

POST

*** NOTICE OF PUBLIC MEETING ***

BOARD OF EXAMINERS

LOCATION: Capitol Building
The Guinn Room
101 N. Carson Street
Carson City, Nevada

VIDEOCONFERENCE: Grant Sawyer State Office Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada

DATE AND TIME: April 9, 2013 at 10:00 a.m.

Below is an agenda of all items to be considered. **Action will be taken on items preceded by an asterisk (*)**. Items on the agenda may be taken out of the order presented, items may be combined for consideration by the public body, and items may be pulled or removed from the agenda at any time at the discretion of the Chairperson.

AGENDA

1. PUBLIC COMMENTS

***2. FOR POSSIBLE ACTION – STATE VEHICLE PURCHASE**

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – State Public Works Division – Buildings and Grounds	1	\$9,500
Department of Administration – Division of Enterprise IT Services	1	\$24,745.25
Total:	1	\$34,245.25

***3. FOR POSSIBLE ACTION – AUTHORIZATION TO APPROVE A PROVIDER AGREEMENT**

A. Department of Health and Human Services – Division of Welfare and Supportive Services – Temporary Assistance for Needy Families (TANF)

Department of Welfare and Supportive Services (DWSS) collaborates with various public and non-profit agencies to provide support services necessary to improve TANF eligible participants’ ability to obtain and sustain gainful employment and thereby reduce and/or eliminate their dependence on public assistance. The division currently contracts with 11 Domestic Violence and 11 Substance Abuse providers statewide. The division may contract with additional qualified vendors during the contract period. Pre-approval of the provider agreements will eliminate the need to submit each individual contract to Board of Examiners (BOE) thereby expediting the provision of service to the public. Upon approval of the provider agreements, they will be annotated as being pre-approved by the Deputy Attorney General, Department of Health and Human Services Director, and the State of Nevada BOE. The agreements will be sent to each provider for signature, returned and then signed by the DWSS Administrator for final approval. Providers will be notified in writing of their allocated funding and of any changes in funding. Any proposed amendments to the provider agreements will be resubmitted to the BOE for approval.

***4. FOR POSSIBLE ACTION – STATE ADMINISTRATIVE MANUAL**

The State Administrative Manual (SAM) is being submitted to the Board of Examiners’ for approval of additions and revisions in the following Chapters:

- A. 0214 – Department of Administration – Division of Internal Audits – Out-of-State Travel**
- B. 0322 – Department of Administration – Division of Internal Audits – Independent Contract Review**
- C. 2600 – Department of Administration – Division of Internal Audits – Break Room Supplies**

***5. FOR POSSIBLE ACTION – LEASES**

BOE #	LESSEE	LESSOR	AMOUNT
1.	Department of Employment, Training and Rehabilitation – Employment Security Division – Veteran’s Services	J.L.K. Enterprises, dba. Pinnacle Executive Suites	\$38,461
	Lease Description:	This is an extension of an existing lease and an addition to current facilities which has been negotiated to house the Department of Employment, Training and Rehabilitation –Employment Security Division – Veteran’s Services. The total savings for the term of the lease is \$8,953.46.	
	Term of Lease:	03/01/2013 – 09/30/2015	

BOE #	LESSEE	LESSOR	AMOUNT
2.	Department of Health and Human Services – Division of Child and Family Services	PDMV1, LLC.	\$383,736
	Lease Description: This is a new location which has been negotiated to house the Department of Health and Human Services – Division of Child and Family Services. Term of Lease: 06/15/2013 – 06/30/2018		
3.	Department of Wildlife	Ronald & Sarah Burkhart	\$63,000
	Lease Description: This is a new location which has been negotiated to house the Department of Wildlife. Term of Lease: 05/01/2013 – 04/30/2018		

***6. FOR POSSIBLE ACTION – CONTