Admin Services Officer 3 Ph: 702-486-7099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	03/26/2018 15:45:08 PM
Division Approval	mgalli	03/27/2018 08:32:49 AM
Department Approval	vmilazz1	04/01/2018 15:23:56 PM
Contract Manager Approval	sknigge	04/03/2018 08:38:12 AM
EITS Approval	mlynn	04/05/2018 17:32:48 PM
Budget Analyst Approval	nhovden	04/09/2018 16:50:45 PM
BOE Agenda Approval	nhovden	04/09/2018 16:50:48 PM
BOE Final Approval	Pending	



State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

<b>Purchasing Use Only:</b>	
Approval#:	180105

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:	Division of Child and Family Services	
	Contact Name and Title	Phone Number	Email Address
	Kelly Wooldridge, Administrator	684-4459	kwooldridge@dcfs.nv.gov

<b>Vendor Information:</b>		
<b>1b</b>	Identify Vendor:	Multi-Health Systems, Inc.
	Contact Name:	Dominic Guay
	Address:	3770 Victoria Park Avenue. Toronto Ontario Canada M2H 3M6
	Telephone Number:	647-534-3986
	Email Address:	dominic.guay@MHS.com

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	Single Source
	Professional Service Exemption:	This is the developer of the risk assessment tool and the only vendor that sells the tool. This risk assessment tool was chosen by the Juvenile Justice Oversight Commission pursuant to NRS62A (AB472)

<b>Contract Information:</b>			
<b>1d</b>	Is this a new Contract?	Yes X	No
	Amendment:	#	
	CETS:	#	

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract: Yes	Start Date:	April 2018	End Date: April 2020

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	\$488,500 General Fund Appropriation
	Federal Funds:	
	Other (Explain):	

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$488,500

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p><i>MHS will provide the following:</i></p> <ol style="list-style-type: none"> <li>1. <i>Two Year License for unlimited use of the YLS for County Juvenile Probation Departments, County Camps, State Juvenile Correctional Institutions and State Parole.</i></li> <li>2. <i>250 Training Kits</i></li> <li>3. <i>Focus Groups with Probation/Parole Departments and Judges to develop implementation plans.</i></li> <li>4. <i>Training to the YLS and MAISY-2 to all users.</i></li> <li>5. <i>Policy and Protocol Development regarding the use of the tools to be presented to JJOC</i></li> </ol>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<p><i>The YLS is a risk and needs assessment tool for youth involved in the juvenile justice system. The use of the particular tool was chosen by the Juvenile Justice Oversight Commission pursuant to NRS 62A (AB472). MHS is the developer of this tool and only company that sells the license and the tool.</i></p>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<p><i>MHS is the developer and only company that sells the license to use the tool. They also provide the training to the tool.</i></p>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>	
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					
	<i>The Juvenile Justice Oversight Commission considered three juvenile risk assessment tools. They included the YLS (tool chosen) the Ohio Youth Assessment Tool (OYAS) and the Positive Achievement Change Tool (PACT). A matrix comparing each tool was developed by a subcommittee of the JJOC and presented to the full Commission. The deciding factor in choosing the tools was the fact that 8 counties in the State were already using the YLS.</i>					
	b. <i>If not, why were alternatives not evaluated?</i>					

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
	<i>Term</i> <i>Start and End Dates</i>	<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFO#, Waiver #)</i>	

			§		
			§		
			§		
			§		
			§		

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>The State would not be in compliance with NRS 62A (AB472) if the service was competitively bid.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>The JJOC worked closely with national experts from the Council for State Governments Justice Center regarding tools used for juvenile justice risk assessment across the country. They confirmed that MHS is the only company that developed/sales the YLS. They also confirmed the YLS is used in several other states and is an evidence based, reliable, and validated risk assessment tool.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>The State would like the ability to extend the contract if necessary.</i>				

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.

*Kelly C. Wooldridge, UCSW*

Agency Representative Initiating Request

Kelly Wooldridge, Administrator

Print Name of Agency Representative Initiating Request

1-23-18

Date

*Kelly C. Wooldridge, UCSW*

Signature of Agency Head Authorizing Request

Kelly Wooldridge, Administrator

Print Name of Agency Head Authorizing Request

1-23-18

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

*[Handwritten Signature]*

Administrator, Purchasing Division or Designee

*1-30-2018*

Date





**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**

*Enterprise I.T. Services Division*

100 N. Stewart Street, Suite 100 | Carson City, NV 89701  
Phone: (775) 684-5800

**MEMORANDUM**

DATE: April 9, 2018

TO: Mandi Davis, Deputy Administrator, Child and Family Services

CC: David Haws, Interim Administrator, EITS, DOA  
Tom Wolf, Chief IT Manager, Computing, EITS, DOA  
Ken Adams, Chief IT Manager, Communications, EITS, DOA  
Suzie Block, Chief IT Manager, Agency IT Services, EITS, DOA  
Robert Dehnhardt, Chief IT Manager, Security, EITS, DOA  
Governor's Finance Office

FROM: Tim Lewis, Technical Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completion: Risk Need and Assessment Tool - Juvenile Justice System

---

We completed our review of the Technical Investment Notification for a Risk Need and Assessment Tool - Juvenile Justice System.

It is expected that this effort will follow the existing agency and State security policies. The Office of Information Security (OIS) ([InfoSec@doit.nv.gov](mailto:InfoSec@doit.nv.gov)) are available to review security controls and provide guidance on system architecture and the protection of critical and personally identifiable information.

Please consider how the implementation of this system will affect the workflow of state data and the related records responsibilities of agency personnel. If you have questions or wish to receive a sampling of the types of Record Disposition Authorizations (RDAs) affected by this implementation, please contact the State Records Manager, Nevada Library and Archives at [records@admin.nv.gov](mailto:records@admin.nv.gov).

If you have any questions, or if EITS Planning can be of any further assistance, please feel free to contact me at 775-684-5845.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>14264</b>	Amendment Number: <b>5</b>
Agency Name: <b>COLORADO RIVER COMMISSION</b>	Legal Entity Name: <b>Craig Fennemore, P.C. DBA FENNEMORE CRAIG JONES VARGAS</b>
Agency Code: <b>690</b>	Contractor Name: <b>Craig Fennemore, P.C. DBA FENNEMORE CRAIG JONES VARGAS</b>
Appropriation Unit: <b>4490-04</b>	Address: <b>2394 East Camelback Road, Suite 600</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Phoenix, AZ 85016-3429</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Lauren Caster 602-916-5367</b>
	Vendor No.: <b>T29023069</b>
	NV Business ID: <b>NV20061183222</b>

To what State Fiscal Year(s) will the contract be charged? **2013-2020**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Water and Power Administrative Charges</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2013**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2018**

Termination Date:

Contract term: **7 years and 21 days**

4. Type of contract: **Contract**

Contract description: **Fennemore Craig**

5. Purpose of contract:

**This is the fifth amendment to the original contract which provides legal services and representation on the Navajo Nation v. United States that challenges current Colorado River operations. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$519,000 to \$619,000 to fully consider the Navajo Nation breach of trust and possible amendment to the claim on remand with the District Court.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
a. Amendment 1:	-\$61,000.00	-\$61,000.00	-\$61,000.00	Yes - Action
b. Amendment 2:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
c. Amendment 3:	\$260,000.00	\$260,000.00	\$280,000.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#5):	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
3. New maximum contract amount:	\$619,000.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

## II. JUSTIFICATION

7. What conditions require that this work be done?

Legal action involving the Colorado River and its tributaries with regard to Indian water rights. The particular rights in question involve Arizona tribes. Due to lack of expertise in the agency and with the assigned deputy Attorney General with Arizona Indian water law and specifically with Colorado issues the agency needed to find external assistance. Investigation by the Deputy Attorney General into lawyers able to perform this work led to the proposed contractor.

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

Insufficient legal experience in Arizona Indian water law and water rights to support the positions of the state in the existing legal actions under consideration.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

Inquiry into capable legal services in this action led to this contractor as being the most knowledgeable in the field. The need involves attorney services/special witness as defined in NAC 333.150

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

10. Does the contract contain any IT components? No

## III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	gbenton	03/20/2018 08:58:47 AM
Division Approval	gbenton	03/20/2018 08:58:56 AM
Department Approval	gbenton	03/20/2018 08:59:08 AM
Contract Manager Approval	dbeatty	03/20/2018 16:26:12 PM
Budget Analyst Approval	cmurph3	03/27/2018 08:44:18 AM
BOE Agenda Approval	cmurph3	03/27/2018 08:44:27 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19907**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>DINTER ENGINEERING COMPANY</b>
Agency Code: <b>702</b>	Contractor Name: <b>DINTER ENGINEERING COMPANY</b>
Appropriation Unit: <b>1511-16</b>	Address: <b>385 GENTRY WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-4608</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Keller Hackenbusch 775/826-4044</b>
	Vendor No.: <b>T41734800</b>
	NV Business ID: <b>NV19861016365</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2021</b>

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

General Funds	0.00 %	<b>X</b>	Fees	<b>25.00 %</b>	<b>Sportsmen</b>
<b>X</b> Federal Funds	<b>50.00 %</b>	<b>X</b>	Bonds	<b>25.00 %</b>	
Highway Funds	0.00 %		Other funding	0.00 %	
Agency Reference #:	18-54				

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/01/2021**

Contract term: **2 years and 298 days**

4. Type of contract: **Contract**

Contract description: **Electrical Engineers**

5. Purpose of contract:

**This is a new contract to provide statewide electrical engineering, design and consulting services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$74,997.00**

Payment for services will be made at the rate of \$0.00 per 0.00

Other basis for payment: Payment will be made to the vendor upon receipt of a valid invoice and the Department project manager approval.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Construction of new facilities and upgrades to existing facilities.**

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

**Projects require electrical engineering expertise and licensing which the Department does not possess.**

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

Was the solicitation (RFP) done by the 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?

Not applicable to professional services.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gpincoli	03/29/2018 12:23:14 PM
Division Approval	tdoucett	03/29/2018 14:16:03 PM
Department Approval	eobrien	03/30/2018 13:08:53 PM
Contract Manager Approval	gpincoli	03/30/2018 13:17:02 PM
Budget Analyst Approval	cpalme2	04/10/2018 15:18:03 PM
BOE Agenda Approval	cmurph3	04/11/2018 10:57:02 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19840**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>MCMILLEN, LLC DBA MCMILLEN JACOBS ASSOCIATES</b>
Agency Code: <b>702</b>	Contractor Name: <b>MCMILLEN, LLC DBA MCMILLEN JACOBS ASSOCIATES</b>
Appropriation Unit: <b>4465-18</b>	Address: <b>1401 SHORELINE DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>BOISE, ID 83702-6877</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>208/342-4214</b>
	Vendor No.: <b>T32003717</b>
	NV Business ID: <b>NV20091399986</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>25.00 %</b>	<b>Sportsmen</b>
<b>X</b> Federal Funds	<b>75.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 18-55

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/02/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **Yes**

If "Yes", please explain

**Due to a recent turnover in our fiscal section regarding the agencies contract monitor, processing of contracts has been delayed while other staff members in this section cover for this vacancy. In addition to the fiscal staffing issues, a retroactive contract is required because the project is currently in the bidding phase, and information and clarification is being requested of the consultant.**

3. Termination Date: **12/31/2018**

Contract term: **304 days**

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

Contract description: **Engineering Service**

5. Purpose of contract:

**This is a new contract to provide engineering consultation services with respect to production water well construction and pump station design at Mason Valley Hatchery.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$191,062.00**

Other basis for payment: Payment will be made upon receipt of a valid invoice from the vendor and approved by the Department project manager.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Improve water quality at the fish hatchery as well as existing wells are failing due to age.

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

The Department of Wildlife does not have the required well expertise or pump station design 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?

Engineering is a professional service.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

McMillen Jacobs Associates contracted with the Department of Wildlife in 2017 and their service was satisfactory.

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

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

Not Applicable

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

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	tdoucett	03/16/2018 12:45:05 PM
Division Approval	eobrien	03/21/2018 14:50:25 PM
Department Approval	eobrien	03/21/2018 14:50:29 PM
Contract Manager Approval	gpincoli	03/21/2018 16:15:44 PM
Budget Analyst Approval	cpalme2	04/10/2018 15:14:09 PM
BOE Agenda Approval	cmurph3	04/11/2018 10:54:49 AM
BOE Final Approval	Pending	





## NEVADA DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120 • Reno, Nevada 89511  
(775) 688-1526 Fax (775) 688-1577

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### RETROACTIVE BOE CONTRACT APPROVAL REQUEST

Date: March 14, 2018  
To: Liz O'Brien, Deputy Director  
From: Rodd Lighthouse, Supervisor, Professional Engineer  
Subject: Request for retroactive contract start date for McMillen Jacobs Associates

**Please approve the retroactive start date of March 2, 2018 for the McMillen Jacobs Associates contract to provide engineering consultation services with respect to production water well construction and pump station design.**

Due to a recent turnover in our fiscal section regarding the agencies contract monitor, processing of contracts has been delayed while other staff members in this section cover for this vacancy. In addition to the fiscal staffing issues, a retroactive contract is required because the project is currently in the bidding phase, and information and clarification is being requested of the consultant.

Thank you for your assistance in this matter. If you have any questions please call me at (775) 688-1586.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19872**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: Terraphase Engineering, Inc.
Agency Code: <b>709</b>	Contractor Name: <b>Terraphase Engineering, Inc.</b>
Appropriation Unit: <b>3187-75</b>	Address: <b>610 SW Broadway, Suite 407</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Portland, OR 97205</b>
If "No" please explain: Not Applicable	Contact/Phone: James Farrow, PG, RG, LHg 503-889-0367
	Vendor No.:
	NV Business ID: NV20181232189

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % AOC Income - Atlantic Richfield Co.</b>

Agency Reference #: RFP #3518 / DEP #18-018

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**  
Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/07/2020**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Abandoned Mine Lands**

5. Purpose of contract:

**This is a new contract to provide ongoing support services for the Abandoned Mine Lands Program at the Anaconda Copper Mine Site by conducting specific review and assessment of clean-up activities.**

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 provide technical reviews, content verification and comments to the State on required reports generated by the company responsible for the environmental cleanup.

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

The State of Nevada does not have the staffing capacity, technical expertise, or resources to fulfill this work

9. Were quotes or proposals solicited? **Yes**

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

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

Terraphase Engineering, Inc.  
Broadbent and Associates, Inc.  
Geo-Logic Associates, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3518, 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: 02/07/2018 Anticipated re-bid date: 02/07/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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:

Jeryl Gardner, AML Program Supervisor Ph: 775-687-9484

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bsotomay	03/26/2018 13:42:01 PM
Division Approval	jcollin5	03/27/2018 09:05:19 AM
Department Approval	jcollin5	03/27/2018 09:05:23 AM
Contract Manager Approval	kvalde1	03/29/2018 08:59:13 AM
Budget Analyst Approval	cpalme2	04/03/2018 12:24:33 PM
BOE Agenda Approval	cmurph3	04/03/2018 14:07:48 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19860**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>River Wranglers</b>
Agency Code: <b>709</b>	Contractor Name: <b>River Wranglers</b>
Appropriation Unit: <b>3193-09</b>	Address: <b>P.O. Box 1612</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Dayton, NV 89403-1612</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Darcy Phillips 775-856-9268</b>
	Vendor No.: <b>T32006273</b>
	NV Business ID: <b>NV20001425682</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
<b>X</b> Federal Funds <b>100.00 %</b>	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: <b>DEP 18-021</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**  
 Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**  
 Contract term: **1 year and 53 days**

4. Type of contract: **Contract**  
 Contract description: **Watershed Education**

5. Purpose of contract:  
**This is a new contract to provide environmental education programs that focus on non point source pollution for local schools, clubs and service groups.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$70,000.00**  
 Other basis for payment: **Quarterly**

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
The U.S. Environmental Protection Agency provides federal Clean Water Act Section 319 funds to the State of Nevada, Division of Environmental Protection for the specific purpose of addressing nonpoint source pollution through watershed restoration and environmental education projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
The Nevada Division of Environmental Protection, Nonpoint Source Pollution Management Program issues an annual request for proposals (RFP) for the distribution of federal Clean Water Act Section 319 funds for the implementation of environmental restoration and education projects to control nonpoint source pollution. The local match funds generated through the projects fulfill the State's non-federal match obligation for the federal funds.

9. Were quotes or proposals solicited? **Yes**  
 Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Carson Water Subconservancy District  
Nevada Land Trust  
Sierra Nevada Journeys

b. Solicitation Waiver: **Not Applicable**

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

This contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 07/05/2017 Anticipated re-bid date: 07/05/2018

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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:

Mary Kay Wagner, null Ph: null  
null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	randrews	03/30/2018 08:48:17 AM
Division Approval	pcomba	04/02/2018 15:10:27 PM
Department Approval	pcomba	04/02/2018 15:10:31 PM
Contract Manager Approval	mhilk1	04/02/2018 15:15:51 PM
Budget Analyst Approval	cpalme2	04/09/2018 11:48:01 AM
BOE Agenda Approval	cmurph3	04/09/2018 15:14:08 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **19921**Agency Name: **B&I - ATHLETIC COMMISSION**Agency Code: **749**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CHARLES A. DIMINO**Contractor Name: **CHARLES A. DIMINO**Address: **6801 TALMEDGE CIR**City/State/Zip: **SPARKS, NV 89436**Contact/Phone: **775/745-1395**Vendor No.: **T27021504A**NV Business ID: **NV20121009952**To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>GATE FEES 90%/TICKET SURCHARGE AMATEUR PROGRAM 10%</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2018**Anticipated BOE meeting date **05/2018**Retroactive? **Yes**

If "Yes", please explain

**The standard Contract for Services of Independent Contractor contains insurance requirements that are unnecessary for the work performed by Athletic Commission Inspectors. Discussions between the Athletic Commission, the Deputy Attorney General, Risk Management, and State Purchasing on this topic began in January when the agency began preparations for Mr. Dimino's contract. These discussions were only recently resolved. In the interim, Mr. Dimino's services were required at unarmed combat event**

3. Termination Date: **06/30/2022**Contract term: **4 years and 149 days**4. Type of contract: **Contract**Contract description: **Specialty Services**

5. Purpose of contract:

**This is a new contract that continues ongoing services to provide Unarmed Combat Inspector services for weigh-ins and events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: \$150.00 per event and \$50.00 per weigh-in or per day of USA Boxing gym inspection; not to exceed \$30,000 over contract term.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

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

Weigh-ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff and would incur overtime in trying to fulfill these obligations.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

The vendor has knowledge of the rules and regulations of unarmed combat and has been previously contracted with the Athletic Commission. Performance is satisfactory.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Patchin, Colleen, Program Officer 2 Ph: 775-486-2578

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	avance	04/02/2018 15:19:07 PM
Division Approval	avance	04/02/2018 15:19:10 PM
Department Approval	jhans4	04/03/2018 11:06:38 AM
Contract Manager Approval	avance	04/06/2018 14:55:03 PM
Budget Analyst Approval	aurruty	04/06/2018 15:41:04 PM
BOE Agenda Approval	lfree1	04/09/2018 11:04:03 AM
BOE Final Approval	Pending	



BRIAN  
SANDOVAL  
*Governor*

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
ATHLETIC COMMISSION

Bob Bennett  
*Executive Director*

**Chairman:** Anthony Marnell  
**Members:** Staci Alonso, Skip Avansino, Dr. J. Daniel Carpenter

## MEMORANDUM

*From:* Bob Bennett  
Executive Director

*Date:* April 6, 2018

*Subject:* Contract 19921 – Dimino, Charles

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Please be advised that the above-referenced contract includes a retroactive effective date, e.g., work commenced prior to the Board of Examiners' approval date. This is the result of a lapse in Mr. Dimino's contract due to recent staff turnover and a pressing need for Inspector services in Northern Nevada.

While attempting to rectify this situation, the Nevada Athletic Commission determined that the standard Contract for Services of Independent Contractor contains insurance requirements that are unnecessary for the work performed by Athletic Commission Inspectors. Discussions between the Athletic Commission, the Deputy Attorney General, Risk Management, and State Purchasing on this topic began in January of this year. These discussions were only recently resolved. In the interim, Mr. Dimino's services were required at unarmed combat event.

We respectfully request that his contract be approved with the retroactive date. Thank you.



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16257** Amendment Number: **2**  
 Agency Name: **DEPARTMENT OF TRANSPORTATION** Legal Entity Name: **NEVADA HIGHWAY PATROL**  
 Agency Code: **800** Contractor Name: **NEVADA HIGHWAY PATROL**  
 Appropriation Unit: **4660-04** Address: **CHNG FUND %PRISCILLA COLEGROVE**  
 Is budget authority available?: **Yes** City/State/Zip: **555 WRIGHT WAY CARSON CITY, NV 89711**  
 If "No" please explain: **Not Applicable** Contact/Phone: **CHARLENE BOEGLE 775/684-4898**  
 Vendor No.: **D65000000**  
 NV Business ID: **EXEMPT**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **P474-14-050**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2015**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2018**

Contract term: **3 years and 260 days**

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

Contract description: **Traffic Control**

5. Purpose of contract:

**This is the second amendment to the original interlocal agreement which provides access to Department of Public Safety officers to perform uniformed officer traffic control as needed. This amendment increases the maximum amount from \$300,000 to \$450,000 due to the increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
a. Amendment 1:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
2. Amount of current amendment (#2):	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
3. New maximum contract amount:	\$450,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

During various roadway projects the need for uniformed officers to assist with traffic control is necessary to ensure the public, as well as contractors and State employees, are safe.

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

Department of Public Safety is handling this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 277.180

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	lkoury	04/03/2018 15:58:16 PM
Division Approval	lkoury	04/03/2018 15:58:21 PM
Department Approval	lkoury	04/03/2018 15:58:24 PM
Contract Manager Approval	lkoury	04/03/2018 15:58:29 PM
Budget Analyst Approval	bmacke1	04/05/2018 07:49:02 AM
BOE Agenda Approval	hfield	04/17/2018 16:41:15 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>16360</b>	Amendment Number: <b>1</b>	
Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Ron's Refrigeration, Inc.</b>	
Agency Code: <b>901</b>	Contractor Name: <b>Ron's Refrigeration, Inc.</b>	
Appropriation Unit: <b>3253-10</b>	Address: <b>2068 South Edmonds Drive</b>	
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701-5806</b>	
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775.882.4845</b>	
	Vendor No.: <b>PUR0000322</b>	
	NV Business ID: <b>NV19791011556</b>	

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **#1958-19-BEN**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2015**  
 Anticipated BOE meeting date **06/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2019**  
 Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **Refrigeration Mtn**

5. Purpose of contract:  
**This is the first amendment to the original contract that continues ongoing maintenance and repair services for commercial refrigeration units for Business Enterprises of Nevada program facilities in northern Nevada. This amendment increases the maximum amount from \$45,000 to \$60,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
2. Amount of current amendment (#1):	\$15,000.00	\$15,000.00	\$60,000.00	Yes - Action
3. New maximum contract amount:	\$60,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
The Business Enterprises of Nevada program has a substantial inventory of equipment at various locations that need on-going repair, maintenance and re-location.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
This work requires specialization in refrigeration services. This work requires specialization in refrigeration 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):

Absolute Zero Refrigeration  
Ron's Refrigeration  
A-Tek Appliance Service  
Specialized Refrigeration

b. Solicitation Waiver: **Not Applicable**

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

Best qualified submittal.

d. Last bid date: 12/11/2014 Anticipated re-bid date: 12/01/2018

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 providing satisfactory services for the Department of Employment, Training and Rehabilitation, Rehabilitation Division, Business Enterprise Program since June 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:  
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	bmartin7	03/22/2018 15:28:08 PM
Division Approval	jmcentee	03/27/2018 08:08:26 AM
Department Approval	jmcentee	03/27/2018 08:08:29 AM
Contract Manager Approval	kdesoci1	03/27/2018 12:36:46 PM
Budget Analyst Approval	tgreenam	04/05/2018 08:52:53 AM
BOE Agenda Approval	sbrown	04/13/2018 16:47:25 PM

### CONTRACT SUMMARY

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>18483</b>	Amendment Number: <b>1</b>
Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>BOARD OF REGENTS-CSN</b>
Agency Code: <b>901</b>	Contractor Name: <b>BOARD OF REGENTS-CSN</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>3200 E. Cheyenne Ave CSN Controllers Office</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>North Las Vegas, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Lyndalou Bullard 702-651-4109</b>
	Vendor No.: <b>D35000800</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/>	General Funds	<b>21.30 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3014-18-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2017**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **4 years and 96 days**

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

Contract description: **CSN - Softskills**

5. Purpose of contract:

**This first amendment to the original interlocal contract to provide SoftSkills training for eligible clients of the Bureau of Vocational Rehabilitation and Bureau of Services to the Blind and Visually Impaired on soft work skills in efforts in job search and maintaining a job. This amendment changes the termination date from June 30, 2018 to June 30, 2021 and increases the maximum amount of the contract from \$30,360.00 to \$89,980.00.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,360.00	\$30,360.00	\$30,360.00	Yes - Info
2. Amount of current amendment (#1):	\$59,620.00	\$59,620.00	\$89,980.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$89,980.00 06/30/2021			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The contract will provide BVR/BSBVI clients with training by skilled instructors and prepares the clients for interviews by employers for training programs. The clients will receive a completion certificate that will show prospective employers that the clients are prepared for their employment programs.

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

State employees do not have the training to perform these functions.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Interlocal - Governmental Entity

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The vendor has been under multiple contracts with VR/BSBVI since March 2003 and has been providing satisfactory service for the entire time.

14. Is the contractor currently involved in litigation with the State 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	bmartin7	03/22/2018 09:11:38 AM
Division Approval	jmcentee	03/27/2018 08:07:52 AM
Department Approval	jmcentee	03/27/2018 08:07:55 AM
Contract Manager Approval	kdesoci1	03/27/2018 15:28:27 PM
Budget Analyst Approval	tgreenam	04/11/2018 08:23:51 AM
BOE Agenda Approval	sbrown	04/13/2018 16:42:05 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: **19795**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>DP VIDEO PRODUCTIONS, LLC</b>
Agency Code: <b>901</b>	Contractor Name: <b>DP VIDEO PRODUCTIONS, LLC</b>
Appropriation Unit: <b>3265-04</b>	Address: <b>1240 OLIVIA PKWY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89011-0833</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Emire Stitt 702/303-8554</b>
	Vendor No.: <b>T29019963</b>
	NV Business ID: <b>NV20041136819</b>

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>21.30 %</b>

Agency Reference #: **3224-22-REHAB**

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 **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **2018 DP Video**

5. Purpose of contract:

**This is a new contract to build and expand the current multi-media outreach platform to promote the Nevada Vocational Rehabilitation Program to Nevadans with disabilities while promoting the workforce resources available to existing, new and potential businesses and to educate businesses of all sizes, about the benefits of hiring Nevadans with disabilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$240,000.00**

Other basis for payment: maximum \$60,000.00/year with the total contract not to exceed \$240,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To increase awareness with the Vocational Rehabilitation program's two main customer groups, businesses and Nevadan's with disabilities, a comprehensive multi-media campaign is needed to promote the workforce resources available to businesses (existing, new and potential) and to educate businesses about the benefits of hiring individuals with disabilities.

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 and resources to develop and carry out a comprehensive multi-media campaign.

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):

Canyon Creative  
National Broadcaster's Association  
MN/G Marketing PR Advertising  
DP Video

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3510, 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: 01/02/2022

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 provided satisfactory services for the following agencies since 2010: Department of Health and Human Services, Department of Employment, Training and Rehabilitation and the Department of Tourism and Cultural Affairs.

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

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

Not Applicable

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

LLC

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	03/19/2018 15:36:26 PM
Division Approval	kdesoci1	03/20/2018 10:33:53 AM
Department Approval	kdesoci1	03/21/2018 09:53:53 AM
Contract Manager Approval	kdesoci1	03/21/2018 09:53:56 AM
Budget Analyst Approval	tgreenam	04/06/2018 11:16:27 AM
BOE Agenda Approval	sbrown	04/16/2018 16:57:03 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: **19841**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA</b>
Agency Code: <b>901</b>	Contractor Name: <b>REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>RTC OF SOUTHERN NEVADA 600 S GRAND CENTRAL PKWY # 35</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89106-4512</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Charles Cheatham 702/676-1536</b>
	Vendor No.: <b>T29032694</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2023</b>

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

<b>X</b> General Funds	<b>21.30 %</b>	Fees	0.00 %
<b>X</b> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3124-23-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**  
 Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **4 years and 238 days**

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

Contract description: **Clark County RTC**

5. Purpose of contract:

**This is a new interlocal agreement to provide evaluation of skills and bus route system training for all eligible clients in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

Other basis for payment: \$150.00/interview; \$23.50/training hour; the total contract not to exceed \$80,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Many clients of BVR/BSBVI have no means to travel around Southern Nevada other than the RTC, but lack the skills/training/confidence to utilize the RTC's fixed bus routes.

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 specialized training 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?

Governmental Entity

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 services to Rehabilitation, Welfare, Aging and other agencies since May 2013.

14. Is the contractor currently involved in litigation with the State 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:

Kim Cantiero, Southern District Manager Ph: 702-486-5230

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	03/23/2018 15:56:10 PM
Division Approval	jmcentee	03/27/2018 08:08:51 AM
Department Approval	jmcentee	03/27/2018 08:08:55 AM
Contract Manager Approval	kdesoci1	03/27/2018 12:34:51 PM
Budget Analyst Approval	tgreenam	04/05/2018 07:58:06 AM
BOE Agenda Approval	sbrown	04/13/2018 16:44:25 PM
BOE Final Approval	Pending	

# WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE INFORMATION TECHNOLOGY SERVICES – APPLICATION SUPPORT	INSIGHT PUBLIC SECTOR, INC.	FEE: USER	\$440,000	
	Contract Description:	This is a new work plan under master service agreement #19706, with Insight Public Sector, Inc. through Bizodo DBA SeamlessDocs, which provides Cloud Services. This work plan is for services, resources and tools to support implementation of a hosted application to digitize and streamline paper-based forms and processes.				
		Term of Contract:	05/08/2018 - 05/08/2020	Contract # 19935		
2.	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE INFORMATION TECHNOLOGY SERVICES – IT SECURITY	GARTNER, INC.	FEE: USER	\$62,046	
	Contract Description:	This is a new work plan under master service agreement #18964 to provide research and advisory services related to information technology. This work plan is for the Gartner Enterprise IT Leaders service which provides various deliverables to advise and assist the Chief Information Security Officer.				
		Term of Contract:	05/08/2018 - 06/30/2019	Contract # 19928		

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **19935**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>Insight Public Sector, Inc.</b>
Agency Code: <b>180</b>	Contractor Name: <b>Insight Public Sector, Inc.</b>
Appropriation Unit: <b>1365-26</b>	Address: <b>2250 Pinehurst Blvd., #200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Addison, IL 60101-6100</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Pam Potter 480-366-7027</b>
	Vendor No.: <b>PUR0004545</b>
	NV Business ID: <b>NV20021477454</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2020</b>

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2020**

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

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

Contract description: **Cloud Services**

5. Purpose of contract:

**This is a new work plan under master service agreement #19706, with Insight Public Sector, Inc. through Bizodo DBA SeamlessDocs, which provides Cloud Services. This work plan is for services, resources and tools to support implementation of a hosted application to digitize and streamline paper-based forms and processes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$440,000.00**

Other basis for payment: \$220,000 FY18; \$220,000 FY19

**II. JUSTIFICATION**

7. What conditions require that this work be done?

In the 78th Session AB236 enacted provisions for the promotion of public engagement by state agencies using the Internet and Internet tools, including electronic mail, electronic mailing lists, online forums and social media. Although SB236 which is known as the electronic forms bill was passed by the 2013 Legislature, many agencies have not been able to develop on-line electronic forms due to product, scope, timing and cost constraints. There is an inconsistent compliance among State agencies depending on funding sources and resources available to implement solutions. This Work Plan will provide a product solution for Department of Administration to use that would be managed and supported as an Enterprise IT Services (EITS) service.

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

State employees do not have the expertise and resources.

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

Was the solicitation (RFP) done by the 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?

Work Plan to existing no cost MSA #19706.

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

10. Does the contract contain any IT components? 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:  
Suzie Block, Chief IT Manager Ph: 775-687-9073

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	04/10/2018 09:07:46 AM
Division Approval	amarangi	04/10/2018 09:07:48 AM
Department Approval	amarangi	04/10/2018 09:07:50 AM
Contract Manager Approval	amarangi	04/10/2018 09:07:52 AM
EITS Approval	lolso3	04/10/2018 12:34:59 PM
Budget Analyst Approval	cmurph3	04/10/2018 12:57:02 PM
BOE Agenda Approval	cmurph3	04/10/2018 12:57:08 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **19928**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>GARTNER, INC.</b>
Agency Code: <b>180</b>	Contractor Name: <b>GARTNER, INC.</b>
Appropriation Unit: <b>1389-26</b>	Address: <b>PO BOX 911319</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DALLAS, TX 75391-1319</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JAY FRIEDMAN 480-283-8933</b>
	Vendor No.: <b>PUR0005339A</b>
	NV Business ID: <b>NV19941112701</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>

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

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

Agency Reference #: **ASD #2779289**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **1 year and 53 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **ISO Research Service**

5. Purpose of contract:

**This is a new work plan under master service agreement #18964 to provides research and advisory services related to information technology. This work plan is for the Gartner Enterprise IT Leaders service which provides various deliverables to advise and assist the Chief Information Security Officer.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$62,045.75****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Enterprise IT Services (EITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.**

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

**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?

Work Plan to existing no cost MSA #18964.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

EITS, 2014 to current, satisfactory

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Bob Dehnhardt, EITS ISO Ph: 775-684-7322

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	04/04/2018 14:45:00 PM
Division Approval	amarangi	04/04/2018 14:45:02 PM
Department Approval	amarangi	04/04/2018 14:45:04 PM
Contract Manager Approval	amarangi	04/04/2018 14:45:08 PM
Budget Analyst Approval	cmurph3	04/06/2018 10:27:54 AM
BOE Agenda Approval	cmurph3	04/06/2018 10:42:57 AM
BOE Final Approval	Pending	

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	AT&T MOBILITY NATIONAL ACCOUNTS, LLC.	OTHER: VARIOUS	\$0	
	Contract Description:	This is the second amendment to the original Participating Addendum which provides wireless voice and data communications and equipment. This amendment will establish assessment of a 1% administrative fee for all purchases made under the contract on or after July 1, 2017.				
		Term of Contract:	08/14/2012 - 06/30/2019	Contract # 13638		
2.		VARIOUS STATE AGENCIES	ACME AUTO LEASING, LLC	OTHER: VARIOUS	\$5,500,000	
	Contract Description:	This is a new contract to provide vehicle leasing services statewide on an as needed basis.				
		Term of Contract:	05/08/2018 - 08/31/2021	Contract # 19809		
3.		VARIOUS STATE AGENCIES	CJF AUTOMOTIVE, LLC DBA FINDLAY CHEVROLET	OTHER: VARIOUS	\$5,500,000	
	Contract Description:	This is a new contract to provide vehicle leasing services statewide on an as needed basis.				
		Term of Contract:	05/08/2018 - 08/31/2021	Contract # 19782		
4.		VARIOUS STATE AGENCIES	CELLCO PARTNERSHIP DBA VERIZON WIRELESS	OTHER: VARIOUS	\$0	
	Contract Description:	This is the second amendment to the original Participating Addendum that provides wireless voice and data communications and equipment. This amendment establishes a 1% administrative fee for all purchases made under this contract, effective on the date of approval of the amendment.				
		Term of Contract:	08/14/2012 - 06/30/2019	Contract # 13656		
5.		VARIOUS STATE AGENCIES	DELOITTE CONSULTING, LLP	OTHER: VARIOUS	\$0	
	Contract Description:	This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and if applicable, a Technology Investment Request, prior to start of services.				
		Term of Contract:	05/08/2018 - 09/08/2026	Contract # 19903		



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **13638** Amendment Number: **2**  
 Agency Name: **MASTER SERVICE AGREEMENTS** Legal Entity Name: **AT&T Mobility National Accounts, LLC.**  
 Agency Code: **MSA** Contractor Name: **AT&T Mobility National Accounts, LLC.**  
 Appropriation Unit: **9999 - All Categories** Address: **1025 Lenox Park Blvd NE 5D46**  
 Is budget authority available?: **Yes** City/State/Zip: **Atlanta , GA 30319**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Twila Lively 925-487-9945**  
 Vendor No.: **PUR0005275**  
 NV Business ID: **NV20001031909**  
 To what State Fiscal Year(s) will the contract be charged? **2013-2019**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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

Agency Reference #: **RFP 1907**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/14/2012**  
 Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2019**  
 Contract term: **6 years and 321 days**

4. Type of contract: **MSA**  
 Contract description: **Wireless Services**

5. Purpose of contract:  
**This is the second amendment to the original Participating Addendum, which provides wireless voice and data communications and equipment. This amendment will establish assessment of a 1% administrative fee for all purchases made under the contract on or after July 1, 2017.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	Yes - Action
a. Amendment 1:	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
2. Amount of current amendment (#2):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$4,500,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
This contract allows agencies to easily obtain their wireless communication needs.

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

State agencies or employees do not have the ability or resources to provide wireless services or equipment.

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?

Upon thorough review and evaluation of technical and cost proposals, this vendor was one of six selected and highest scored by the evaluation committee.

d. Last bid date: 02/03/2011 Anticipated re-bid date: 02/03/2015

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 provides wireless communication services and equipment statewide. Quality is satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	03/13/2018 11:11:14 AM
Division Approval	mstewa10	03/13/2018 11:11:19 AM
Department Approval	mstewa10	03/13/2018 11:11:25 AM
Contract Manager Approval	tsmit2	03/13/2018 11:20:57 AM
Budget Analyst Approval	aurruty	04/03/2018 12:42:15 PM
BOE Agenda Approval	lfree1	04/05/2018 10:47:44 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19809**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Acme Auto Leasing LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Acme Auto Leasing LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>440 Washington Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>North Haven, CT 06473-1311</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Bob Crowe 321-201-8541</b>
	Vendor No.:
	NV Business ID: <b>NV20181054828</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

Agency Reference #: **RFQ 3414**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2021**

Contract term: **3 years and 116 days**

4. Type of contract: **MSA**

Contract description: **Vehicle Leasing**

5. Purpose of contract:

**This is a new contract to provide vehicle leasing services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,500,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies will have the occasional need to lease vehicles rather than purchase.

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

The State does not employ vehicle leasing experts.

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):

Ford Country  
Champion Chevrolet  
Jones West Ford

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFQ 3414 and in accordance with NRS 333, this vendor met all required qualifications and was selected by an independently appointed evaluation committee. This service will be awarded to all vendors who apply and meet the qualifications.

d. Last bid date: 04/05/2017 Anticipated re-bid date: 04/05/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Heather Moon, Purchasing Officer II Ph: 775-684-0179

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	03/13/2018 08:20:51 AM
Division Approval	mstewa10	03/13/2018 08:20:54 AM
Department Approval	mstewa10	03/13/2018 08:20:57 AM
Contract Manager Approval	hmoon	03/13/2018 10:38:27 AM
Budget Analyst Approval	lfree1	03/26/2018 14:55:19 PM
BOE Agenda Approval	lfree1	03/26/2018 14:55:21 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19782**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	CJF Automotive LLC dba Findlay Chevrolet
Agency Code:	<b>MSA</b>	Contractor Name:	<b>CJF Automotive LLC dba Findlay Chevrolet</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>Findlay Chevrolet 6880 S. Torrey Pines Drive</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89119</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Paul Brown 702-982-4409
		Vendor No.:	PUR0005225
		NV Business ID:	NV20051492424

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

Agency Reference #: RFQ 3414

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2021**

Contract term: **3 years and 116 days**

4. Type of contract: **MSA**

Contract description: **Vehicle Leasing**

5. Purpose of contract:

**This is a new contract to provide vehicle leasing services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,500,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies will have the occasional need to lease vehicles rather than purchase.

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

The State does not employ vehicle leasing experts.

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):

Ford Country  
Champion Chevrolet  
Jones West Ford

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFQ 3414 and in accordance with NRS 333, this vendor met all required qualifications and was selected by an independently appointed evaluation committee. This service will be awarded to all vendors who apply and meet the qualifications.

d. Last bid date: 04/05/2017 Anticipated re-bid date: 04/05/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Findlay Chevrolet is a current vendor for the fleet, alternate fuel and police vehicle contracts and the services have been satisfactory.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Heather Moon, Purchasing Officer Ph: 775-684-0179

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	03/08/2018 11:58:17 AM
Division Approval	mstewa10	03/08/2018 11:58:20 AM
Department Approval	mstewa10	03/08/2018 11:58:24 AM
Contract Manager Approval	hmoon	03/08/2018 13:43:30 PM
Budget Analyst Approval	aurruty	03/27/2018 08:12:53 AM
BOE Agenda Approval	lfree1	03/27/2018 15:45:14 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **13656** Amendment Number: **2**  
 Legal Entity Name: Cellco Partnership dba Verizon Wireless  
 Agency Name: **MASTER SERVICE AGREEMENTS** Contractor Name: **Cellco Partnership dba Verizon Wireless**  
 Agency Code: **MSA** Address: **One Verizon Way**  
 Appropriation Unit: **9999 - All Categories**  
 Is budget authority available?: **Yes** City/State/Zip: **Basking Ridge, NJ 07920**  
 If "No" please explain: Not Applicable Contact/Phone: RJ Fenolio 702-283-2200  
 Vendor No.:  
 NV Business ID: NV20161310275  
 To what State Fiscal Year(s) will the contract be charged? **2013-2019**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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

Agency Reference #: RFP 1907

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/14/2012**  
 Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2019**  
 Contract term: **6 years and 321 days**

4. Type of contract: **MSA**  
 Contract description: **Wireless Services**

5. Purpose of contract:  
**This is the second amendment to the original Participating Addendum that provides wireless voice and data communications and equipment. This amendment establishes a 1% administrative fee for all purchases made under this contract, effective on the date of approval of the amendment.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
a. Amendment 1:	\$5,500,000.00	\$5,500,000.00	\$5,500,000.00	Yes - Action
2. Amount of current amendment (#2):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$10,500,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
This contract allows agencies to easily obtain their wireless communication needs.

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

State agencies or employees do not have the ability or resources to provide wireless services or equipment.

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?

Upon thorough review and evaluation of technical and cost proposals, this vendor was one of six selected and highest scored by the evaluation committee.

d. Last bid date: 02/03/2011 Anticipated re-bid date: 02/03/2015

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 provides wireless communications services and equipment statewide. Quality of service is satisfactory.

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

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

Not Applicable

15. The contractor is 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	mstewa10	03/13/2018 11:10:12 AM
Division Approval	mstewa10	03/13/2018 11:10:18 AM
Department Approval	mstewa10	03/13/2018 11:10:24 AM
Contract Manager Approval	tsmit2	03/13/2018 11:22:32 AM
Budget Analyst Approval	aurruty	03/20/2018 13:48:09 PM
BOE Agenda Approval	lfree1	03/26/2018 15:02:58 PM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **19903**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	<b>DELOITTE CONSULTING LLP</b>
Agency Code:	<b>MSA</b>	Contractor Name:	<b>DELOITTE CONSULTING LLP</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>50 S 6th St Ste 2800</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>Minneapolis, MN 55402</b>
If "No" please explain: Funding approval will happen during the enactment of a Work Plan, which per the PA is required for each purchase under the contract.		Contact/Phone:	<b>Thomas Beck 612-397-4000</b>
		Vendor No.:	<b>T27024237</b>
		NV Business ID:	<b>NV20081436471</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2027**

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

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

Agency Reference #: **3466-GD / AR2479**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**Anticipated BOE meeting date **05/2018**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/08/2026**Contract term: **8 years and 125 days**4. Type of contract: **MSA**Contract description: **Cloud Services**

5. Purpose of contract:

**This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and if applicable, a Technology Investment Request, prior to start of services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: As invoiced by the Vendor and approved by the State, in accordance with each Work Plan.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Multiple State agencies and political subdivisions require access to cloud solutions to support the needs of their agencies.**

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

**The State is not a Cloud Solutions provider.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the 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?

NASPO ValuePoint Contract for Cloud Solutions awarded to 32 vendors. State Purchasing Division is signing Participating Addenda with vendor awarded under NASPO contract that provide services that state agencies or political subdivisions have expressed a need for.

d. Last bid date: 12/21/2015 Anticipated re-bid date: 12/01/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

Gideon Davis, Purchasing Officer Ph: 775-684-0196

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	03/29/2018 11:09:30 AM
Division Approval	mstewa10	03/29/2018 11:09:34 AM
Department Approval	mstewa10	03/29/2018 11:09:37 AM
Contract Manager Approval	gdavi6	03/29/2018 11:26:40 AM
Budget Analyst Approval	aurruty	04/03/2018 17:10:28 PM
BOE Agenda Approval	lfree1	04/05/2018 10:21:28 AM
BOE Final Approval	Pending	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	014	GOVERNOR'S OFFICE – OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	OTHER: PRIVATE GRANT	\$15,870	Exempt
	Contract Description:	This is a new interlocal contract to provide an evaluation of Kindergarten through 5th grade, Science, Technology, Engineering and Math grants.				
		Term of Contract:	02/23/2018 - 01/31/2019	Contract # 19896		
2.	030	ATTORNEY GENERAL'S OFFICE – ADMINISTRATIVE BUDGET ACCOUNT	JAMS, INC.	GENERAL	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide Alternative Dispute Resolution (ADR) to resolve pending litigation filed by the relator in the First Judicial District Court.				
		Term of Contract:	04/05/2018 - 04/01/2020	Contract # 19881		
3.	030	ATTORNEY GENERAL'S OFFICE – TORT CLAIMS FUND	JAMS, INC.	OTHER: TORT FUNDS	\$32,000	Exempt
	Contract Description:	This is a new contract to provide mediation services in specific lawsuits against the State of Nevada agencies				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19911		
4.	030	ATTORNEY GENERAL'S OFFICE – TORT CLAIM FUND	RANDA BASCHARON, D.O. DBA ORTHOPEDIC & SPORTS MEDICINE INSTITUTE OF LAS VEGAS	OTHER: TORT FUNDS	\$5,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides expert witness services for a Tort claim against the Department of Corrections. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$9,500 to \$14,500 due to the continued need for these services.				
		Term of Contract:	05/01/2016 - 06/30/2020	Contract # 17775		
5.	040	SECRETARY OF STATE'S OFFICE	GARTNER, INC.	GENERAL	\$19,849	
	Contract Description:	This is a new work plan under Master Service Agreement contract #18964 which provides research and advisory services related to information technology. This Work Plan is for support of SilverFlume Nevada's Business Portal strategic initiatives.				
		Term of Contract:	07/01/2018 - 06/30/2019	Contract # 19929		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	051	TREASURER'S OFFICE – COLLEGE SAVINGS TRUST	CATALYST CONSULTING COMANY	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$11,250	
	Contract Description:	This is a new contract to provide speaker services for two Financial Literacy Summits scheduled in May 2018. The speaker will focus on effective presenting and counseling techniques to engage students in financial conversations.				
		Term of Contract:	03/21/2018 - 06/30/2018	Contract # 19816		
7.	051	TREASURER'S OFFICE – COLLEGE SAVINGS TRUST	INNOVATIVE RESEARCH & ANALYSIS, LLC	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$14,988	
	Contract Description:	This is a new contract to provide various services for the two financial literacy summits in May 2018. The services will include, but not be limited to, save the date flyers, pre and post summit surveys, support the summit registration process and develop outcomes and recommendations post summits.				
		Term of Contract:	03/28/2018 - 06/30/2018	Contract # 19846		
8.	054	TREASURER'S OFFICE – UNCLAIMED PROPERTY	WEBTOUCH, LLC DBA ADTACK	OTHER: TRANSFER FROM ABANDONED PROPERTY	\$45,000	
	Contract Description:	This is a new contract to provide digital marketing services for the Program. The services will include a pilot program that provides social media and display ads, periodic reports displaying performance metrics and progress, and pre and post testing of awareness on how to search and claim unclaimed property for Nevada residents.				
		Term of Contract:	04/12/2018 - 06/30/2019	Contract # 19926		
9.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	AGJ, INC. DBA MR. ELECTRIC	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract to provide ongoing, on-call electrical repair, maintenance, and/or electrical systems replacement services for state-owned buildings in southern Nevada.				
		Term of Contract:	03/26/2018 - 02/28/2022	Contract # 19801		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	ALPINE LOCK, INC.	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$15,000	
	Contract Description:	This is a new contract to provide ongoing, on-call lock repair and maintenance services for state-owned buildings in northern Nevada.				
		Term of Contract:	03/26/2018 - 02/28/2022	Contract # 19770		
11.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	WOW CLEANING SERVICES	OTHER: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$45,000	
	Contract Description:	This is a new contract which continues ongoing janitorial services, as needed, for state-owned buildings in southern and northern Nevada.				
		Term of Contract:	03/26/2018 - 03/01/2021	Contract # 19753		
12.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – DEPARTMENT OF CORRECTIONS CIP PROJECTS – NON-EXEC	ARCHITECTS + LLC	BONDS	\$47,550	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Wells Conservation Camp - Domestic Water Pump House Replacement CIP project, to include design, construction and bid documents, as well as construction administration services to replace the pump house building, associated pumping infrastructure and system controls: CIP Project 17-M33; SPWD Contract No. 111893.				
		Term of Contract:	04/04/2018 - 06/30/2022	Contract # 19908		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	DG KOCH ASSOCIATES, LLC	BONDS	\$29,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Caliente Fire Alarm System Replacement CIP project, to include design, construction and bid documents, as well as construction administration services to remove and replace the fire alarm system: CIP Project No. 17-S03; SPWD Contract No. 111941.				
		Term of Contract:	04/04/2018 - 06/30/2022	Contract # 19915		
14.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION	PAUL CAVIN ARCHITECT, LLC	OTHER: AGENCY FUNDED CIP	\$49,575	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides advanced planning for the Indian Hills Curatorial Artifact Storage Facility Expansion CIP Project: CIP Project No. 17-A010; SPWD Contract No. 110822. This amendment increases the maximum amount from \$111,200 to \$160,775 to provide additional professional design services to add 2,000 square feet to the current warehouse building.				
		Term of Contract:	02/14/2017 - 06/30/2021	Contract # 18371		
15.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION	POGGEMEYER DESIGN GROUP, INC. DBA CM WORKS, INC.	OTHER: AGENCY FUNDED CIP	\$34,400	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Las Vegas Readiness Center - Field Maintenance Shop #7 Parking Area CIP project to include design, construction and bid documents, as well as construction administration services for a new 10,000 square foot parking lot with associated lighting: CIP Project No. 18-A016: SPWD Contract No. 111867.				
		Term of Contract:	03/26/2018 - 06/30/2022	Contract # 19873		
16.	089	DEPARTMENT OF ADMINISTRATION – HEARINGS AND APPEALS	CAROLYN BROUSSARD	OTHER: CHARGES FOR SERVICES	\$40,000	
	Contract Description:	This is a new contract that provides ongoing services as appointed Special Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education and Medicaid providers.				
		Term of Contract:	01/22/2018 - 08/31/2019	Contract # 19652		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – TOURISM	CITY OF FALLON DBA FALLON CONVENTION CENTER	OTHER: LODGING TAX	\$32,000	
	Contract Description:	This is a new contract to provide the site for the 2019 Rural Roundup conference to be held in Fallon on April 10 – 12, 2019.				
		Term of Contract:	04/04/2018 - 05/10/2019	Contract # 19851		
18.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – NEVADA MAGAZINE	SK BASEBALL, LLC DBA RENO ACES BASEBALL CLUB	OTHER: TRADING SERVICES	\$10,050	
	Contract Description:	This is a new contract to provide 6 season tickets each for the Reno Aces and Reno 1868 FC soccer team. In exchange, Nevada Magazine will provide sponsorship to SK Baseball affiliates within their magazine. This will increase Nevada Magazine's recognition resulting in more subscribers and possibly new advertisers without an outlay of marketing funds.				
		Term of Contract:	04/01/2018 - 10/31/2018	Contract # 19898		
19.	150	COMMISSION ON ETHICS	COMPLETE DOCUMENT MANAGEMENT SOLUTIONS, INC. DBA PRECISION DOCUMENT IMAGING	GENERAL 28% OTHER: LOCAL GOVERNMENTS 72%	\$25,350	
	Contract Description:	This is the first amendment to the original contract which provides a hosted Opinion Database and internal user interface, a hosted Electronic Forms Database, public access solutions, and a limited, hosted document management system for internal processing of Requests for Opinion. This amendment extends the termination date from April 30, 2018 to June 30, 2021 and increases the maximum amount from \$23,250 to \$48,600 due to additional programming services (new deliverables) and continuation of ongoing hosting services.				
		Term of Contract:	04/17/2017 - 06/30/2021	Contract # 18520		
20.	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE INFORMATION TECHNOLOGY SERVICES – APPLICATION SUPPORT	GARTNER, INC.	FEE: USER	\$31,953	
	Contract Description:	This a new work plan under master service agreement #18964 which provides research and advisory services related to information technology. This work plan is for the Gartner IT Leaders service which provides various deliverables to advise and assist IT leaders and advisors.				
		Term of Contract:	04/10/2018 - 06/30/2019	Contract # 19932		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES – DATA COMMUNICATIONS & NETWORK ENGINEERING	AT&T CORPORATION DBA AT&T TELECONFERENCING SERVICES	FEE: TELECOMMUNICATION CHARGE	\$49,320	
	Contract Description:	This is the first amendment to the original contract which provides internet service access to customers utilizing AT&T bandwidth services. This amendment extends the termination date from May 13, 2018 to May 13, 2019 and increases the maximum amount from \$200,000 to \$249,320 due to the continued need for these services.				
	Term of Contract:	05/13/2014 - 05/31/2019	Contract # 15518			
22.	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE INFORMATION TECHNOLOGY SERVICES – NETWORK TRANSPORT SERVICES	NOMADIC BROADCASTING, LLC	OTHER: REVENUE	\$17,065	
	Contract Description:	This is a new revenue contract to provide ongoing rack space at Winnemucca Mountain in Humboldt County.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19892			
23.	240	DEPARTMENT OF VETERANS SERVICES – GENERAL VETERANS SERVICES – FEES - NON-EXEC	ARBORGLYPH, LTD	OTHER: VETERANS GIFT ACCOUNT	\$17,000	
	Contract Description:	This is a new contract to develop an eCommerce solution for the Department’s WordPress website which will allow the agency to take both one time and recurring donations, along with sell physical and digital products as well as memberships.				
	Term of Contract:	04/23/2018 - 04/22/2019	Contract # 19919			



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	300	DEPARTMENT OF EDUCATION – ASSESSMENTS AND ACCOUNTABILITY	CAVEON, LLC	GENERAL	\$48,000	
	Contract Description:	This is a new contract to provide technology and internet-based services through a nonexclusive, worldwide subscription that allows access and use of the Incident Management platform. In accordance with NRS 389.616, this tool will facilitate and expedite reporting of irregularities during the test administration process.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19835		
25.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES – HOME AND COMMUNITY–BASED SERVICES	JS NET ASSOCIATES, LLC	GENERAL 59% OTHER: HEALTHY NEVADA FUNDS 41%	\$40,000	
	Contract Description:	This is a new contract to provide ongoing forensic medical specialist services to the Elder Protective Services social workers to assist in investigating complex elder abuse exploitation cases.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19899		
26.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES – HOME AND COMMUNITY–BASED SERVICES	PIERCY BOWLER TAYLOR & KERN	GENERAL 59% OTHER: HEALTHY NEVADA FUNDS 41%	\$48,000	
	Contract Description:	This is a new contract to provide ongoing forensic financial specialist services to the Elder Protective Services Social Workers to assist in investigating complex elder abuse exploitation cases.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19902		
27.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES – DESERT REGIONAL CENTER	STANLEY STEEMER INTERNATIONAL DBA STANLEY STEEMER #34	GENERAL	\$15,000	
	Contract Description:	This is a new contract to provide ongoing carpet cleaning services at various locations.				
		Term of Contract:	05/01/2018 - 04/30/2022	Contract # 19832		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	LAS VEGAS INTERPRETERS CONNECTION, LLC	GENERAL	\$49,500	
29.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	THOMPSON GARAGE DOORS, INC. DBA BERGER BUILDING SUPPLY	GENERAL	\$24,500	
30.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – COMMUNITY HEALTH SERVICES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO – SCHOOL OF MEDICINE	GENERAL 40% FEDERAL 60%	\$14,400	Exempt
31.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – RURAL CLINICS	THE CENTER FOR COMMON CONCERNS	FEDERAL	\$19,249	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES – SUMMIT VIEW YOUTH CENTER	SILVERSTATE REFRIGERATION AND HVAC, LLC	FEDERAL	\$19,493	
		Contract Description: This is a new contract to replace the cooling units for the walk-in freezer and refrigerator. Term of Contract: 04/01/2018 - 06/30/2019 Contract # 19748				
33.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES – SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	EXECUTIVE PEST SERVICES, LLC	GENERAL 66% FEDERAL 34%	\$42,960	
		Contract Description: This is a new contract to provide ongoing monthly pest control services for the west Charleston campus in Las Vegas. Term of Contract: 07/01/2018 - 06/30/2022 Contract # 19794				
34.	550	DEPARTMENT OF AGRICULTURE – LIVESTOCK INSPECTION	SUSANNE ELLINGSON DBA ROYAL PANE JANITORIAL	FEE: LIVESTOCK INSPECTION	\$32,120	
		Contract Description: This is a new contract to provide ongoing janitorial services in the Elko facility. Term of Contract: 07/01/2017 - 06/30/2021 Contract # 19914				
35.	550	DEPARTMENT OF AGRICULTURE – LIVESTOCK INSPECTION	SALVADOR URIBE DBA RUBY ROSE GARDEN LANDSCAPE & TREE	FEE: LIVESTOCK INSPECTION	\$15,595	
		Contract Description: This is a new contract to provide ongoing landscaping services at the Elko facility. Term of Contract: 01/01/2016 - 12/31/2019 Contract # 18781				
36.	550	DEPARTMENT OF AGRICULTURE – VETERINARY MEDICAL SERVICES	LIFE TECHNOLOGIES CORPORATION DBA INVITROGEN	GENERAL	\$32,304	
		Contract Description: This is a new contract to provide ongoing preventative maintenance on the animal disease lab testing equipment. Term of Contract: 04/01/2018 - 03/31/2021 Contract # 19864				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	651	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL DIVISION	JONES WEST FORD	HIGHWAY	\$16,000	
	Contract Description:	This is a new contract to provide ongoing, on-call vehicle transport services throughout Nevada.				
		Term of Contract:	03/26/2018 - 04/30/2020	Contract # 19856		
38.	653	DEPARTMENT OF PUBLIC SAFETY – DIVISION OF INVESTIGATIONS	INTELLIGENT SOFTWARE SOLUTIONS - A POLARIS ALPHA COMPANY	FEDERAL	\$5,735	Sole Source
	Contract Description:	This is the fourth amendment to the original contract which provides for installation and integration of the Dfuze360 Client Server application software in support of the Nevada Threat Analysis Center system upgrade. This amendment increases the maximum amount from \$38,977.44 to \$44,711.97 due to the addition of training to the scope of work.				
		Term of Contract:	01/23/2016 - 12/31/2018	Contract # 17380		
39.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES GIFT FUND – NON-EXEC	STANFORD SIERRA CONFERENCE CENTER	OTHER: GIFTS AND DONATIONS	\$30,000	
	Contract Description:	This is a new contract to provide meeting facilities, room accommodations and meals for the Western Region of Natural Heritage programs to gather, exchange information and learn additional information regarding the best practices for data research of at risk plants and animals within their respective states.				
		Term of Contract:	03/28/2018 - 11/30/2018	Contract # 19778		
40.	702	DEPARTMENT OF WILDLIFE – GAME MANAGEMENT	COLORADO STATE UNIVERSITY	FEDERAL	\$30,000	
	Contract Description:	This is a new interlocal agreement to provide sample testing from deer, elk and moose for Chronic Wasting Disease in Nevada.				
		Term of Contract:	03/20/2018 - 01/01/2022	Contract # 19716		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.	702	DEPARTMENT OF WILDLIFE – GAME MANAGEMENT	TIMMONS GROUP, INC.	FEE: SPORTSMEN REVENUE 25% FEDERAL 75%	\$17,000	
	Contract Description:	This is a new contract to create a strategy and implementation plan that will guide the development and deployment of a web-based mapping tool that integrates project planning, prioritizing, management and communication workflows.				
		Term of Contract:	04/13/2018 - 12/31/2018	Contract # 19855		
42.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	TAHOE REGIONAL PLANNING AGENCY	OTHER: REVENUE	\$49,012	
	Contract Description:	This is the first amendment to the original interlocal agreement which provides support to the Lake Tahoe boat inspection program. This amendment increases the maximum amount from \$323,950 to \$372,972 due to a longer boating season and updates of costs for the employment of State Park Aides, private sector and/or temporary employees to the scope of services.				
		Term of Contract:	05/10/2016 - 05/06/2020	Contract # 17646		
43.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS – MAINTENANCE OF STATE PARKS – NON-EXEC	REDI SERVICES, LLC	FEE: GENERAL 75% USER 25%	\$17,040	
	Contract Description:	This is a new contract to provide on-call septic pumping at Wild Horse State Recreation Area.				
		Term of Contract:	03/27/2018 - 04/02/2022	Contract # 19823		
44.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – FORESTRY – ADMINISTRATION	CALIFORNIA GENERATOR SERVICE NEVADA	GENERAL	\$46,680	
	Contract Description:	This is a new contract to provide ongoing service to the Division's emergency backup generators at various locations statewide.				
		Term of Contract:	04/11/2018 - 04/30/2022	Contract # 19738		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – FORESTRY – ADMINISTRATION	CAPITAL CITY COMPUTING	GENERAL	\$20,000	
	<b>Contract Description:</b> This is a new contract to provide software training and consultation. <b>Term of Contract:</b> 04/13/2018 - 03/31/2022 <b>Contract #</b> 19888					
46.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – FORESTRY – ADMINISTRATION	DAVEY RESOURCE GROUP	FEDERAL	\$24,990	
	<b>Contract Description:</b> This is a new contract to provide an inventory of trees on publicly managed property including parks, streets and other facilities statewide. <b>Term of Contract:</b> 03/21/2018 - 06/15/2018 <b>Contract #</b> 19798					
47.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – FORESTRY – ADMINISTRATION	GOLD DUST CARSON CITY, LLC DBA GOLD DUST WEST	GENERAL	\$12,787	
	<b>Contract Description:</b> This is a new contract to provide hotel lodging for out of area Division employees to attend the annual pre-fire season All Hands Meeting April 16 – 20, 2018. <b>Term of Contract:</b> 03/21/2018 - 04/20/2018 <b>Contract #</b> 19824					
48.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – ENVIRONMENTAL PROTECTION – WASTE MANAGEMENT AND CORRECTIVE ACTION	SOUTHERN NEVADA HEALTH DISTRICT	FEDERAL	\$24,700	
	<b>Contract Description:</b> This is the first amendment to the original interlocal agreement to implement the Underground and Leaking Underground Storage Tank (UST/LUST) Program in southern Nevada which includes program implementation, UST notifications, compliance, monitoring and tracking, as well as quarterly reporting activities. This amendment increases the maximum amount from \$680,000 to \$704,700 due to the addition of training to the scope of work. <b>Term of Contract:</b> 07/01/2017 - 06/30/2021 <b>Contract #</b> 18592					

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – ENVIRONMENTAL PROTECTION – WATER QUALITY PLANNING	THE NATURE CONSERVANCY	OTHER: SETTLEMENT FUNDS NORTH LAS VEGAS	\$30,000	
	Contract Description:	This is a new contract to provide up to three planning workshops to assist with the drafting of a Lower Virgin River Integrated Watershed Plan.				
		Term of Contract:	04/17/2018 - 06/30/2019	Contract # 19802		
50.	742	DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS	COMPUTER PROJECTION SYSTEMS, LLC DBA CCS PRESENTATION SYSTEMS	OTHER: WORKERS COMPENSATION ASSESSMENT FUND	\$23,000	
	Contract Description:	This is a new contract to provide for the installation of presentation equipment (projectors, screens and sound amplification systems) related to the relocation of the Division to a new facility.				
		Term of Contract:	04/03/2018 - 06/01/2018	Contract # 19803		
51.	742	DEPARTMENT OF BUSINESS AND INDUSTRY – INDUSTRIAL RELATIONS – OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	ALS GROUP USA, CORPORATION DBA ALS ENVIRONMENTAL	OTHER: WORKER'S COMPENSATION AND SAFETY FUND 71% FEDERAL 29%	\$48,000	
	Contract Description:	This is a new contract to provide certified analysis of potential exposure to asbestos, mold, silica and other hazardous elements. In order to monitor employee safety, industrial hygiene samples are taken during inspections and investigations to ascertain potential exposure of employees to hazardous working conditions.				
		Term of Contract:	03/23/2018 - 02/28/2020	Contract # 19785		
52.	749	DEPARTMENT OF BUSINESS AND INDUSTRY – ATHLETIC COMMISSION	EDGAR BASILIO	FEE: GATE FEES 90% TICKET SURCHARGE AMATEUR PROGRAM 10%	\$30,000	
	Contract Description:	This is a new contract to provide Chief Inspector services during Athletic Commission weigh-ins and events.				
		Term of Contract:	04/09/2018 - 06/30/2022	Contract # 19923		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
53.	749	DEPARTMENT OF BUSINESS AND INDUSTRY - ATHLETIC COMMISSION	BRETT P. TRAMMELL	FEE: GATE FEES 90% TICKET SURCHARGE AMATEUR PROGRAM 10%	\$30,000	
	Contract Description:	This is a new contract to provide ongoing Unarmed Combat Inspector services for weigh-ins and events.				
		Term of Contract:	04/09/2018 - 06/30/2022	Contract # 19922		
54.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	GARTNER, INC.	HIGHWAY	\$29,495	Sole Source
	Contract Description:	This is a new Work Plan under Master Service Agreement Contract #18964 which provides research and advisory services related to information technology for subscription-based research and related services for the Motor Vehicle Information Technology Division professional staff of the Department. This includes but is not limited to providing information about best practices related to cloud services, mobile application development, network design, system strategy and modernizing computer application solutions.				
		Term of Contract:	07/01/2018 - 06/30/2019	Contract # 19885		
55.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ALPINE ACADEMY	GENERAL 21.3% FEDERAL 78.7%	\$15,008	
	Contract Description:	This is a new interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal rehabilitation funding must be focused on Pre-ETS.				
		Term of Contract:	04/16/2018 - 03/01/2019	Contract # 19876		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
56.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	AQUA-SERV ENGINEERS, INC.	OTHER: PENALTIES AND INTEREST	\$10,060	
	Contract Description:	This is the first amendment to the original contract which provides ongoing monthly water treatment and chemical level testing, treatments and maintenance of the cooling tower and associated equipment. This amendment extends the termination date from April 30, 2018 to April 30, 2020 and increases the maximum amount from \$9,880 to \$19,940 due to the continued need for these services service.				
		Term of Contract:	05/12/2016 - 04/30/2020	Contract # 17697		
57.	B031	LICENSING BOARDS AND COMMISSIONS - OCCUPATIONAL THERAPY	NUMBERS, INC.	FEE: LICENSING	\$16,000	Professional Service
	Contract Description:	This is a new contract to provide bookkeeping and payroll services for the Board including monthly financial reports, payroll services, quarterly and annual payroll tax reports and other financial services as requested.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19884		
58.	B031	LICENSING BOARDS AND COMMISSIONS - OCCUPATIONAL THERAPY	PAULA BERKLEY	FEE: LICENSING	\$36,000	
	Contract Description:	This is a new contract to provide lobbyist services to the Board during the 2019 Legislative Session.				
		Term of Contract:	04/06/2018 - 09/30/2019	Contract # 19883		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19896**

Agency Name:	<b>OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY</b>	Legal Entity Name:	Board of Regents, Nevada System of Higher Education
Agency Code:	<b>014</b>	Contractor Name:	<b>BOARD OF REGENTS-UNR</b>
Appropriation Unit:	<b>1003-16</b>	Address:	<b>Controller's Office-MS0124</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557-0124</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-784-1233
		Vendor No.:	D35000816
		NV Business ID:	88-60000024

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: ASD2726645

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/23/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **Yes**

If "Yes", please explain

**The original contract CETS 19690 was approved by the Clerk of the Board on February 23, 2016 and dispersed. The Raggio Center requested a new contract so that NSHE's correct contracting process would be followed. While waiting for the corrected contract to be signed by NSHE, the Raggio Center started the work for the contract. It is not anticipated that there would be a need for a retroactive contract in the future.**

3. Termination Date: **01/31/2019**

Contract term: **342 days**

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

Contract description: **Program evaluation**

5. Purpose of contract:

**This is a new interlocal contract to provide an evaluation of Kindergarten through 5th grade, Science, Technology, Engineering and Math grants.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,870.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Raggio Research Center will serve as the outside evaluator for OSIT's K-5 Stem Grant

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

State employees lack the expertise to design and conduct a thorough statistical programmatic evaluation. The Raggio Research Center is the state's foremost research authority on STEM education. Additionally, the Raggio Research Center is an outside, third-party evaluator that will conduct an unbiased evaluation of the 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?

Per statute NRS 277.080 and SAM 300, this is an interlocal contract, solicitations are not required.

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

10. Does the contract contain any IT components? 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?

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Brian Mitchell, Director of OSIT Ph: 775-687-0987

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/29/2018 12:44:31 PM
Division Approval	ssands	03/29/2018 12:44:34 PM
Department Approval	ssands	03/29/2018 12:44:37 PM
Contract Manager Approval	ssands	03/29/2018 12:44:40 PM
Budget Analyst Approval	sbrown	04/04/2018 12:41:31 PM



Brian Sandoval  
Governor

STATE OF NEVADA

GOVERNOR'S OFFICE OF  
SCIENCE, INNOVATION &  
TECHNOLOGY

100 North Stewart Street, Suite 220  
Carson City, Nevada 89701  
775-687-0987 Fax: 775-687-0990



Brian L. Mitchell  
Director

**DATE:** March 26, 2018  
**TO:** Susan Brown  
**FROM:** Brian Mitchell, Director *Bum*  
**RE:** CETS 19690

---

This memo requests a February 23, 2018 retroactive start date for CETS 19690 between OSIT and NSHE (Raggio Center). An original contract was signed on that date but the Raggio Center requested a new contract so that NSHE's correct contracting process would be followed. While waiting for the corrected contract to be signed by NSHE, the Raggio Center started the work for the contract. It is not anticipated that there would be a need for a retroactive contract in the future.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19881**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>JAMS INC</b>
Agency Code: <b>030</b>	Contractor Name: <b>JAMS INC</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>3800 Howard Hughes Pkwy 11th F</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89169</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-835-7803</b>
	Vendor No.: <b>T27018966A</b>
	NV Business ID: <b>NV20051356067</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/01/2020**

Contract term: **1 year and 362 days**

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

**This is a new contract to provide Alternative Dispute Resolution (ADR) to resolve pending litigation filed by the relator in the First Judicial District Court.**

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?

Mediation services to resolve pending litigation filed by the relator.

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

State employees do not have the expertise needed for these services

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

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

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

**Not Applicable**

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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:

Wayne Howle, Chief Deputy Attorney Genreral Ph: 775-684-1227

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon11	04/04/2018 14:40:05 PM
Division Approval	cschon11	04/04/2018 14:40:06 PM
Department Approval	cschon11	04/04/2018 14:40:08 PM
Contract Manager Approval	cschon11	04/04/2018 14:40:09 PM
Budget Analyst Approval	hfield	04/05/2018 13:58:35 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19911**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>JAMS INC</b>
Agency Code: <b>030</b>	Contractor Name: <b>JAMS INC</b>
Appropriation Unit: <b>1348-15</b>	Address: <b>3800 Howard Hughes Pkwy</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, Nv 89169</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-835-7803</b>
	Vendor No.: <b>T27018966A</b>
	NV Business ID: <b>NV20015356067</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2019-2022</b>

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

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

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 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Mediation**

5. Purpose of contract:

**This is a new contract to provide mediation services in specific lawsuits against the State of Nevada agencies**

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?

It is often in the best interest of the State of Nevada to try to settle a case instead of having a verdict from a jury or judge. Some courts hold mandatory settlement conferences but not all. There are times when a neutral 3rd party can help the State and plaintiff reach an appropriate, cost-effective settlement.

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

State employees are not able to do this work: Neutral parties are required to conduct these types of mediation and employees of the State of Nevada would not be considered a neutral 3rd party.

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

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

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

**Not Applicable**

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Nancy Katafias, Tort Claim Manager Ph: 775-6841252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	04/04/2018 14:39:29 PM
Division Approval	cschon1	04/04/2018 14:39:31 PM
Department Approval	cschon1	04/04/2018 14:39:33 PM
Contract Manager Approval	cschon1	04/04/2018 14:39:34 PM
Budget Analyst Approval	hfield	04/05/2018 10:59:16 AM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **17775** Amendment Number: **2**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **RANDA BASCHARON, D.O.**

Agency Code: **030** Contractor Name: **RANDA BASCHARON, D.O.**

Appropriation Unit: **1348-15** Address: **ORTHOPEDIC AND SPORTS MEDICINE**

Is budget authority available?: **Yes** City/State/Zip: **7281 W. SAHARA AVE. STE. 110 LAS VEGAS, NV 89117**

If "No" please explain: **Not Applicable** Contact/Phone: **702/947-7790**

Vendor No.: **T29014789**

NV Business ID: **NV20051612655**

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2016**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **4 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is the second amendment to the original contract which provides expert witness services for a Tort claim against the department of Corrections. This amendment extends the termination date from June 30, 2018 to June 30, 2020 and increases the maximum amount from \$9,500 to \$14,500 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:	\$9,500.00	\$9,500.00	\$9,500.00	No
a. Amendment 1:	\$0.00	\$9,500.00	\$9,500.00	No
2. Amount of current amendment (#2):	\$5,000.00	\$14,500.00	\$14,500.00	Yes - Info
3. New maximum contract amount:	\$14,500.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Attorney General's Office needs an orthopedic expert to conduct an independent medical examination, report preparation, consulting and trial testimony as needed in a tort case.

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

Attorney General employees do not have the medical expertise necessary 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: **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. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	cschon1	03/15/2018 10:38:07 AM
Division Approval	cschon1	03/15/2018 10:38:12 AM
Department Approval	cschon1	03/15/2018 10:38:17 AM
Contract Manager Approval	cschon1	03/15/2018 10:38:23 AM
Budget Analyst Approval	hfield	03/26/2018 17:18:08 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19929**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>Gartner, Inc.</b>
Agency Code: <b>040</b>	Contractor Name: <b>Gartner, Inc.</b>
Appropriation Unit: <b>1050-23</b>	Address: <b>56 TOP GALLANT RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>STAMFORD, CT 06904</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>480/283-8933</b>
	Vendor No.: <b>PUR0005339</b>
	NV Business ID: <b>NV19941112701</b>
To what State Fiscal Year(s) will the contract be charged? <b>2019</b>	

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**  
Anticipated BOE meeting date **06/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **364 days**

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

Contract description: **NV Work Plan**

5. Purpose of contract:

**This is a new Work Plan under Master Service Agreement contract #18964 which provides research and advisory services related to information technology. This Work Plan is for support of SilverFlume Nevada's Business Portal strategic initiatives.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,849.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The NV SOS organization is evolving its business and technology strategies to meet current customer needs, and Gartner is able to provide industry insight that would be difficult or impossible to obtain without the Gartner research. This includes such items as the IT Market Clock for Programming Language that provides insights as to which technologies are emerging and which are becoming obsolete and should have a transition plan.

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

State employees lack the time, knowledge, and expertise to complete the work.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This is a Service Agreement filed with State Purchasing.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	pdover	04/04/2018 08:58:21 AM
Division Approval	pdover	04/04/2018 08:58:25 AM
Department Approval	pdover	04/04/2018 08:58:30 AM
Contract Manager Approval	shudder	04/04/2018 11:14:35 AM
Budget Analyst Approval	laaron	04/05/2018 13:13:44 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: **19816**

Agency Name: <b>TREASURER - COLLEGE SAVINGS TRUST</b>	Legal Entity Name: <b>Catalyst Consulting Co</b>
Agency Code: <b>051</b>	Contractor Name: <b>Catalyst Consulting Co</b>
Appropriation Unit: <b>1092-21</b>	Address: <b>67 Edgemoor Dr</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Burlington, VT 05408-1921</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Colin Ryan 802/468-7565</b>
	Vendor No.: <b>T32006204</b>
	NV Business ID: <b>N/A</b>

To what State Fiscal Year(s) will the contract be charged? **2018**

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

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

Agency Reference #: 1092

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/21/2018**

Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **101 days**

4. Type of contract: **Contract**

Contract description: **Speaker for FIN LIT**

5. Purpose of contract:

**This is a new contract to provide speaker services for two Financial Literacy Summits scheduled in May 2018. The speaker will focus on effective presenting and counseling techniques to engage students in financial conversations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,250.00**

Payment for services will be made at the rate of \$11,250.00 per contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The College Savings Division is responsible for identifying events in the community which help promote financial literacy and the importance of higher education for Nevadans.

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

This partnership provides greater exposure for the Nevada College Savings Plans that the Treasurer's Office staff could not accomplish on its own.

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):

Dave Ramsey  
Laura Adams  
Chris Hogan

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the lowest bid.

d. Last bid date: 03/12/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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

**Domestic Profit Corporation**

16. a. Is 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?

**No** b. If "NO", please explain.

**The speaker does not have a Nevada State Business License and is exempt under NRS 80.015, 7., (j).**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	03/15/2018 17:32:53 PM
Division Approval	alaw1	03/15/2018 17:32:56 PM
Department Approval	alaw1	03/15/2018 17:32:59 PM
Contract Manager Approval	yli00	03/19/2018 08:08:50 AM
Budget Analyst Approval	laaron	03/21/2018 10:08:45 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: **19846**

Agency Name: <b>TREASURER - COLLEGE SAVINGS TRUST</b>	Legal Entity Name: <b>Innovative Research &amp; Analysis, LLC</b>
Agency Code: <b>051</b>	Contractor Name: <b>Innovative Research &amp; Analysis, LLC</b>
Appropriation Unit: <b>1092-21</b>	Address: <b>1445 American Pacific Drive, Suite 110 Box 309</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89074</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Justin Gardner 702-630-3255</b>
	Vendor No.: <b>T27042145</b>
	NV Business ID: <b>NV20151234963</b>

To what State Fiscal Year(s) will the contract be charged? **2018**

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

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

Agency Reference #: **051**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2018**

Anticipated BOE meeting date **04/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **94 days**

4. Type of contract: **Contract**

Contract description: **Conference Support**

5. Purpose of contract:

**This is a new contract to provide various services for the two financial literacy summits in May 2018. The services will include, but not to be limited to, save the date flyers, pre and post summit surveys, support the summit registration process and develop outcomes and recommendations post summits.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,987.50**

Payment for services will be made at the rate of \$125.00 per hour

Other basis for payment: Total contract is not to exceed \$14,987.50

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The College Savings Division is responsible for identifying events which promote financial literacy and support SB249 which requires financial literacy instruction be provided in grades 3-12, including providing information on college savings plans.**

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

**The Treasurer's Office does not have the staff resources or expertise to execute the activities involved.**

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):

Innovative Research & Analysis, LLC  
BPS Solutions, Inc  
Innovative Solutions  
CBIG Consulting

b. Solicitation Waiver: **Not Applicable**

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

They were the sole responder to the solicitation.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 vendor has been a subcontractor to Strategic Progress LLC, and has worked under that firm with agencies such as: Nevada Department of Health and Human Services, May 2016 to Present, Nevada Department of Veterans Services, January 2016-December 2016, Nevada Department of Public and Behavioral Health, May 2016-October 2016, and the Nevada Office of the Attorney General, June 2015-December 2016, all with satisfactory performance.

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

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

Not Applicable

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

LLC

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	03/20/2018 13:03:10 PM
Division Approval	alaw1	03/20/2018 13:03:29 PM
Department Approval	alaw1	03/20/2018 13:03:32 PM
Contract Manager Approval	yli00	03/26/2018 09:42:55 AM
Budget Analyst Approval	laaron	03/28/2018 08:01:03 AM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19926**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: <b>WEBTOUCH LLC DBA ADTACK</b>
Agency Code: <b>054</b>	Contractor Name: <b>WEBTOUCH LLC DBA ADTACK</b>
Appropriation Unit: <b>3815-04</b>	Address: <b>6053 S. Ft. Apache Rd. Suite #</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89148</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Mike Watkins 702-270-8772</b>
	Vendor No.: <b>T27042192</b>
	NV Business ID: <b>NV20091279381</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: **054**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2018**

Anticipated BOE meeting date **04/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 79 days**

4. Type of contract: **Contract**

Contract description: **Digital Marketing**

5. Purpose of contract:

**This is a new contract to provide digital marketing services for the Unclaimed Property Program. The services will include a pilot program that provides social media and display ads, periodic reports displaying performance metrics and progress, and pre and post testing of awareness on how to search and claim unclaimed property for Nevada residents.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Payment for services will be made on a monthly basis from invoices provided, not to exceed \$24,000 in FY18, and \$21,000 in FY19.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 120A.580, the Unclaimed Property Division is responsible to provide notice and publication of abandoned property.

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

The Treasurer's Office does not have the staff resources or expertise to execute a digital outreach marketing program.

9. Were quotes or proposals solicited? **Yes**

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

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

Amplify Relations  
Ring Digital  
Rainmaker Strategies  
Majority Strategies

b. Solicitation Waiver: **Not Applicable**

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

This vendor had the highest score of the evaluation committee.

d. Last bid date: 02/23/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	alaw1	04/04/2018 15:06:38 PM
Division Approval	alaw1	04/04/2018 15:06:41 PM
Department Approval	alaw1	04/04/2018 15:06:44 PM
Contract Manager Approval	yli00	04/05/2018 09:57:15 AM
Budget Analyst Approval	laaron	04/12/2018 09:20:05 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19801**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>AGJ INC., DBA</b>
Agency Code: <b>082</b>	Contractor Name: <b>AGJ INC., DBA</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>MR. ELECTRIC PO BOX 97402</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89193-7402</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Andrew Jackson 702-737-8423</b>
	Vendor No.: <b>T27021722A</b>
	NV Business ID: <b>NV20071342942</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % B&amp;G Building Rental Income Revenue</b>

Agency Reference #: **ASD 2753748**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2022**

Contract term: **3 years and 340 days**

4. Type of contract: **Contract**

Contract description: **Electrical**

5. Purpose of contract:

**This is a new contract to provide ongoing on-call electrical repair, maintenance, and/or electrical systems replacement services for state-owned buildings in Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Hours are 7 am to 5 pm Monday through Friday. First four hours (2-hour minimum) shall be billed at \$95 per hour. Each hour after shall be billed at \$70/per man-hour. Cost of material & parts shall be over and above the hourly labor rate. Please see Attachment AA for complete vendor rates.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This is a request to keep one of three vendors available for emergency/maintenance needs that may arise.**

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

**The state must maintain all electrical in state buildings in working condition.**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

Per SAM 0338.0 This is to keep three (3) vendors on contract to assist with needs that may arise. Each contractor will submit bids on projects.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 02/28/2022

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	ssands	03/20/2018 10:24:28 AM
Division Approval	ssands	03/20/2018 10:24:31 AM
Department Approval	ssands	03/20/2018 10:24:34 AM
Contract Manager Approval	ssands	03/20/2018 10:24:38 AM
Budget Analyst Approval	jrodrig9	03/26/2018 16:30:51 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19770**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ALPINE LOCK, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ALPINE LOCK, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>3267 Research Way Suite 211</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89706</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Joan McClung 775-885-0719</b>
	Vendor No.: <b>T29007465</b>
	NV Business ID: <b>NV20051575879</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2022</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 % B&amp;G Building Rental Fees Revenue</b>
Agency Reference #: <b>ASD 2746954</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2018**  
 Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2022**  
 Contract term: **3 years and 340 days**

4. Type of contract: **Contract**  
 Contract description: **Key repair**

5. Purpose of contract:  
**This is a new contract to provide ongoing on-call lock repair and maintenance services for state-owned buildings in Northern Nevada.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$15,000.00**  
 Other basis for payment: Service is \$50/per call plus \$60/hourly rate. Do not contact for night or weekend work!

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**To service locks and equipment upon requests.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**B&G personnel do not have the expertise or the equipment to service locks and duplicate keys as the need arises.**

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):  
**Qualifying statewide open solicitation**

b. Solicitation Waiver: **Not Applicable**

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

Multiple contractors receive contracts and bid on available jobs upon the request and approval of a Buildings and Grounds designee per SAM 0338.0

d. Last bid date: 02/22/2018 Anticipated re-bid date: 02/22/2022

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	ssands	03/20/2018 10:23:32 AM
Division Approval	ssands	03/20/2018 10:23:36 AM
Department Approval	ssands	03/20/2018 10:23:38 AM
Contract Manager Approval	ssands	03/20/2018 10:23:43 AM
Budget Analyst Approval	jrodrig9	03/26/2018 16:44:51 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19753**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>WOW CLEANING Services</b>
Agency Code: <b>082</b>	Contractor Name: <b>WOW CLEANING Services</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>2720 WRONDEL WAY SUITE A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-8343</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Thad Peterson 775-322-4787</b>
	Vendor No.: <b>T27041430</b>
	NV Business ID: <b>NV20141289535</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % B&amp;G Building Rental Fees Revenue</b>

Agency Reference #: **ASD 2741642**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2018**  
Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/01/2021**  
Contract term: **2 years and 341 days**

4. Type of contract: **Contract**  
Contract description: **Emergency Janitorial**

5. Purpose of contract:  
**This is a new contract which continues ongoing janitorial services, as needed, for state-owned buildings in Southern and Northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**  
Other basis for payment: \$45/per hour, Northern Nevada; \$35/per hour, Southern Nevada; \$1,000 cleaning supplies upon B&G approval

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**A state-owned building must be kept in a clean and sanitary environment.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**B&G does not have enough personnel to handle the additional workload.**

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):  
**Qualifying Statewide Open Solicitation**

b. Solicitation Waiver: **Not Applicable**

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

Per SAM 0338.0, each vendor will be contacted to submit bids on projects.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 01/01/2022

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

CHERYL WARREN, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/20/2018 10:22:20 AM
Division Approval	ssands	03/20/2018 10:22:22 AM
Department Approval	ssands	03/20/2018 10:22:25 AM
Contract Manager Approval	ssands	03/20/2018 10:22:28 AM
Budget Analyst Approval	jrodrig9	03/26/2018 17:19:15 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19908**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARCHITECTS + LLC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARCHITECTS + LLC.</b>
Appropriation Unit: <b>1550-65</b>	Address: <b>35 MARTIN ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509-2825</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-329-8001</b>
	Vendor No.: <b>T80870250</b>
	NV Business ID: <b>NV20001117428</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

Agency Reference #: 111893

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/04/2018**  
Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years and 88 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Wells Conservation Camp - Domestic Water Pump House Replacement CIP project, to include design, construction and bid documents, as well as construction administration services to replace the pump house building, associated pumping infrastructure and system controls: CIP Project 17-M33; SPWD Contract No. 111893.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,550.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural/Engineering 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. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	03/29/2018 12:44:17 PM
Division Approval	lmars1	03/29/2018 12:44:20 PM
Department Approval	lmars1	03/29/2018 12:44:22 PM
Contract Manager Approval	lmars1	03/29/2018 12:44:24 PM
Budget Analyst Approval	jrodrig9	04/04/2018 16:36:50 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19915**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DG KOCH ASSOCIATES, LLC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>DG KOCH ASSOCIATES, LLC.</b>
Appropriation Unit: <b>1585-49</b>	Address: <b>2920 S JONES BLVD. SUITE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146-5394</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-221-5160</b>
	Vendor No.: <b>T29026336</b>
	NV Business ID: <b>NV20061487757</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

Agency Reference #: 111941

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/04/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years and 88 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Caliente Fire Alarm System Replacement CIP project, to include design, construction and bid documents, as well as construction administration services to removing and replace the fire alarm system: CIP Project No. 17-S03; SPWD Contract No. 111941.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,500.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural/Engineering 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. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

Scarborough, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	04/02/2018 07:16:06 AM
Division Approval	lmars1	04/02/2018 07:16:08 AM
Department Approval	lmars1	04/02/2018 07:16:11 AM
Contract Manager Approval	lmars1	04/02/2018 07:16:14 AM
Budget Analyst Approval	jrodrig9	04/04/2018 20:19:46 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18371</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PAUL CAVIN ARCHITECT, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>PAUL CAVIN ARCHITECT, LLC</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>51 MARILYN MAE DR.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>SPARKS,, NV 89441-6236</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 2940, expenditure category 39, IH Curatorial CTR Expansion.	Contact/Phone: <b>775-384-6141</b>
	Vendor No.: <b>T29033842</b>
	NV Business ID: <b>NV20131182382</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

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

Agency Reference #: 110822

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/14/2017**  
 Anticipated BOE meeting date 05/2018

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

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2021**  
 Contract term: **4 years and 136 days**

4. Type of contract: **Contract**  
 Contract description: **Arch/Eng Serv**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides advanced planning for the Indian Hills Curatorial Artifact Storage Facility Expansion CIP Project: CIP Project No. 17-A010; SPWD Contract No. 110822. This amendment increases the maximum amount from \$111,200 to \$160,775 to provide additional professional design services to add 2,000 square feet to the current warehouse building.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$111,200.00	\$111,200.00	\$111,200.00	Yes - Action
2. Amount of current amendment (#1):	\$49,575.00	\$49,575.00	\$49,575.00	Yes - Info
3. New maximum contract amount:	\$160,775.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP

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

Professional 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. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	lmars1	03/28/2018 07:57:28 AM
Division Approval	lmars1	03/28/2018 07:57:32 AM
Department Approval	lmars1	03/28/2018 07:57:36 AM
Contract Manager Approval	lmars1	03/28/2018 07:57:39 AM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19873**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>POGGEMEYER DESIGN GROUP, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>POGGEMEYER DESIGN GROUP, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>6960 SMOKE RANCH RD. SUITE 110</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS,, NV 89128-3204</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.	Contact/Phone: <b>702-255-8100</b>
	Vendor No.: <b>T29028422A</b>
	NV Business ID: <b>NV19811011150</b>

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

**2018-2022**

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

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

Agency Reference #: **111867**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years and 97 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Las Vegas Readiness Center - Filed Maintenance Shop #7 Parking Area CIP project to include design, construction and bid documents, as well as construction administration services for a new 10,000 square foot parking lot with associated lighting: CIP Project No. 18-A016: SPWD Contract No. 111867.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,400.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2018 Agency CIP.**

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

**Demonstrated the required expertise for work on this project.**

9. Were quotes or proposals solicited?

**No**



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

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

Not Applicable

b. Solicitation Waiver: **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. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	03/22/2018 13:02:23 PM
Division Approval	Imars1	03/22/2018 13:02:27 PM
Department Approval	Imars1	03/22/2018 13:02:30 PM
Contract Manager Approval	Imars1	03/22/2018 13:02:32 PM
Budget Analyst Approval	jrodrig9	03/26/2018 17:27:35 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19652**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: <b>BROUSSARD, CAROLYN</b>
Agency Code: <b>089</b>	Contractor Name: <b>BROUSSARD, CAROLYN</b>
Appropriation Unit: <b>1015-04</b>	Address: <b>PO BOX 370844</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89137-0844</b>
If "No" please explain: Not Applicable	Contact/Phone: 702-217-5109
	Vendor No.: T29022020A
	NV Business ID: NV20121383817

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **Yes**

If "Yes", please explain

**Carolyn Broussard was appointed by the Governor as Special Appeals Officer on January 16,2018.**

3. Termination Date: **08/31/2019**

Contract term: **1 year and 220 days**

4. Type of contract: **Contract**

Contract description: **Special Appeals**

5. Purpose of contract:

**This is a new contract that provides ongoing services as appointed Special Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training, and Rehabilitation, Department of Education and Medicaid provider matters.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions to judicial review. Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284;

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

The Hearings Division does not have attorneys on staff. These are positions appointed by the governor to conduct hearings for the Hearings Division on a case by case basis; they will be paid by the agencies who those hearings pertain to.

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

Was the solicitation (RFP) done by the 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. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

2009 until present. Agency: Foreclosure Mediation Program (091), 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:

Vanessa Curiel, LSII Ph: 702-486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	01/23/2018 10:37:16 AM
Division Approval	ddav12	01/23/2018 10:37:19 AM
Department Approval	ddav12	01/23/2018 10:37:22 AM
Contract Manager Approval	ddav12	03/26/2018 08:17:38 AM
Budget Analyst Approval	knielsen	03/27/2018 10:38:47 AM

Brian Sandoval  
Governor

STATE OF NEVADA

Patrick Cates  
Director



Jenni Cartwright  
Administrator

DEPARTMENT OF ADMINISTRATION  
ADMINISTRATIVE SERVICES DIVISION

209 E. Musser Street, Room 304  
Carson City, Nevada 89701-4204  
(775) 684-0273  
Fax (775) 684-0275

MEMORANDUM

To: Executive Branch Budget Officer  
From: Michelle Morgando   
Date: January 24, 2018  
Subject: Carolyn Broussard

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A Special Hearing and Appeals Officer was appointed on January 22, 2018 by the Governor as a Special Hearings Officer for the Division of Hearings and Appeals.

Due to the critical need and backlog of cases, the contractor began work on January 22, 2018. There was not enough time to process a new contract beforehand.

We are confident this is not an ongoing issue and respectfully request a Retro start date for this contract to be January 22, 2018.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19851**

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: **FALLON, CITY OF**  
Contractor Name: **FALLON, CITY OF**  
Address: **FALLON CONVENTION CENTER  
100 CAMPUS WAY  
FALLON, NV 89406**  
City/State/Zip: **FALLON, NV 89406**  
Contact/Phone: **775/423-4556**  
Vendor No.: **T40266600C**  
NV Business ID: **T40266600C**

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/04/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/10/2019**

Contract term: **1 year and 36 days**

4. Type of contract: **Contract**

Contract description: **Rural Roundup 2019**

5. Purpose of contract:

**This is a new contract to provide the site for the 2019 Rural Roundup conference to be held in Fallon on April 10-12, 2019.**

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?

**This annual conference supports the marketing efforts of rural Nevada tourism professionals and volunteers.**

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

**Unable to provide convention center space, meals, refreshments, audio-visual equipment and related services.**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

**Only Vendor to submit a proposal.**

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

10. Does the contract contain any IT components?

No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	jfranc5	03/19/2018 16:20:44 PM
Division Approval	jfranc5	03/19/2018 16:20:47 PM
Department Approval	jfranc5	03/19/2018 16:20:50 PM
Contract Manager Approval	jfranc5	03/19/2018 16:20:52 PM
Budget Analyst Approval	laaron	04/04/2018 15:49:16 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19898**

Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>SK BASEBALL LLC</b>
Agency Code: <b>101</b>	Contractor Name: <b>SK BASEBALL LLC</b>
Appropriation Unit: <b>1530-04</b>	Address: <b>RENO ACES BASEBALL CLUB 250 EVANS AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89501-1513</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/334-7073</b>
	Vendor No.: <b>T32001600</b>
	NV Business ID: <b>NV20071509495</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**

Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2018**

Contract term: **213 days**

4. Type of contract: **Contract**

Contract description: **Reno Aces**

5. Purpose of contract:

**This is a new contract to provide 6 season tickets each for the Reno Aces and Reno 1868 FC soccer team. In exchange, Nevada Magazine will provide sponsorship to SK Baseball affiliates within their magazine. This will increase Nevada Magazine's recognition resulting in more subscribers and possible new advertisers without an outlay of marketing funds.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,050.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Market the Nevada Magazine to a broader audience

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

This an agreement directly outside of any State Agency's ability.

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

Was the solicitation (RFP) done by the 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. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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)?

**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	jfranc5	03/29/2018 16:45:17 PM
Division Approval	jfranc5	03/29/2018 16:45:19 PM
Department Approval	jfranc5	03/29/2018 16:45:23 PM
Contract Manager Approval	jfranc5	03/29/2018 16:45:25 PM
Budget Analyst Approval	laaron	03/30/2018 11:44:06 AM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18520** Amendment Number: **1**

Agency Name: **COMMISSION ON ETHICS** Legal Entity Name: **Complete Document Management Solutions, Inc.**

Agency Code: **150** Contractor Name: **PRECISION DOCUMENT IMAGING**

Appropriation Unit: **1343-26** Address: **2440 VASSAR STREET**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502**

If "No" please explain: **Not Applicable** Contact/Phone: **JUSTIN LONG 775/337-1987**

Vendor No.: **PUR0002739A**

NV Business ID: **NV20031298906**

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

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

<input checked="" type="checkbox"/>	General Funds	<b>28.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>72.00 % Local governments</b>

Agency Reference #: **ASD #2465019**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/17/2017**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **04/30/2018**

Contract term: **1 year and 13 days**

4. Type of contract: **Contract**

Contract description: **Case Mgmt Database**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a hosted Opinion Database and internal user interface, a hosted Electronic Forms Database, public access solutions, and a limited, hosted document management system for internal processing of Requests for Opinion. This amendment extends the termination date from April 30, 2018 to June 30, 2021 and increases the maximum amount from \$23,250 to \$48,600 due to additional programming services (new deliverables) and continuation of ongoing hosting services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$23,250.00	\$23,250.00	\$23,250.00	Yes - Info
2. Amount of current amendment (#1):	\$25,350.00	\$25,350.00	\$48,600.00	Yes - Info
3. New maximum contract amount:	\$48,600.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

An electronic case management/database system will ensure compliance with state law as established in Assembly Bill 60 (2015) and Assembly Bill 236 (2013), including efficiencies in Request for Opinion (RFO) management, providing an online searchable database of published Commission opinions that is accessible through the Commission's website, and providing an online application for electronic forms and submission via the Commission's website.

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

The NCOE has limited internal IT staff and utilizes a state contracted vendor (CTS) for desktop/server support only. Several requests were made to EITS to inquire about paid programmers to assist the NCOE with the project, but EITS declined stating they had a backlog and were understaffed.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Lowest bidder

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

2016-2017, Ethics Commission, 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?

**No** b. If "No", please explain:

**DBA is Precision Document Imaging**

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

amarangi

04/03/2018 16:35:29 PM

Division Approval	amarangi	04/03/2018 16:35:33 PM
Department Approval	amarangi	04/03/2018 16:35:36 PM
Contract Manager Approval	amarangi	04/03/2018 16:35:39 PM
Budget Analyst Approval	laaron	04/06/2018 11:21:51 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19932**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>GARTNER, INC.</b>
Agency Code: <b>180</b>	Contractor Name: <b>GARTNER, INC.</b>
Appropriation Unit: <b>1365-26</b>	Address: <b>PO BOX 911319</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DALLAS, TX 75391-1319</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jay Friedman 480-283-8933</b>
	Vendor No.: <b>PUR0005339A</b>
	NV Business ID: <b>NV19941112701</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 81 days**

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

Contract description: **IT Advisor Services**

5. Purpose of contract:

**This a new work plan under master service agreement #18964 which provides research and advisory services related to information technology. This work plan is for the Gartner IT Leaders service which provides various deliverables to advise and assist IT leaders and advisors.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,952.92**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Enterprise IT Services (EITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud-based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

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

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?

Work Plan to existing no cost MSA #18964

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

EITS 2014 to current, satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**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:

Suzie Block, Chief IT Manager Ph: 775-687-9073

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	04/04/2018 14:47:23 PM
Division Approval	ddav12	04/04/2018 14:47:26 PM
Department Approval	ddav12	04/04/2018 14:47:28 PM
Contract Manager Approval	ddav12	04/04/2018 14:47:31 PM
Budget Analyst Approval	cmurph3	04/10/2018 16:45:29 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>15518</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>AT&amp;T</b>
Agency Code: <b>180</b>	Contractor Name: <b>AT&amp;T</b>
Appropriation Unit: <b>1386-26</b>	Address: <b>645 East Plumb Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89502</b>
If "No" please explain: Not Applicable	Contact/Phone: Tina Petersen 775-762-5116
	Vendor No.: PUR0005291
	NV Business ID: NV19711002665

To what State Fiscal Year(s) will the contract be charged? **2014-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	100.00 % <b>Telecommunication Charge</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 5587

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2014**  
 Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/18/2018**  
 Contract term: **5 years and 19 days**

4. Type of contract: **Contract**  
 Contract description: **Managed Internet Svs**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides internet service access to customers utilizing AT&T bandwidth services. This amendment extends the termination date from May 13, 2018 to May 13, 2019 and increases the maximum amount from \$200,000 to \$249,320 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:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$49,320.00	\$49,320.00	\$49,320.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$249,320.00 05/31/2019			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

User Agencies must have access to the Internet to provide their clients with Federal, State and local government services throughout the Northern areas of Nevada and this contract will provide broadband services to those agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not equipped to provide Internet services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP # 3060, 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: 07/08/2013 Anticipated re-bid date: 07/08/2017

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	ddav12	03/26/2018 10:34:05 AM
Division Approval	ddav12	04/03/2018 14:06:11 PM
Department Approval	ddav12	04/03/2018 14:06:15 PM
Contract Manager Approval	ddav12	04/03/2018 14:06:20 PM
Budget Analyst Approval	cmurph3	04/05/2018 12:08:05 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: **19892**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>NOMADIC BROADCASTING, LLC</b>
Agency Code: <b>180</b>	Contractor Name: <b>NOMADIC BROADCASTING, LLC</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>530 MELARKEY SUITE 201</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WINNEMUCCA, NV 89445</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KELLY CROSSETT 775 625 1027</b>
	Vendor No.:
	NV Business ID: <b>NV20161102120</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2019-2022</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

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 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue contract to provide ongoing rack space at Winnemucca Mountain in Humboldt County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,065.28**

Other basis for payment: Rack Rent FY19 \$4,266.32, FY20 \$4,266.32, FY21 \$4,266.32, FY22 \$4,266.32

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue Contract

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not Applicable

d. Last bid date: Anticipated re-bid date:



10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

We have had ongoing revenue contracts with Nomadic Broadcasting, LLC for many years and other mountain top sites, all 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	dbaughn	03/30/2018 08:52:54 AM
Division Approval	dbaughn	03/30/2018 08:52:56 AM
Department Approval	dbaughn	03/30/2018 08:53:00 AM
Contract Manager Approval	ascott	04/02/2018 12:31:13 PM
Budget Analyst Approval	cmurph3	04/05/2018 12:00:47 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19919**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>Arborglyph LTD</b>
Agency Code: <b>240</b>	Contractor Name: <b>Arborglyph LTD</b>
Appropriation Unit: <b>2564-10</b>	Address: <b>1515 Plumas Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Mike Henderson, Owner 775-762-4058</b>
	Vendor No.: <b>T32005228</b>
	NV Business ID: <b>NV20161011649</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Veterans Gift Account</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/23/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/22/2019**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Website eCommerce**

5. Purpose of contract:

**This is a new contract to develop an eCommerce solution for the Nevada Department of Veterans Services' WordPress website which will allow the agency to take donations, for both one time and recurring donations along with sell physical and digital products as well as memberships.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

Payment for services will be made at the rate of \$125.00 per hour

Other basis for payment: \$8,500 on engagement; and \$8,500 upon approval of completed, fully operational, eCommerce system and submission of invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This will allow NDVS to accept donations and will allow the Nevada State Veterans Home and both Nevada Veterans memorial Cemeteries to accept payments.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state employees are available to perform these tasks.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Argentum Partners  
Arborglyph, LTD  
The Abbi Agency

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Local vendor offered the best proposal to meet the needs of NDVS.

d. Last bid date: 10/27/2017 Anticipated re-bid date: 09/01/2019

10. Does the contract contain any IT components? 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:

NDVS - 12/2017 -present. just finished website development project. Work 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 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	agarland	04/02/2018 14:02:21 PM
Division Approval	agarland	04/02/2018 14:02:25 PM
Department Approval	agarland	04/02/2018 14:02:29 PM
Contract Manager Approval	agarland	04/02/2018 14:02:32 PM
EITS Approval	lolso3	04/03/2018 15:44:38 PM
Budget Analyst Approval	bmacke1	04/16/2018 14:40:14 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19835**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>CAVEON LLC</b>
Agency Code: <b>300</b>	Contractor Name: <b>CAVEON LLC</b>
Appropriation Unit: <b>2697-45</b>	Address: <b>6905 S 1300 E STE 468</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MIDVALE, UT 84047-1817</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Jamie Mulkey 916-873-2900</b>
	Vendor No.: <b>T27038238</b>
	NV Business ID: <b>NV20151583273</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2019-2022</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
<b>X</b> General Funds <b>100.00 %</b>	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 300	

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 04/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Tracking Tool**

5. Purpose of contract:

**This is a new contract to provide technology and internet-based services through a nonexclusive, worldwide subscription that allows access and use of the Incident Management platform. In accordance with NRS 389.616, this tool will facilitate and expedite reporting of irregularities during the test administration process.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$12,000.00 per Per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 389.616 Adoption and enforcement of plan for test security by Department; contents of plan; annual submission of plan to State Board and Legislative Committee on Education.  
 1. The Department shall, by regulation or otherwise, adopt and enforce a plan setting forth procedures to ensure the security of examinations that are administered to pupils pursuant to NRS 389.550 and 389.805 and the college and career readiness assessment administered pursuant to NRS 389.807.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

As the stakes associated with accountability assessments continue to rise, the department seeks outside expertise in a desired to have a security plan that matches the best practices in the industry nationwide.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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. Does the contract contain any IT components? 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:

Nevada Department of Education from February 9, 2016 to June 30, 2017. NDE/ADAM has been very satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vostin	03/21/2018 10:21:57 AM
Division Approval	amccalla	04/02/2018 07:11:25 AM
Department Approval	amccalla	04/02/2018 07:11:27 AM
Contract Manager Approval	amccalla	04/02/2018 07:11:29 AM
EITS Approval	lolso3	04/09/2018 14:55:14 PM
Budget Analyst Approval	knielsen	04/09/2018 16:14:00 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19899**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	JS Net Associates, LLC
Agency Code:	<b>402</b>	Contractor Name:	<b>JS Net Associates, LLC</b>
Appropriation Unit:	<b>3266-27</b>	Address:	<b>46105 Beach Crest Dr., #777</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Neskowin, OR 97149</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Daniel J. Sheridan, PhD, RN, FAAN 503/392-3114
		Vendor No.:	T27035343
		NV Business ID:	NV20101345464

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	<b>59.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>41.00 % Healthy Nevada Funds</b>

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 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Forensic Medical**

5. Purpose of contract:

**This is a new contract to provide ongoing forensic medical specialist services to the Elder Protective Services social workers to assist in investigating complex elder abuse exploitation cases.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Per invoice as specified per Attachment DD - Contractor's Response

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 200.5093 ADSD, Elder Protective Services receives and investigates reports of abuse, neglect, exploitation, abandonment, or isolation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform 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):

American Medical Forensic Specialists  
Avysion Healthcare Services  
JS Net Associates, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the only one to respond with a bid proposal.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2022

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

ADSD 8/8/2014 - 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 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	dbowma1	03/29/2018 18:53:12 PM
Division Approval	dbowma1	03/29/2018 18:53:15 PM
Department Approval	vmilazz1	04/08/2018 17:03:50 PM
Contract Manager Approval	ltuttl1	04/09/2018 10:14:57 AM
Budget Analyst Approval	bwooldri	04/12/2018 11:27:38 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19902**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>PIERCY BOWLER TAYLOR &amp; KERN</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>PIERCY BOWLER TAYLOR &amp; KERN</b>
Appropriation Unit:	<b>3266-27</b>	Address:	<b>6100 ELTON AVENUE, SUITE 1000</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89107</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>MICHAEL L. ROSTEN 702-384-1120</b>
		Vendor No.:	<b>T80946367</b>
		NV Business ID:	<b>NV19901043687</b>

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>59.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>41.00 % Healthy Nevada Funds</b>

Agency Reference #: 402

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 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Forensic Specialist**

5. Purpose of contract:

**This is a new contract to provide ongoing forensic financial specialist services to the Elder Protective Services Social Workers to assist in investigating complex elder abuse exploitation cases.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Other basis for payment: Per Invoice as specified in Attachment DD Contractors Response.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 200.5093 ADSD, Elder Protective Services receives and investigates reports of abuse, neglect (including self neglect), exploitation, abandonment or isolation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform 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):



Barnard Vogler  
Piercy Bowler Taylor & Kern  
Ellsworth & Stout CPAs  
Casey Neilon, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the highest scoring proposer as determined by an evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2022

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Other State agencies as per DAWN.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	dbowma1	03/29/2018 18:52:31 PM
Division Approval	dbowma1	03/29/2018 18:52:34 PM
Department Approval	vmilazz1	04/08/2018 17:36:20 PM
Contract Manager Approval	ltuttl1	04/09/2018 10:11:41 AM
Budget Analyst Approval	bwooldri	04/12/2018 11:25:45 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: **19832**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>STANLEY STEEMER INTERNATIONAL</b>
Agency Code: <b>402</b>	Contractor Name: <b>STANLEY STEEMER INTERNATIONAL</b>
Appropriation Unit: <b>3279-07</b>	Address: <b>425 W GOWAN ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS , NV 89032</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JODY WARREN 888-637-9914</b>
	Vendor No.: <b>T80924930</b>
	NV Business ID: <b>NV19881011981</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2018**

Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Carpet Cleaning**

5. Purpose of contract:

**This is a new contract to provide ongoing carpet cleaning services at various locations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Per invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Code of Federal Regulations Title 42, Chapter 483.70 Physical Environment - The facility must be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. Carpets in Buildings 1391 and 1300 require cleaning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the equipment 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):

Natural Dry Carpet Cleaning  
COIT Cleaning & Restoration  
Stanley Steemer  
Zerorez  
SERVPRO of Southwest Las Vegas  
Natural Dry Carpet Cleaning  
Best Janitorial Services of Nevada  
Accurate Building Maintenance

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Stanley Steemer was the only proposal received.

d. Last bid date: 01/03/2018 Anticipated re-bid date: 01/04/2022

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Dept 408 MHDS Mental Health and Developmental Services (who has merged with Aging and Disability Services Division) service was satisfactory  
Dept 402 - Aging and Disability Services Division, from 04/30/16 - current. Service was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	03/14/2018 08:46:49 AM
Division Approval	dbowma1	03/14/2018 08:46:52 AM
Department Approval	vmilazz1	03/21/2018 06:59:33 AM
Contract Manager Approval	khardca1	03/21/2018 09:24:36 AM
Budget Analyst Approval	bwooldri	03/29/2018 14:07:05 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: **19871**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>LAS VEGAS INTERPRETERS</b>
Agency Code: <b>406</b>	Contractor Name: <b>LAS VEGAS INTERPRETERS</b>
Appropriation Unit: <b>3161-08</b>	Address: <b>CONNECTION LLC 4616 W SAHARA AVE STE 407 LAS VEGAS, NV 89102-3654</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-3654</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Miriam Jimenez-Saavedra 702/868-5842</b>
	Vendor No.: <b>T27005869</b>
	NV Business ID: <b>NV20031202421</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C16488**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/09/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2022**

Contract term: **3 years and 357 days**

4. Type of contract: **Contract**

Contract description: **In-person Translator**

5. Purpose of contract:

**This is a new contract to provide in-person language interpretation services for consumers with legal involvement for Rawson Neal Psychiatric Hospital and Stein Hospital.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

Payment for services will be made at the rate of \$76.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The non-English speaking population for Stein Hospital and Rawson Neal Psychiatric Hospital is increasing. The need for the in-person translator is required for the special handling and consideration with these consumers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current FTE does not possess the language expertise and training to perform these duties.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

ALS Translation Services  
Las Vegas Interpreters Connection  
Mario Torres

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has the required experience in translating with the court/legal processes.

d. Last bid date: 03/05/2018 Anticipated re-bid date: 03/01/2022

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor is currently contracted with DETR 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 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:

Farah Barnson, Clinical Social Worker Ph: 702-486-4093

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	03/23/2018 13:33:47 PM
Division Approval	rmorse	03/23/2018 13:33:50 PM
Department Approval	vmilazz1	04/01/2018 14:46:00 PM
Contract Manager Approval	rmorse	04/03/2018 09:04:05 AM
Budget Analyst Approval	afrantz	04/09/2018 14:06:20 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19737**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Thompson Garage Doors, Inc. dba
Agency Code:	<b>406</b>	Contractor Name:	<b>Thompson Garage Doors, Inc. dba</b>
Appropriation Unit:	<b>3162-07</b>	Address:	<b>Berger Building Supply 171 S. 18th Street Sparks, NV 89431</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Sparks, NV 89431</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kenneth Reyman 775-356-6601
		Vendor No.:	T80929952
		NV Business ID:	NV19931038124

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 16455

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2018**  
Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2021**

Contract term: **2 years and 355 days**

4. Type of contract: **Contract**

Contract description: **Door Repair**

5. Purpose of contract:

**This is a new contract to provide routine maintenance to the facility and maximize the lifespan of the building which reduces cost to the State.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: First hour \$128.00, second hour \$104.00, two man service call \$156.00 per hour, and emergency call \$250.00 per hour.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The facility requires routine maintenance to maximize the lifespan of the building which reduces cost to the State.**

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, equipment, and tools to perform this type of 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):

Overhead Door Company of Sierra Nevada  
Thompson Garage Doors  
Vortex Door

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was chosen based on Thompson Garage Doors provided the lowest price cost for the service.

d. Last bid date: 02/15/2018 Anticipated re-bid date: 01/03/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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:

Greg Holcomb, Facility Supervisor III Ph: 775-688-2125

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	03/23/2018 13:34:02 PM
Division Approval	rmorse	03/23/2018 13:34:05 PM
Department Approval	vmilazz1	04/01/2018 14:28:43 PM
Contract Manager Approval	rmorse	04/03/2018 08:51:56 AM
Budget Analyst Approval	afrantz	04/05/2018 15:09:38 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19443**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	University of Nevada, Reno -SOM
Agency Code:	<b>406</b>	Contractor Name:	<b>University of Nevada, Reno -SOM</b>
Appropriation Unit:	<b>3224-24</b>	Address:	<b>dba MedSchool Associates North 1664 N. Virginia St., M/S 1332</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89557-1332</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-784-6003
		Vendor No.:	D35000816
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	<b>40.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>60.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 16344

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **Yes**

If "Yes", please explain

**A retroactive agreement is necessary due to delays in having the agreement signed by UN-SOM. The draft agreement was received by CHS in early January but due to staff changes, it was not forwarded to UN-SOM until early March. Some time elapsed before UN-SOM returned a signed contract, adding to the delay in the execution process. If the contract is not approved with a retroactive start date of January 1, 2018, the University will not be paid for services provided.**

3. Termination Date: **12/31/2020**

Contract term: **3 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **TB Consultant**

5. Purpose of contract:

**This is a new interlocal agreement to provide a designated faculty member to serve as a Tuberculosis Elimination Control Program Medical Consultation.**

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 \$400.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Consultation is required between State agencies to provide that most comprehensive services to clients within the State of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing this work with Inter-agency cooperation.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**



a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 agency providing inter-agency cooperation - 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	rmorse	03/23/2018 14:47:20 PM
Division Approval	rmorse	03/23/2018 14:47:23 PM
Department Approval	vmilazz1	04/01/2018 14:37:48 PM
Contract Manager Approval	rmorse	04/05/2018 11:34:55 AM
Budget Analyst Approval	afrantz	04/06/2018 13:41:44 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: **19713**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	The Center for Common Concerns
Agency Code:	<b>406</b>	Contractor Name:	<b>The Center for Common Concerns</b>
Appropriation Unit:	<b>3648-19</b>	Address:	<b>870 Market St. #1228</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>San Francisco, CA 94102</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Martha Fleetwood, Executive Director 415-788-7961
		Vendor No.:	T27042046
		NV Business ID:	NV20181061424

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 16407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2018**  
Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2018**

Contract term: **171 days**

4. Type of contract: **Contract**

Contract description: **Shelter Plus Care**

5. Purpose of contract:

**This is a new contract to develop written procedures from information provided by the Rural Nevada Continuum of Care to meet Department of Housing and Urban Development requirements for a Coordinated Entry Program and provide outreach and training in the rural counties.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,249.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Procedures for Coordinated Entry are required by HUD for SPC grant eligibility. Per the HUD Coordinated Entry Policy Brief, "coordinated entry processes help communities prioritize [housing] assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most, receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources".

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or technical experience to perform 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):

Social Entrepreneurs, Inc.  
The Center for Common Concerns  
Smart Strategy Consulting Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor provided the best quality proposal and cost determined by an impartial selection committee.

d. Last bid date: 12/21/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	rmorse	03/26/2018 15:37:40 PM
Division Approval	rmorse	03/26/2018 15:37:44 PM
Department Approval	vmilazz1	04/08/2018 16:15:33 PM
Contract Manager Approval	dohl0	04/09/2018 16:19:57 PM
Budget Analyst Approval	afrantz	04/12/2018 10:16:03 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19748**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Silverstate Refrigeration and HVAC, LLC
Agency Code: <b>409</b>	Contractor Name: <b>Silverstate Refrigeration and HVAC, LLC</b>
Appropriation Unit: <b>3148-31</b>	Address: <b>971 Empire Mesa Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89011</b>
If "No" please explain: Not Applicable	Contact/Phone: Tiffany Foster 702-433-5008
	Vendor No.:
	NV Business ID: NV20021157903

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 90 days**

4. Type of contract: **Contract**

Contract description: **Freezer Replacment**

5. Purpose of contract:

**This is a new contract to replace the cooling units for the walk-in freezer and refrigerator.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,493.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The current units have reached the end of their useful life to ensure proper nutrition for the youth.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Work requires a licensed and certified HVAC technician and there are none employed at the facility.

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):

Silverstate Refrigeration and HVAC  
ABM Building Services  
Quality Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond.

d. Last bid date: 11/29/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. Contractor has provided good service to the facility 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:

Corrina Church, Admin Services Officer Ph: 702-668-4758

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	02/26/2018 10:13:14 AM
Division Approval	pcolegro	03/15/2018 14:35:34 PM
Department Approval	vmilazz1	03/21/2018 07:32:59 AM
Contract Manager Approval	sknigge	03/21/2018 10:35:06 AM
Budget Analyst Approval	nhovden	03/23/2018 16:27:00 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19794**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>EXECUTIVE PEST SERVICES, LLC</b>
Agency Code: <b>409</b>	Contractor Name: <b>EXECUTIVE PEST SERVICES, LLC</b>
Appropriation Unit: <b>3646-07</b>	Address: <b>PO BOX 335153</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89033-5153</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>702/321-9547</b>
	Vendor No.: <b>T27020890A</b>
	NV Business ID: <b>NV20061525544</b>

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>66.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>34.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Pest Control Service**

5. Purpose of contract:

**This is a new contract to provide ongoing monthly pest control services for the West Charleston campus in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,960.00**

Payment for services will be made at the rate of \$895.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

These services are needed to control the pests and insects on the West Charleston campus which benefits the integrity of the state buildings, property and promotes the health and safety of staff, clients and their families.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No staff have the expertise to routinely perform 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):

Executive Pest Services  
Frotified Pest Management  
Vanish Pest Control

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond.

d. Last bid date: 02/05/2018 Anticipated re-bid date: 02/07/2022

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DCFS, SNAHMS - 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:  
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:

James Kolar, Facility Supervisor 2 Ph: 702-486-0459

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	03/06/2018 14:57:14 PM
Division Approval	mgalli	03/23/2018 08:56:12 AM
Department Approval	vmilazz1	04/08/2018 16:29:51 PM
Contract Manager Approval	sknigge	04/09/2018 10:53:57 AM
Budget Analyst Approval	nhovden	04/10/2018 10:47:59 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19914**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>ELLINGSON, SUSANNE DBA</b>
Agency Code: <b>550</b>	Contractor Name: <b>ELLINGSON, SUSANNE DBA</b>
Appropriation Unit: <b>4546-04</b>	Address: <b>ROYAL PANE JANITORIAL 886 WESTWOOD DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801-2741</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/299-9478</b>
	Vendor No.: <b>T29026008</b>
	NV Business ID: <b>NV20101425610</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Livestock Inspection</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **05/2018**

Retroactive? **Yes**

If "Yes", please explain

**NDA began the contract process late in 2017. There was a miscommunication between our Elko office and NDA and the new contract was never fully executed. The vendor continued the janitorial services they had previously provided to the NDA without a current contract. This contract will need to begin on 7/1/2017.**

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Elko**

5. Purpose of contract:

**This is a new contract for ongoing janitorial services in the Elko facility.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,120.00**

Other basis for payment: Yr 1-\$7,640, Yr 2-\$8,160, Yr 3-\$8,160, Yr 4-\$8,160

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Elko office must be maintained to a minimum standard of cleanliness. This NDA office is the only location for Eastern Nevada and thus has heavy traffic.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is not an efficient use of state resources for state workers to perform these tasks.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

D & D Professional Cleaning Services  
Jacki's Cleaning Service



b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor's bid was the least expensive that included all required tasks to maintain the Elko facility.

d. Last bid date: 11/30/2017 Anticipated re-bid date: 04/30/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	melli2	04/02/2018 10:39:42 AM
Division Approval	melli2	04/02/2018 10:39:46 AM
Department Approval	melli2	04/02/2018 10:39:49 AM
Contract Manager Approval	melli2	04/02/2018 10:39:53 AM
Budget Analyst Approval	mtum1	04/10/2018 16:50:44 PM

BRIAN SANDOVAL  
Governor

STATE OF NEVADA

JAMES R. BARBEE  
Director



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**DEPARTMENT OF AGRICULTURE**

405 South 21<sup>st</sup> Street  
Sparks, Nevada 89431-5557  
Telephone (775) 353-3601 Fax (775) 353-3661  
Website: <http://www.agri.nv.gov>

April 2, 2018

This is a memo to retroactively approve the Nevada Department of Agriculture's (NDA) contract with Ellingson, Susanne dba Royal Pane Janitorial, who is providing the Elko facility's janitorial services.

NDA began the contract process in 2017. There was a miscommunication between NDA and the vendor and the new contract was never fully executed. The vendor continued the janitorial services they had previously provided to the NDA without a current contract. The contract now needs to be retroactive back to July 1, 2017.

Thank you,

A handwritten signature in cursive script that reads "Debra Crowley".

Debra Crowley  
Fiscal Administrator

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18781**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>URIBE, SALVADOR DBA RUBY ROSE</b>
Agency Code: <b>550</b>	Contractor Name: <b>URIBE, SALVADOR DBA RUBY ROSE</b>
Appropriation Unit: <b>4546-04</b>	Address: <b>GARDEN LANDSCAPE &amp; TREE 849 DRY CREEK TRL</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/934-5357</b>
	Vendor No.: <b>T32003001</b>
	NV Business ID: <b>NV20141114482</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2020</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Livestock inspection</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date **05/2018**

Retroactive? **Yes**

If "Yes", please explain

**NDA began the contract process in 2017. There was a miscommunication between the vendor and NDA and the new contract was never fully executed. The vendor continued the landscape services they had previously provided to the NDA without a current contract.**

3. Termination Date: **12/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Ruby Rose Landscape**

5. Purpose of contract:

**This is a new contract for ongoing landscaping services at the Elko facility.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,595.00**

Other basis for payment: \$2,750 (2016), \$4,405 (2017), \$4,220 (2018), \$4,220 (2019)

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The building occupied by the Nevada Department of Agriculture in Elko, NV 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 employ people specifically to maintain landscaping nor do they have the equipment necessary to do so.

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):

Team Green Inc.  
Lamoille Lawn & Landscape

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is the only vendor who provided a quote and the cost is reasonable. The other two (2) contractors did not provide a quote.

d. Last bid date: 03/15/2018 Anticipated re-bid date: 03/14/2021

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Agriculture, the work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	melli2	04/02/2018 11:30:37 AM
Division Approval	melli2	04/02/2018 11:30:40 AM
Department Approval	melli2	04/02/2018 11:30:47 AM
Contract Manager Approval	melli2	04/02/2018 11:30:51 AM
Budget Analyst Approval	mtum1	04/10/2018 16:51:24 PM

BRIAN SANDOVAL  
Governor

STATE OF NEVADA

JAMES R. BARBEE  
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**DEPARTMENT OF AGRICULTURE**

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Telephone (775) 353-3601 Fax (775) 353-3661  
Website: <http://www.agri.nv.gov>

March 29, 2018

This is a memo to retroactively approve the Nevada Department of Agriculture's (NDA) contract with Uribe, Salvador dba Ruby Rose Garden Landscape, who is providing the Elko facility's landscaping services.

NDA began the contract process in 2017. There was a miscommunication between NDA and the vendor and the new contract was never fully executed. The vendor continued the landscape services they had previously provided to the NDA without a current contract. The contract now needs to be retroactive back to January 1, 2016.

Thank you,

A handwritten signature in cursive script that reads "Debra Crowley".

Debra Crowley  
Fiscal Administrator

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19864**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>LIFE TECHNOLOGIES CORPORATION</b>
Agency Code: <b>550</b>	Contractor Name: <b>LIFE TECHNOLOGIES CORPORATION</b>
Appropriation Unit: <b>4550-04</b>	Address: <b>DBA INVITROGEN</b>
Is budget authority available?: <b>Yes</b>	<b>12088 COLLECTIONS CENTER DR</b>
If "No" please explain: <b>Not Applicable</b>	<b>CHICAGO, IL 60693</b>
	Contact/Phone: <b>760/603-6433</b>
	Vendor No.: <b>T27004070A</b>
	NV Business ID: <b>NV20101583781</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2021</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **Yes**

If "Yes", please explain

**The contract was initially sent in March and missed the BOE deadline. The contract now needs to be retroactive back to April 1, 2018. No invoices have been presented for payment.**

3. Termination Date: **03/31/2021**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Animal Lab PM**

5. Purpose of contract:

**This is a new contract to provide ongoing preventative maintenance on the animal disease lab testing equipment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,303.76**

Payment for services will be made at the rate of \$10,767.92 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

7500 FAST PCR equipment (275012907/275014365) requires periodic maintenance to maintain calibration for use in the Animal Disease Lab, which tests for verification of numerous diseases that impact livestock.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the necessary skills, tools or experience to maintain the equipment for certification purposes.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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 is the manufacturer of the equipment and our preventative maintenance contract requires all work be done by a factory technician. Per the Purchasing Administrator, a solicitation waiver is not required for ongoing or continued licensing, maintenance and/or support for a system already purchased/installed and in use by the State.

d. Last bid date: 04/20/2016 Anticipated re-bid date: 03/31/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	melli2	04/13/2018 10:25:05 AM
Division Approval	melli2	04/13/2018 10:25:08 AM
Department Approval	melli2	04/13/2018 10:25:11 AM
Contract Manager Approval	melli2	04/13/2018 10:25:16 AM
Budget Analyst Approval	mtum1	04/16/2018 16:33:15 PM

BRIAN SANDOVAL  
Governor

STATE OF NEVADA

JAMES R. BARBEE  
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**DEPARTMENT OF AGRICULTURE**

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Sparks, Nevada 89431-5557  
Telephone (775) 353-3601 Fax (775) 353-3661  
Website: <http://www.agri.nv.gov>

March 29, 2018

This is a memo to retroactively approve the Nevada Department of Agriculture's (NDA) contracts #17177 and #19864 with Life Technologies Corporation. This company is providing the NDA preventative maintenance services on our Animal Disease Lab Testing Equipment.

The contract is being sent to the DAG at the end of March 2018, but the contract expires March 31, 2018. The contract now needs to be retroactive back to April 1, 2018. No invoices have been presented for payment.

Thank you,

Debra Crowley  
Fiscal Administrator



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19856**

Agency Name: <b>DPS-HIGHWAY PATROL</b>	Legal Entity Name: <b>JONES WEST FORD</b>
Agency Code: <b>651</b>	Contractor Name: <b>JONES WEST FORD</b>
Appropriation Unit: <b>4713-13</b>	Address: <b>3600 Kietzke Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PO BOX 12970</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>RENO, NV 89510-2970</b>
	Vendor No.: <b>Donald Intihar 775-829-3344</b>
	NV Business ID: <b>T80272580</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2020</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2020**

Contract term: **2 years and 36 days**

4. Type of contract: **Contract**

Contract description: **Excess Vehicle Hauls**

5. Purpose of contract:

**This is a new contract to provide ongoing on-call vehicle transport services for the Nevada Highway Patrol Fleet Vehicle throughout Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Payment for services will be made at the rate of \$400.00 per Vehicle

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Excess Vehicles, which have either met their useful life or have been damaged, need to be transported back to the major metropolitan areas from rural areas across the State.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees that can move these vehicles, nor does the State have the equipment to do so.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Quality Towing  
Jones West Ford  
Fast Auto Transport

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was the lowest bidder.

d. Last bid date: 02/19/2018 Anticipated re-bid date: 01/06/2020

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	mcar2	03/20/2018 09:57:04 AM
Division Approval	shoh1	03/20/2018 10:17:02 AM
Department Approval	mcar2	03/20/2018 11:04:35 AM
Contract Manager Approval	mcar2	03/20/2018 11:04:38 AM
Budget Analyst Approval	jrodrig9	03/26/2018 17:01:52 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>17380</b>	Amendment Number: <b>4</b>
Agency Name: <b>DPS-INVESTIGATION DIVISION</b>	Legal Entity Name: <b>Polaris Alpha</b>
Agency Code: <b>653</b>	Contractor Name: <b>Polaris Alpha</b>
Appropriation Unit: <b>3743-44</b>	Address: <b>5450 Tech Center Drive Suite 400</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Colorado Springs, CO 80919</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rob Rogers 703-585-4593</b>
	Vendor No.: <b>PUR0005781</b>
	NV Business ID: <b>Foreign Corporation</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/23/2016**  
 Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2018**

Contract term: **2 years and 343 days**

4. Type of contract: **Contract**

Contract description: **Dfuze360 Install**

5. Purpose of contract:

**This is the forth amendment to the original contract which provides installation and integration services of the Dfuze360 Client Server application software in support of the Nevada Threat Analysis Center system upgrade. This Amendment adds training and increases the maximum amount of the contract by \$5,734.53.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$30,640.48	\$30,640.48	\$30,640.48	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$30,640.48	No
b. Amendment 2:	\$8,336.96	\$8,336.96	\$38,977.44	No
c. Amendment 3:	\$0.00	\$8,336.96	\$38,977.44	No
2. Amount of current amendment (#4):	\$5,734.53	\$14,071.49	\$44,711.97	Yes - Info
3. New maximum contract amount:	\$44,711.97			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This forth amendment ads instructor-led WebTAS Training for Nevada Threat Analysis Center Personnel. Training is to be conducted at NTAC facilities.

The Dfuze360 software has already been purchased through an RQX. This contract is required to facilitate the installation and training services. The Nevada Threat Analysis Center (NTAC) is the Department of Homeland Security (DHS) recognized Fusion Center for the State of Nevada and this software update will provide much needed system and data enhancements and improve overall system speed, data search and reporting capabilities to the system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Intelligent Software Solutions, INC is the sole owner of Dfuze360, which is a specialized software, and are the only qualified company to install and train staff. There are no State employees with the expertise to perform this work.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 160101**

**Approval Date: 12/31/2015**

- c. Why was this contractor chosen in preference to other?

This vendor best meets the needs of the State.

- d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**NRS 80.015 clearly defines what a business entity is when considering if a business license is required. NRS 80.015(j) states that isolated transactions that are physically performed in Nevada less than 30 days and are not part of a series of transactions is not a business entity. This contractor will not be physically doing work in the State of NV. Additionally, the vendor does not meet the requirement of NRS 76.100, paragraph 7(b).**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

**No** If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**NRS 80.015 clearly defines what a business entity is when considering if a business license is required. NRS 80.015(j) states that isolated transactions that are physically performed in Nevada less than 30 days and are not part of a series of transactions is not a business entity. This contractor will not be physically doing work in the State of NV. Additionally, the vendor does not meet the requirement of NRS 76.100, paragraph 7(b).**

18. a. Is the legal entity active and in good standing with the Nevada 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	03/20/2018 10:09:07 AM
Division Approval	shoh1	03/20/2018 10:09:17 AM
Department Approval	mcar2	03/20/2018 11:07:32 AM
Contract Manager Approval	mcar2	03/20/2018 11:07:40 AM
Budget Analyst Approval	jrodrig9	03/26/2018 11:33:32 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19778**

Agency Name: <b>DCNR - CONSERVATION &amp; NATURAL RESOURCES</b>	Legal Entity Name: <b>Stanford Sierra Conference Center</b>
Agency Code: <b>700</b>	Contractor Name: <b>Stanford Sierra Conference Center</b>
Appropriation Unit: <b>4111-10</b>	Address: <b>C/O SAA Sierra Programs, LLC PO Box 10618</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>South Lake Tahoe, CA 96158</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Morgan Marshall 530-541-1244</b>
	Vendor No.: <b>T29035649 A</b>
	NV Business ID: <b>exempt</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % DCNR Gift Fund</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2018**

Contract term: **247 days**

4. Type of contract: **Contract**

Contract description: **Heritage Meeting**

5. Purpose of contract:

**This is a new contract to provide meeting facilities, room accommodations and meals for the Western Region of Natural Heritage programs to gather, exchange information, and learn additional information regarding the best practices for data research of at risk plants and animals within their respective states.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: \$2,000.00 deposit due with approved contract, \$9,029.00 due July 29, 2018, remaining balance due on or before November 30, 2018.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Natural Heritage Program is hosting the Western Region Natural Heritage Meeting. These meetings will be attended by several Western States and Canadian Partners of respective Natural Heritage programs. The main focus of these meetings is to gather, educate, and share various data collection methods to best serve each Heritage program for the respective state or area. These meeting spaces will need to accommodate approximately 40-50 people, throughout the course of the 3 day event.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not have large on-site conference space including accommodations to host 40-50 people from surrounding states and providence's.

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):

Granlibakken Tahoe  
Sagehen Creek Field Station  
Stanford Sierra Conference Center

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Stanford Sierra Conference Center is able to accommodate both the number of attendees and the date's selected for this one-time event at a competitive cost.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

LLC  
**Per the Secretary of State's office, if an entity is doing business with Nevada for a one-time contract for less than 30 days, the entity is not required to obtain a State Business License. If required, email correspondence from the Secretary of State's office can be submitted.**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

**No** If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**Per the Secretary of State's office, if an entity is doing business with Nevada for a one-time contract for less than 30 days, the entity is not required to obtain a State Business License. If required, email correspondence from the Secretary of State's office can be submitted.**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kristin Szabo, Administrator Ph: 775-684-2901

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mspear2	02/26/2018 15:31:42 PM

Division Approval	mspear2	02/26/2018 15:31:49 PM
Department Approval	kwilliam	02/26/2018 15:35:52 PM
Contract Manager Approval	mspear2	02/27/2018 14:44:38 PM
Budget Analyst Approval	cpalme2	03/28/2018 10:32:41 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19716**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>COLORADO STATE UNIVERSITY</b>
Agency Code: <b>702</b>	Contractor Name: <b>COLORADO STATE UNIVERSITY</b>
Appropriation Unit: <b>4464-13</b>	Address: <b>300 WEST DRAKE, BUILDING C 1644 CAMPUS DELIVERY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>FORT COLLINS, CO 80524-1164</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>970-297-5061</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2022</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 18-47

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/20/2018**

Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/01/2022**

Contract term: **3 years and 288 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **ELISA Testing**

5. Purpose of contract:

**This is a new interlocal agreement to provide sample testing from deer, elk and moose for Chronic wasting disease (CWD) in Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: As invoiced by the vendor and approved by the state.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW tests annually for Chronic Wasting Disease (CWD) as part of our disease surveillance program. CWD is the most important disease of cervid species and it is critically important that we know if it is present in our free ranging cervid herds in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no laboratory in the state of Nevada that can perform this testing.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

Governmental entity.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Peri Wolff, Wildlife Health Specialist Ph: 805-857-5809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	02/06/2018 11:06:24 AM
Division Approval	tdoucett	02/12/2018 10:23:18 AM
Department Approval	eobrien	02/13/2018 16:06:21 PM
Contract Manager Approval	dwendell	02/13/2018 16:51:42 PM
Budget Analyst Approval	cpalme2	03/20/2018 10:15:15 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19855**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4464-14**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **TIMMONS GROUP, INC.**  
 Contractor Name: **TIMMONS GROUP, INC.**  
 Address: **1001 BOULDER PARKWAY SUITE 300**  
 City/State/Zip: **NORTH CHESTERFIELD, VA 23225-5512**  
 Contact/Phone: **Lowell Ballard 804/200-6951**  
 Vendor No.: **T29035751**  
 NV Business ID: **NV20141168085**  
 To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>25.00 %</b>	<b>Sportsmen Revenue</b>
<b>X</b> Federal Funds	<b>75.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 18-58

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2018**

Contract term: **262 days**

4. Type of contract: **Contract**

Contract description: **Web-Based Mapping**

5. Purpose of contract:

**This is a new contract to create a strategy and implementation plan that will guide the development and deployment of a web-based mapping tool that integrates project planning, prioritizing, management, and communication workflows.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

Payment for services will be made at the rate of \$0.00 per 0.00

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?

Existing project planning and project management processes need to be improved in a manner that is more transparent and efficient, while providing greater opportunities to engage and involve the Department's partners in conservation development.

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 personnel capacity or expertise to conduct this work in an effective and efficient manner.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

CenturyLink  
Timmons Group, Inc.  
Tetra Tech

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Timmons Group, Inc. was the only vendor to return a proposal.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Department of Wildlife had a contract in 2016/2017 and their service was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gpincoli	03/20/2018 14:59:54 PM
Division Approval	tdoucett	03/22/2018 11:03:47 AM
Department Approval	eobrien	03/28/2018 09:35:10 AM
Contract Manager Approval	eobrien	04/10/2018 13:36:30 PM
EITS Approval	lolso3	04/13/2018 09:51:14 AM
Budget Analyst Approval	cpalme2	04/13/2018 11:11:45 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>17646</b>	Amendment Number: <b>1</b>
Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>TAHOE REGIONAL PLANNING AGENCY</b>
Agency Code: <b>704</b>	Contractor Name: <b>TAHOE REGIONAL PLANNING AGENCY</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>PO BOX 5310</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>STATELINE, NV 89449-5310</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/589-4547</b>
	Vendor No.: <b>T80989419</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2020</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue interlocal</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2016**  
 Anticipated BOE meeting date **04/2018**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/06/2020**  
 Contract term: **3 years and 362 days**

4. Type of contract: **Revenue Contract**  
 Contract description: **Watercraft Inspectio**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides support to the Lake Tahoe boat inspection program. This amendment allows for a longer boating season and updates of costs for the employment of State Park Aides, private sector or temporary employees to the scope of services and increases the maximum amount from \$323,950 to \$372,972 due to scope of services update.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$323,960.00	\$323,960.00	\$323,960.00	Yes - Action
2. Amount of current amendment (#1):	\$49,012.00	\$49,012.00	\$49,012.00	Yes - Info
3. New maximum contract amount:	\$372,972.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

TRPA requires the presence of aquatic invasive species boat inspectors at any open/operating Tahoe launch site.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Parks does not have the manpower or funds required to staff Tahoe lunch sites for boat inspection activities.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the 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. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

TRPA has had a contract with Nevada State Parks since 2009 with satisfactory performance.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/30/2018 13:34:18 PM
Division Approval	sdecrona	03/30/2018 13:34:21 PM
Department Approval	sdecrona	03/30/2018 13:34:24 PM
Contract Manager Approval	sdecrona	04/05/2018 12:54:02 PM
Budget Analyst Approval	cpalme2	04/10/2018 09:25:14 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19823**

Agency Name: **DCNR - PARKS DIVISION**  
 Agency Code: **704**  
 Appropriation Unit: **4605-21**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **REDI SERVICES, LLC**  
 Contractor Name: **REDI SERVICES, LLC**  
 Address: **225 W OWENS ST.  
 PO BOX 310  
 LYMAN, WY 82937-0310**  
 City/State/Zip: **LYMAN, WY 82937-0310**  
 Contact/Phone: **Jay Anderson 307/787-6333**  
 Vendor No.: **T29020652**  
 NV Business ID: **NV20071187233**  
 To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>75.00 %</b>	<input checked="" type="checkbox"/> Fees	<b>25.00 % User Fees</b>
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2018**  
 Anticipated BOE meeting date **05/2018**

Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/02/2022**  
 Contract term: **4 years and 7 days**

4. Type of contract: **Contract**  
 Contract description: **Septic Pumping**

5. Purpose of contract:  
**This is a new contract to provide on-call septic pumping at Wild Horse State Recreation Area.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$17,040.00**  
 Payment for services will be made at the rate of \$2,130.00 per per invoice  
 Other basis for payment: approx. \$2,130 twice a year for four years

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Health and safety issues require routine septic pumping**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**We don't have the equipment.**

9. Were quotes or proposals solicited? **Yes**  
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):  
**Chester Plumbing & Heating  
 Terry's Pumping Potties  
 Plumblin Mechanical**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

They are the lowest bidders.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Andrew Bass, Park Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/12/2018 13:05:50 PM
Division Approval	sdecrona	03/12/2018 13:05:53 PM
Department Approval	sdecrona	03/12/2018 13:05:57 PM
Contract Manager Approval	sdecrona	03/23/2018 09:04:24 AM
Budget Analyst Approval	cpalme2	03/27/2018 08:50:48 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19738**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>CALIFORNIA GENERATOR SERVICE NEVADA</b>
Agency Code: <b>706</b>	Contractor Name: <b>CALIFORNIA GENERATOR SERVICE NEVADA</b>
Appropriation Unit: <b>4195-07</b>	Address: <b>2900 VASSAR STREET C-6</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>BILL LOPES 866/643-6738</b>
	Vendor No.: <b>T29032625A</b>
	NV Business ID: <b>NV20111454803</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF18-010**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2022**

Contract term: **4 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Generator Service**

5. Purpose of contract:

**This is a new contract to provide ongoing service to the division's emergency backup generators at various locations statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,680.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Cost for Planned Service: Western Region Facility: Yr1&Yr2-\$1,130 each year; Yr3&Yr4-\$1,163 each year; Elko Dispatch Center: Yr1&Yr2-\$2,595 each year; Yr3&Yr4-\$2,673 each year; Unplanned/Emergency Service: Field Repairs: S/T- \$118/hr; O/T-\$177/hr; D/T-\$236/hr; Switchgear & Controls: S/T-\$123/hr; O/T-\$185/hr; D/T-\$246/hr; Markup-20%

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry operates facilities on a 24-hour basis, primarily two 24-hour dispatch centers. The emergency backup generators ensure that these facilities do not experience any disruption to service and it is of utmost importance that these generators receive regular maintenance and repairs when necessary to ensure the continual operation of these facilities and provide for the safety of the citizens of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the technical expertise needed to maintain and/or repair these generators.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

California Generator Service  
Power Plus  
Industrial Equipment Repair

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as the best value for the Division of Forestry and State of Nevada.

d. Last bid date: Anticipated re-bid date: 01/03/2022

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with the Division of Forestry for this service in FY14-FY18.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Brett Simerly, Support Services Program Manager Ph: 775-684-2517

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldunn	02/14/2018 09:18:09 AM
Division Approval	dprather	02/14/2018 09:43:28 AM
Department Approval	dprather	02/14/2018 09:43:31 AM
Contract Manager Approval	ldunn	02/20/2018 08:40:06 AM
Budget Analyst Approval	cpalme2	04/11/2018 15:51:48 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19888**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>CAPITAL CITY COMPUTING</b>
Agency Code: <b>706</b>	Contractor Name: <b>CAPITAL CITY COMPUTING</b>
Appropriation Unit: <b>4195-30</b>	Address: <b>PO BOX 4156</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89702-4156</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MAXINE NIETZ 775/887-1294</b>
	Vendor No.: <b>T80965522</b>
	NV Business ID: <b>NV20181158742</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF18-016**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2022**

Contract term: **3 years and 353 days**

4. Type of contract: **Contract**

Contract description: **Software Training**

5. Purpose of contract:

**This is a new contract to provide software training and consultation.**

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 \$90.00 per hour for software repair/programming;

Other basis for payment: \$70/hour for training; \$25/hour for travel; approved GSA rates for lodging (receipt required)/meals; ticketed price (coach) for airfare (receipt required); \$200 for BETS user manual; \$100 per course for training material.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The division is in need of training and consultation in software applications and procedures to enhance work practices and efficiency and enhance employee career development.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work load and expertise is not within the class specifications of our fiscal and administrative staff to instruct on software applications nor does staff have the expertise or credentials to troubleshoot and train on these applications.

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 vendor was selected due to the ability to address the agency's needs for these services.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 02/28/2022

10. Does the contract contain any IT components? 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 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:

JULIAN ANGRES, SAFETY & TRAINING PROGRAM MANAGER Ph: 775-684-2513

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dprather	04/10/2018 13:15:46 PM
Division Approval	dprather	04/10/2018 13:15:49 PM
Department Approval	dprather	04/10/2018 13:15:53 PM
Contract Manager Approval	ldunn	04/10/2018 15:35:52 PM
EITS Approval	lolso3	04/13/2018 09:54:35 AM
Budget Analyst Approval	cpalme2	04/13/2018 11:03:57 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19798**

Agency Name: **DCNR - FORESTRY DIVISION**  
 Agency Code: **706**  
 Appropriation Unit: **4195-79**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **DAVEY RESOURCE GROUP**  
 Contractor Name: **DAVEY RESOURCE GROUP**  
 Address: **295 S WATER STREET**  
 City/State/Zip: **KENT, OH 44240**  
 Contact/Phone: **DOROTHY ABEYTA 925/391-5969**  
 Vendor No.: **T32006202**  
 NV Business ID: **NV20171656224**  
 To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF18-014**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/21/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/15/2018**

Contract term: **86 days**

4. Type of contract: **Contract**

Contract description: **Tree Inventory**

5. Purpose of contract:

**This is a new contract to provide an inventory of trees on public managed property including parks, streets and other public facilities statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,990.00**

Payment for services will be made at the rate of \$4.90 per tree inventoried

Other basis for payment: upon receipt/approval of contractor invoice and verification of completion of work in satisfactory manner.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The need to inventory, assess and manage urban trees is identified as a priority in the Nevada Division of Forestry's state assessment and strategies. The Division's Urban Forestry Program received a U.S. Forest Service Western Competitive grant to fund public tree inventories. For the U.S. Forest Service National Urban Forestry Program, tree inventories and urban forestry assessments are a high priority for funding. Inventories have been completed in Southern Nevada and this contract will complete the inventories for remaining portions of the state.

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 conduct an inventory of this 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):

Davey Resource Group  
Horticulture Consultants, Inc.  
West Coast Arborists

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only vendor to submit a bid for this contract. Additionally, the vendor successfully completed a contract for NDF in SFY2013.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 Forestry, SFY2013. Work performed was deemed satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

LISA ORTEGA, URBAN & COMMUNITY FORESTER Ph: 702-486-5123

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dprather	03/20/2018 06:27:19 AM
Division Approval	dprather	03/20/2018 06:27:22 AM
Department Approval	dprather	03/20/2018 06:27:25 AM
Contract Manager Approval	ldunn	03/20/2018 11:26:20 AM
Budget Analyst Approval	cpalme2	03/21/2018 08:51:33 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19824**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>GOLD DUST CARSON CITY, LLC - DBA GOLD DUST WEST</b>
Agency Code: <b>706</b>	Contractor Name: <b>GOLD DUST CARSON CITY, LLC - DBA GOLD DUST WEST</b>
Appropriation Unit: <b>4195-30</b>	Address: <b>2171 EAST WILLIAM STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89701</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775885-9000</b>
	Vendor No.: <b>T27018020</b>
	NV Business ID: <b>NV20141596867</b>

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF18-012**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/21/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/20/2018**

Contract term: **30 days**

4. Type of contract: **Contract**

Contract description: **Staff Lodging**

5. Purpose of contract:

**This is a new contract to provide hotel lodging for out-of area division employees to attend the annual pre-fire season All Hands Meeting April 16-20, 2018.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,787.20**

Payment for services will be made at the rate of \$88.80 per night

Other basis for payment: Base rate of \$80 plus 11% Carson City Room tax; 36 rooms for four nights per room. Room rate includes a full complimentary breakfast with each night stay.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry will be conducting its pre-fire season All Hands Meeting April 16-20, 2018 in Carson City. Employees from around the state will be attending this meeting. The division has negotiated a room rate of \$80 per night plus tax and will realize savings in paying the hotel costs directly versus reimbursing employees based on the approved GSA rate of \$93 for lodging in Carson City. In addition, the room rate includes a full complimentary breakfast with each night's stay.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Neither state employees nor state agencies 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):

Gold Dust West  
Courtyard by Marriott  
Wyndham Garden Hotel-Max Casino

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen as the best value for the division and State of Nevada.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 provided the same service for the Nevada Division of Forestry in SFY10, SFY12, SFY13 and SFY14 and service was deemed satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Julian Angres, Safety & Training Program Manager Ph: 775-684-2513

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dprather	03/20/2018 06:26:44 AM
Division Approval	dprather	03/20/2018 06:26:46 AM
Department Approval	dprather	03/20/2018 06:26:49 AM
Contract Manager Approval	ldunn	03/20/2018 09:40:18 AM
Budget Analyst Approval	cpalme2	03/21/2018 09:54:33 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18592</b>	Amendment Number: <b>1</b>
Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>Southern Nevada Health District</b>
Agency Code: <b>709</b>	Contractor Name: <b>Southern Nevada Health District</b>
Appropriation Unit: <b>3187-20</b>	Address: <b>PO Box 3902</b>
Is budget authority available?: <b>Yes</b>	<b>280 S. Decatur Blvd.</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Las Vegas, NV 89107</b>
	Contact/Phone: <b>Andrew J. Glass, FACHE, MS 702-759-0560</b>
	Vendor No.: <b>T27001231B</b>
	NV Business ID: <b>NV20161589068</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 17-029**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **UST/LUST Program**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement to implement the Underground and Leaking Underground Storage Tank (UST/LUST) Program in Southern Nevada which includes program implementation, UST notifications, compliance, monitoring and tracking, as well as quarterly reporting activities. This amendment adds training to the scope of work and increases the maximum amount from \$680,000 to \$704,700 due to the need for additional training.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$680,000.00	\$680,000.00	\$680,000.00	Yes - Action
2. Amount of current amendment (#1):	\$24,700.00	\$24,700.00	\$24,700.00	Yes - Info
3. New maximum contract amount:	\$704,700.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Regulated Underground Storage Tank Systems require periodic compliance inspections to prevent and or discover leaks in a timely manner. Enforcement activities at facilities, and owners/operators, may be required if not in compliance. If a regulated Underground Storage Tank System has a release, repair and appropriate corrective action will be taken.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDEP does not have the staff to perform all compliance and oversight services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of 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

Southern Nevada is a political subdivision of the State of Nevada.

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DCNR- NDEP- BCA has contracted for the same services with SNHD for over 20 years.

14. Is the contractor currently involved in litigation with the State 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	bsotomay	03/23/2018 16:55:04 PM
Division Approval	jcollin5	03/27/2018 08:31:44 AM
Department Approval	jcollin5	03/27/2018 08:31:49 AM
Contract Manager Approval	kvalde1	03/29/2018 08:52:13 AM
Budget Analyst Approval	cpalme2	03/30/2018 09:35:38 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19802**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>THE NATURE CONSERVANCY</b>
Agency Code: <b>709</b>	Contractor Name: <b>THE NATURE CONSERVANCY</b>
Appropriation Unit: <b>3193-10</b>	Address: <b>1 East 1ST Street, Suite 1007</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89501-1612</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-306-6754</b>
	Vendor No.: <b>T81085675A</b>
	NV Business ID: <b>NV19621000306</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Settlement Funds N. Las Vegas</b>

Agency Reference #: **DEP 18-023**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/17/2018**

Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 74 days**

4. Type of contract: **Contract**

Contract description: **Watershed Planning**

5. Purpose of contract:

**This is a new contract to provide up to three planning workshops to assist with the drafting of a Lower Virgin River Integrated Watershed Plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: **Quarterly**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

A grass roots effort is necessary for the tasks in this contract to be completed and for watershed based planning to be successful. The Lower Virgin River Integrated Watershed Planning Committee is composed of local entities that support this effort.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Watershed based planning efforts are best done at the local level, from the bottom up verses being agency directed.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Land Trust  
RO Anderson  
Resource Concepts Incorporated

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The chosen vendors proposal best represented the RFQ selection criteria as evaluated by the technical advisory committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2/5/14 till 12/31/15 NDEP/BWQP service provided 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:

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:

Jon Paul Kiel, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rاندrews	03/09/2018 09:34:09 AM
Division Approval	pcomba	03/29/2018 07:53:52 AM
Department Approval	pcomba	03/29/2018 07:53:56 AM
Contract Manager Approval	mhilk1	03/29/2018 08:01:08 AM
Budget Analyst Approval	cpalme2	04/17/2018 10:30:06 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: **19803**

Agency Name: <b>B&amp;I - INDUSTRIAL RELATIONS DIV</b>	Legal Entity Name: Computer Projection Systems, LLC
Agency Code: <b>742</b>	Contractor Name: <b>Computer Projection Systems, LLC</b>
Appropriation Unit: <b>4680-14</b>	Address: <b>dba CCS Presentation Systems</b>
Is budget authority available?: <b>Yes</b>	<b>2870 South Jones Boulevard #3</b>
If "No" please explain: Not Applicable	City/State/Zip: <b>Las Vegas, NV 89146</b>
	Contact/Phone: Rian Flourens 702-869-0020
	Vendor No.: PUR0004170
	NV Business ID: NV19991030769
To what State Fiscal Year(s) will the contract be charged? <b>2018</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Workers Compensation Assessment Fund</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2018**

Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/01/2018**

Contract term: **59 days**

4. Type of contract: **Provider Agreement**

Contract description: **Presentation Install**

5. Purpose of contract:

**This is a new contract to provide the installation of presentation equipment (projectors, screens and sound amplification systems) related to the relocation of the Division of Industrial Relations from its offices in Henderson, NV, to a new facility at 3360 West Sahara Avenue in Las Vegas, NV.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000.00**

Other basis for payment: For work as quoted

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Industrial Relations is relocating offices from Henderson, NV, to 3360 West Sahara Avenue, Las Vegas, NV. As part of the relocation, DIR requires the installation of projectors, screens and sound amplification equipment to facilitate training, video-conferencing, and public hearings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Installation of the equipment requires skilled technicians to properly install and calibrate equipment and ensure proper functionality. Integration of the equipment with building electrical systems is also required. State employees are not qualified to perform this type of 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):

702AV  
Diversified Communications  
Computer Projection Systems, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor, who was deemed to be a qualified vendor, provided the only response to the solicitation.

d. Last bid date: 01/04/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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:

Tristan Dressler, Supervisor Ph: 702-486-9035

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ljon13	03/22/2018 13:52:23 PM
Division Approval	ljon13	03/22/2018 13:58:34 PM
Department Approval	jhans4	03/27/2018 11:28:22 AM
Contract Manager Approval	tdressl2	03/27/2018 11:38:44 AM
Budget Analyst Approval	aurruty	04/03/2018 11:25:25 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19785**

Agency Name: <b>B&amp;I - INDUSTRIAL RELATIONS DIV</b>	Legal Entity Name: ALS Group USA, Corporation DBA ALS Environmental
Agency Code: <b>742</b>	Contractor Name: <b>ALS Group USA, Corporation DBA ALS Environmental</b>
Appropriation Unit: <b>4682-04</b>	Address: <b>ALS Environmental 4388 Glendale-Milford Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Cincinnati, OH 45242</b>
If "No" please explain: Not Applicable	Contact/Phone: Chris Amidon 513 733 5336
	Vendor No.: T32006254
	NV Business ID: NV20181164441

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>29.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>71.00 % Worker's Compensation and Safety Fund</b>

Agency Reference #: 742

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/23/2018**  
Anticipated BOE meeting date 03/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2020**

Contract term: **1 year and 342 days**

4. Type of contract: **Contract**

Contract description: **Laboratory Services**

5. Purpose of contract:

**This is a new contract to provide certified analysis of potential exposure to asbestos, mold, silica, and other potential hazardous element exposure. In order to monitor employee safety, industrial hygiene samples are taken during inspections and investigations to ascertain potential exposure of employees to hazardous working conditions.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$24,000.00 per year

Other basis for payment: Per type and services required. Not to exceed 24,000.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Laboratory analysis of samples taken during inspections/investigation can be the foundation for establishing potential exposure of employees to hazardous working conditions. Before issuing a citation for violative conditions NV OSHA must present evidence of fact.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State has no such 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):

EMLab P&K  
Constitution State SRVCS, LLC dba Travelers Industrial Hygiene  
EMSL Laboratories, Inc. dba LA testing  
Pace Analytical  
Silver State Analytical Laboratories, Inc.  
Forensic Analytical Laboratories  
ALS Group USA, Corp. DBA ALS Enviornmental

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The chosen contractor was the lowest responsible vendor, carries all the certifications and accreditations requested, and has the ability to provide expedited services.

d. Last bid date: 12/11/2017 Anticipated re-bid date: 11/15/2019

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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:

Lankford, Jess, Chief Administrative Officer Ph: 702-486-9046

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ljon13	03/13/2018 16:57:29 PM
Division Approval	ljon13	03/14/2018 09:49:07 AM
Department Approval	jhanse4	03/15/2018 16:01:58 PM
Contract Manager Approval	jwhi11	03/15/2018 16:29:00 PM





### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19923**

Agency Name: **B&I - ATHLETIC COMMISSION**  
 Agency Code: **749**  
 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: **8055 DOLCE VOLPE AVE**  
 City/State/Zip: **LAS VEGAS, NV 89178-8260**  
 Contact/Phone: 310/920-6796  
 Vendor No.: T32004495  
 NV Business ID: NV20171050146  
 To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>90.00 % ATHLETIC COMMISSION GATE FEES</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/09/2018**  
 Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**  
 Contract term: **4 years and 83 days**

4. Type of contract: **Contract**  
 Contract description: **Specialty Services**

5. Purpose of contract:  
**This is a new contract to provide Chief Inspector Services during Athletic Commission weigh-ins and events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**  
 Other basis for payment: \$150.00 per event and \$50.00 per weigh-in or per day of USA Boxing gym inspection; not to exceed \$30,000 over contract term.

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**Weigh-ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff and would incur overtime in trying to fulfill these obligations.**

9. Were quotes or proposals solicited? **No**  
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):  
**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has knowledge of the rules and regulations of unarmed combat and has been previously contracted with the Athletic Commission. Performance is satisfactory.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Patchin, Colleen, Program Officer 2 Ph: 775-486-2578

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	avance	04/02/2018 15:19:35 PM
Division Approval	avance	04/02/2018 15:19:37 PM
Department Approval	jhanse4	04/03/2018 11:06:55 AM
Contract Manager Approval	avance	04/04/2018 07:51:30 AM
Budget Analyst Approval	aurruty	04/09/2018 11:25:48 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19922**

Agency Name: **B&I - ATHLETIC COMMISSION**  
 Agency Code: **749**  
 Appropriation Unit: **3952-04**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **TRAMMELL, BRETT P**  
 Contractor Name: **TRAMMELL, BRETT P**  
 Address: **9350 S CIMARRON RD UNIT 4108**  
 City/State/Zip: **LAS VEGAS, NV 89178-2544**  
 Contact/Phone: **315/373-3415**  
 Vendor No.: **T29038677**  
 NV Business ID: **NV20171051034**  
 To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>90.00 % ATHLETIC COMMISSION GATE FEES</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/09/2018**  
 Anticipated BOE meeting date **05/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**  
 Contract term: **4 years and 83 days**

4. Type of contract: **Contract**  
 Contract description: **Specialty Services**

5. Purpose of contract:

**This is a new contract that continues ongoing services to provide Unarmed Combat Inspector services for weigh-ins and events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**  
 Other basis for payment: \$150.00 per event and \$50.00 per weigh-in or per day of USA Boxing gym inspection; not to exceed \$30,000 over contract term.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Weigh-ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff and would incur overtime in trying to fulfill these obligations.**

9. Were quotes or proposals solicited? **No**  
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has knowledge of the rules and regulations of unarmed combat and has been previously contracted with the Athletic Commission. Performance is satisfactory.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Patchin, Colleen, Program Officer 2 Ph: 775-486-2578

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	avance	04/02/2018 15:19:22 PM
Division Approval	avance	04/02/2018 15:19:24 PM
Department Approval	jhans4	04/03/2018 11:07:07 AM
Contract Manager Approval	avance	04/04/2018 07:51:01 AM
Budget Analyst Approval	aurretty	04/09/2018 11:39:46 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19885**

Agency Name: <b>DEPARTMENT OF MOTOR VEHICLES</b>	Legal Entity Name: <b>GARTNER INC</b>
Agency Code: <b>810</b>	Contractor Name: <b>GARTNER INC</b>
Appropriation Unit: <b>4715-04</b>	Address: <b>56 TOP GALLANT ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>STAMFORD, CT 06904</b>
If "No" please explain: Not Applicable	Contact/Phone: Jay Friedman 239-561-4815
	Vendor No.: T80976121A
	NV Business ID: NV19941112701

To what State Fiscal Year(s) will the contract be charged? **2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **364 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **SubscriptionResearch**

5. Purpose of contract:

**This is a new Work Plan under Mater Service Agreement Contract #18964 which provides research and advisory services related to information technology for subscription-based research and related services for the Motor Vehicle Information Technology Division professional staff of the Department. This includes but not limited to providing information about best practices related to cloud services, mobile application development, network design, system strategy and modernizing computer application solutions.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,495.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Changes in the Technology sector occur very rapidly. When the Department has to make IT related decisions and provide technical information, it is limited by the realm of the Department's current trends and research related to the ever changing information technology environment. Gartner has been identified as resource for expertise in IT research in both the government and private sectors. The Department will have access to technology experts and related information that will assist in the selection of the best possible solution for modernization and its success.

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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 170706**

**Approval Date: 07/28/2017**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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:

Mark Froese, IT Administrator Ph: 775-684-4578

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vleigh	03/27/2018 11:21:13 AM
Division Approval	vleigh	03/27/2018 11:21:15 AM
Department Approval	cmunoz	03/27/2018 15:42:46 PM
Contract Manager Approval	hazevedo	03/28/2018 08:11:31 AM
Budget Analyst Approval	hfield	04/06/2018 15:06:43 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19876**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>ALPINE ACADEMY</b>
Agency Code: <b>901</b>	Contractor Name: <b>ALPINE ACADEMY</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>605 BOXINGTON STE 112</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89434-6918</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jill Ross 775/356-1166</b>
	Vendor No.: <b>T27023332</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>21.30 %</b>	Fees	0.00 %
<b>X</b> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3218-19-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/16/2018**

Anticipated BOE meeting date **06/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/01/2019**

Contract term: **319 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Alpine Camp 2018**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,008.25**

Other basis for payment: Summer 2018 fixed cost:\$5,625.50;Variable cost:\$4,520.00 (20 students max); Summer 2018 total: \$10,145.50; and Winter 2019 fixed cost: \$2,787.75; Variable Cost: \$2,075.00 (20 Student max); Winter 2019 Total: \$4,862.75; with the total contract not to exceed \$15,008.25

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**WIOA requires that 15% of all grant funding be spent on PETS programs.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees are not trained or have the skills to undertake the PETS 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?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 satisfactory services to DETR since July 2017 and the Department of Education since 2009.

14. Is the contractor currently involved in litigation with the State 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:

Mechell Merril , Bureau Chief Ph: 775-687-6862

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	03/28/2018 15:34:09 PM
Division Approval	jmcentee	03/30/2018 09:16:45 AM
Department Approval	jmcentee	03/30/2018 09:16:49 AM
Contract Manager Approval	kdesoci1	03/30/2018 13:03:29 PM
Budget Analyst Approval	tgreenam	04/16/2018 09:04:13 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>17697</b>	Amendment Number: <b>1</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY DIVISION</b>	Legal Entity Name: <b>Aqua-Serv Engineers, Inc.</b>
Agency Code: <b>902</b>	Contractor Name: <b>Aqua-Serv Engineers, Inc.</b>
Appropriation Unit: <b>4771-07</b>	Address: <b>13560 Colombard Court</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Fontana, CA 92337-7702</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Paul McKennon 951 681-9696</b>
	Vendor No.: <b>T29006945</b>
	NV Business ID: <b>NV19641000624</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2020</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 % ESD Special Fund</b>
Agency Reference #: <b>2060-18-DETR-OM</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2016**

Anticipated BOE meeting date **04/2018**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **04/30/2018**

Contract term: **3 years and 354 days**

4. Type of contract: **Contract**

Contract description: **Cooling Tower Maint.**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing monthly water treatment and chemical level testing, treatments, and maintenance of the cooling tower and associated equipment located at 500 E. Third Street. This amendment extends the termination date from April 30, 2018 to April 30, 2020 and increases the maximum amount from \$9,880.00 to \$19,940.00 due to the need for continued service.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,880.00	\$9,880.00	\$9,880.00	No
2. Amount of current amendment (#1):	\$10,060.00	\$19,940.00	\$19,940.00	Yes - Info
3. New maximum contract amount:	\$19,940.00			
and/or the termination date of the original contract has changed to:	04/30/2020			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Cooling tower waters need to be tested and balanced within proper parameters to ensure appropriate functioning and prolonged longevity of equipment operation and disinfection.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State personnel do not have the expertise to perform, test and adjust these chemical balance levels.

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):

Water One  
Aqua-Serv Engineers, Inc.  
ACT Advanced Chemical Tchnology

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This Vendor's proposal and example of reports best meets agency expectations.

d. Last bid date: 03/20/2016 Anticipated re-bid date: 02/01/2018

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 for Buildings and Grounds since 2006.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	jbende2	03/14/2018 15:10:15 PM
Division Approval	jmcentee	03/27/2018 08:06:37 AM
Department Approval	jmcentee	03/27/2018 08:06:40 AM

Contract Manager Approval  
Budget Analyst Approval

kdesoci1  
tgreenam

03/27/2018 12:48:39 PM  
04/02/2018 14:45:42 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19884**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: Numbers Inc.
Agency Code: <b>BDC</b>	Contractor Name: <b>Numbers Inc.</b>
Appropriation Unit: <b>B031 - All Categories</b>	Address: <b>1285 Baring Blvd #309</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89434</b>
If "No" please explain: Not Applicable	Contact/Phone: Carol Woods 775-742-2962
	Vendor No.:
	NV Business ID: NV20031345377

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 05/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Bookkeeping Services**

5. Purpose of contract:

**This is a new contract to provide bookkeeping and payroll services for the Board including monthly financial reports, payroll services, quarterly and annual payroll tax reports and other financial services as requested.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Payment for services will be made at the rate of \$250.00 per month

Other basis for payment: \$50.00 per hour for additional services as requested by the Board

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is required to maintain their own financial reporting system and payroll systems. The Board is funded entirely by licensing fees and is not part of the state financial or payroll systems

NRS 640A.100 provides authority for the Board to hire staff and other individuals necessary to the discharge of its duties.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board has limited staff with the expertise necessary to perform these functions.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This vendor has provided services to the Board of Occupational Therapy in previous years and the services have been satisfactory.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 Physical Therapy Board, Nevada Funeral Board; services have been verified as satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	lp310000	03/27/2018 10:56:49 AM
Division Approval	lp310000	03/27/2018 10:56:54 AM
Department Approval	lp310000	03/27/2018 10:56:58 AM
Contract Manager Approval	lp310000	03/27/2018 10:57:01 AM
Budget Analyst Approval	lfree1	04/06/2018 10:20:38 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19883**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: Paula Berkley
Agency Code: <b>BDC</b>	Contractor Name: <b>Paula Berkley</b>
Appropriation Unit: <b>B031 - All Categories</b>	Address: <b>908 Nixon Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89509</b>
If "No" please explain: Not Applicable	Contact/Phone: Paula Berkley 775-323-7430
	Vendor No.:
	NV Business ID: NV20101464479

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2018**

Anticipated BOE meeting date 04/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

Contract term: **1 year and 177 days**

4. Type of contract: **Contract**

Contract description: **Lobbyist Svcs**

5. Purpose of contract:

**This is a new contract to provide lobbyist services to the Board during the 2019 Legislative Session.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,000.00**

Payment for services will be made at the rate of \$2,000.00 per month

Other basis for payment: Upon invoice as services are provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 640A.100 provides the Board's authority for staffing and to establish the duties and payments

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 640A.100 - The Board must obtain its own services, there are no employees of the Board who can perform the services requested.

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):

Michael Hillerby  
Jenny Reese  
Paula Berkley

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This proposer was the only responsive vendor; the Board has previously contracted with this proposer and services were excellent; meeting the needs of the Board.

d. Last bid date: 02/15/2018 Anticipated re-bid date: 02/15/2020

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Board of Occupational Therapy, Speech-Language Pathology Audiology and Hearing Aid Dispensing Board, Board of Social Workers, Board of Podiatry, Board of Physical Therapy Examiners.

Quality of services have been verified as being satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lp310000	03/27/2018 10:15:47 AM
Division Approval	lp310000	03/27/2018 10:15:50 AM
Department Approval	lp310000	03/27/2018 10:15:59 AM
Contract Manager Approval	lp310000	03/27/2018 10:16:03 AM
Budget Analyst Approval	lfree1	04/06/2018 11:02:40 AM






**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 17, 2018

To: James R. Wells, Clerk of the Board  
Governor's Finance Office

From: Heather Field, Executive Branch Budget Officer  
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:

**DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM**

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles shall certify to the State 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 is for the period beginning January 1, 2018 and ending March 31, 2018.

Additional Information:

During this time period the Department of Motor Vehicles collected \$87,815.51 as compared to \$84,387 for the same period last year and \$73,112 collected last quarter. Of the amounts collected, approximately 78.57% was from Clark County, 15.63% was from Washoe County, 2.99% was from Carson City and 2.82% was from Douglas County. After deducting 1% to administer the program, Clark County received \$68,306.04; Washoe County received \$13,584.78; Carson City received \$2,595.78 and Douglas County received \$2,450.75.


For the third quarter of State Fiscal Year 2018, 14.43% is the average of those registering vehicles who contributed to the Complete Streets Program. This is equal to the same period of 14.43% from State Fiscal Year 2017. For the third quarter of State Fiscal Year 2018, Clark County received on average 15.44% where Douglas County on average 11.45% of vehicle registrations donating.

Uses:

The uses reports from the local jurisdictions will be reported on a fiscal year basis and is anticipated for the September BOE.

Statutory Authority:

NRS 482.480, Subsection 11

<b>REVIEWED:</b>  _____
<b>INFO ITEM:</b> _____

**Brian Sandoval**  
Governor



**Terri L. Albertson**  
Director

555 Wright Way  
Carson City, Nevada 89711-0900  
Telephone (775) 684-4368  
www.dmvnv.com

April 17, 2018

Board of Examiners

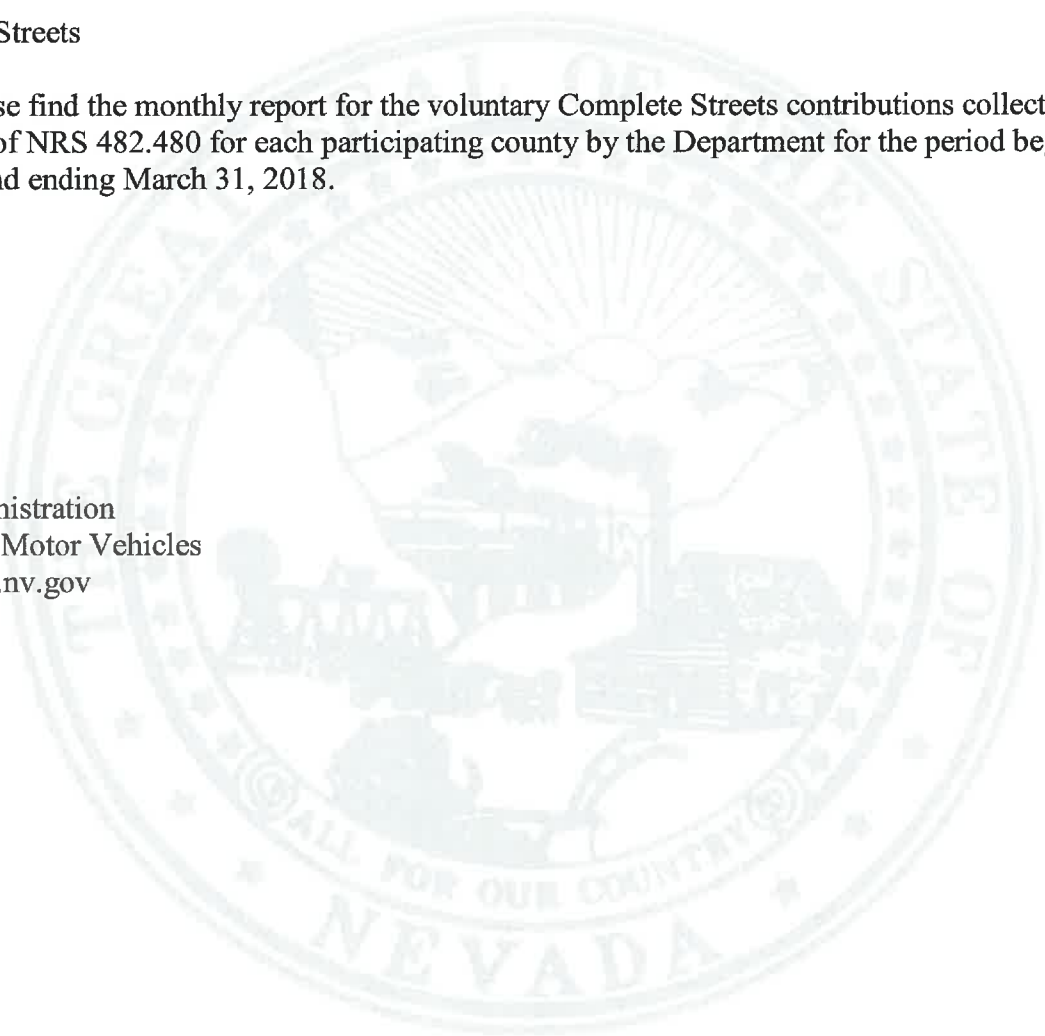
Re: Complete Streets

Attached, please find the monthly report for the voluntary Complete Streets contributions collected pursuant to subsection 11 of NRS 482.480 for each participating county by the Department for the period beginning July 1, 2017 and ending March 31, 2018.

Sincerely,

Cyndie Munoz

Chief of Administration  
Department of Motor Vehicles  
cmunoz@dmv.nv.gov  
775-684-4501



**Department of Motor Vehicles  
Complete Streets Report: Donations  
2018**

County	July	August	September	October	November	December	January	February	March	Year To Date
<b>Carson City</b>										
Donations	507	449	442	408	393	343	415	397	499	3,853
Registrations	3,402	3,609	3,366	3,229	2,960	2,820	3,142	3,091	3,627	29,246
Percent that Donated	<b>14.90%</b>	<b>12.44%</b>	<b>13.13%</b>	<b>12.64%</b>	<b>13.28%</b>	<b>12.16%</b>	<b>13.21%</b>	<b>12.84%</b>	<b>13.76%</b>	<b>13.17%</b>
<b>Clark</b>										
Donations	11,165	11,298	10,662	10,168	9,153	9,213	10,923	10,333	13,242	96,157
Registrations	72,181	77,348	73,808	68,018	64,280	66,308	73,066	66,554	83,792	645,355
Percent that Donated	<b>15.47%</b>	<b>14.61%</b>	<b>14.45%</b>	<b>14.95%</b>	<b>14.24%</b>	<b>13.89%</b>	<b>14.95%</b>	<b>15.53%</b>	<b>15.80%</b>	<b>14.90%</b>
<b>Douglas</b>										
Donations	377	443	370	351	351	368	398	387	453	3,498
Registrations	3,853	4,269	3,761	3,711	3,345	3,417	3,581	3,349	3,878	33,164
Percent that Donated	<b>9.78%</b>	<b>10.38%</b>	<b>9.84%</b>	<b>9.46%</b>	<b>10.49%</b>	<b>10.77%</b>	<b>11.11%</b>	<b>11.56%</b>	<b>11.68%</b>	<b>10.55%</b>
<b>Washoe</b>										
Donations	2,432	2,357	2,278	2,100	1,865	1,843	2,148	2,059	2,654	19,736
Registrations	21,284	22,535	20,665	18,975	17,624	17,427	19,456	17,993	22,666	178,625
Percent that Donated	<b>11.43%</b>	<b>10.46%</b>	<b>11.02%</b>	<b>11.07%</b>	<b>10.58%</b>	<b>10.58%</b>	<b>11.04%</b>	<b>11.44%</b>	<b>11.71%</b>	<b>11.05%</b>

**Notes**

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Kiosk, Web and MyDMV Portal only.
3. DMV began accepting Douglas County contributions on 5/9/16.

**Department of Motor Vehicles**  
**Complete Streets: Monthly Report FY18**  
**Report Date: 4/17/2018**  
 Reporting Period: March, 2018

County	Contributions																		
	July	August	September	October	November	December	January	February	March	Year to Date	Year to Date	Year to Date							
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total			
Carson City	\$ 1,014.00	3.50%	\$ 898.00	3.09%	\$ 884.00	3.21%	\$ 816.00	3.13%	\$ 786.00	3.34%	\$ 686.00	2.91%	\$ 830.00	3.01%	\$ 998.00	2.96%	\$ 7,706.00	3.13%	
Clark	\$ 22,330.00	77.10%	\$ 22,596.00	77.67%	\$ 21,324.00	77.53%	\$ 20,336.00	78.05%	\$ 18,306.00	77.82%	\$ 18,426.00	78.30%	\$ 21,846.00	78.42%	\$ 26,484.00	78.60%	\$ 182,314.00	78.02%	
Douglas	\$ 754.00	2.60%	\$ 886.00	3.05%	\$ 740.00	2.69%	\$ 702.00	2.69%	\$ 702.00	2.98%	\$ 736.00	3.13%	\$ 796.00	2.94%	\$ 906.00	2.69%	\$ 6,995.51	2.84%	
Washoe	\$ 4,864.00	16.79%	\$ 4,714.00	16.20%	\$ 4,556.00	16.56%	\$ 4,200.00	16.12%	\$ 3,730.00	15.86%	\$ 3,686.00	15.66%	\$ 4,296.00	15.47%	\$ 5,308.00	15.75%	\$ 39,472.00	16.01%	
<b>Total</b>	<b>\$28,962.00</b>	<b>100.00%</b>	<b>\$29,094.00</b>	<b>100.00%</b>	<b>\$27,504.00</b>	<b>100.00%</b>	<b>\$26,054.00</b>	<b>100.00%</b>	<b>\$23,524.00</b>	<b>100.00%</b>	<b>\$23,534.00</b>	<b>100.00%</b>	<b>\$27,768.00</b>	<b>100.00%</b>	<b>\$ 33,696.00</b>	<b>100.00%</b>	<b>\$ 246,487.51</b>	<b>100%</b>	

**DMV Commission (1%)**

County	DMV Commission (1%)																		
	July	August	September	October	November	December	January	February	March	Year to Date	Year to Date	Year to Date							
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total			
Carson City	\$10.14	3.50%	\$6.98	3.09%	\$8.84	3.21%	\$8.16	3.13%	\$7.86	3.34%	\$6.86	2.91%	\$8.30	3.01%	\$9.98	2.96%	\$77.06	3.13%	
Clark	\$223.30	77.10%	\$225.96	77.67%	\$213.24	77.53%	\$203.36	78.05%	\$183.06	77.82%	\$184.26	78.30%	\$218.46	78.42%	\$264.84	78.60%	\$1,923.14	78.02%	
Douglas	\$7.54	2.60%	\$8.86	3.05%	\$7.40	2.69%	\$7.02	2.69%	\$7.02	2.98%	\$7.36	3.13%	\$7.96	2.87%	\$9.06	2.69%	\$69.96	2.84%	
Washoe	\$48.64	16.79%	\$47.14	16.20%	\$45.56	16.56%	\$42.00	16.12%	\$37.30	15.86%	\$36.86	15.66%	\$42.96	15.47%	\$53.08	15.75%	\$394.72	16.01%	
<b>Total</b>	<b>\$289.62</b>	<b>100.00%</b>	<b>\$290.94</b>	<b>100.00%</b>	<b>\$275.04</b>	<b>100.00%</b>	<b>\$260.54</b>	<b>100.00%</b>	<b>\$235.24</b>	<b>100.00%</b>	<b>\$235.34</b>	<b>100.00%</b>	<b>\$277.68</b>	<b>100.00%</b>	<b>\$336.96</b>	<b>100.00%</b>	<b>\$2,464.88</b>	<b>100%</b>	

**Distributions**

County	Distributions																		
	July	August	September	October	November	December	January	February	March	Year to Date	Year to Date	Year to Date							
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total			
Carson City	\$1,003.86	3.50%	\$869.02	3.09%	\$875.16	3.21%	\$807.84	3.13%	\$778.14	3.34%	\$679.14	2.91%	\$821.70	3.01%	\$ 988.02	2.96%	\$7,628.94	3.13%	
Clark	\$22,106.70	77.10%	\$22,370.04	77.67%	\$21,110.76	77.53%	\$20,132.64	78.05%	\$18,122.94	77.82%	\$18,241.74	78.30%	\$21,627.54	78.42%	\$26,219.16	78.60%	\$190,390.86	78.02%	
Douglas	\$746.46	2.60%	\$877.14	3.05%	\$732.60	2.69%	\$694.98	2.69%	\$694.98	2.98%	\$728.64	3.13%	\$788.04	2.87%	\$ 896.94	2.69%	\$6,925.55	2.84%	
Washoe	\$4,815.36	16.79%	\$4,666.86	16.20%	\$4,510.44	16.56%	\$4,158.00	16.12%	\$3,692.70	15.86%	\$3,649.14	15.66%	\$4,253.04	15.47%	\$ 5,254.92	15.75%	\$39,077.28	16.01%	
<b>Total</b>	<b>\$28,672.38</b>	<b>100.00%</b>	<b>\$28,803.06</b>	<b>100.00%</b>	<b>\$27,228.96</b>	<b>100.00%</b>	<b>\$25,793.46</b>	<b>100.00%</b>	<b>\$23,288.76</b>	<b>100.00%</b>	<b>\$23,298.66</b>	<b>100.00%</b>	<b>\$27,490.32</b>	<b>100.00%</b>	<b>\$ 33,359.04</b>	<b>100.00%</b>	<b>\$ 244,022.63</b>	<b>100%</b>	

- Note:
1. DMV began accepting contributions on 12/15/14.
  2. DMV began accepting Douglas County contributions on 5/9/16.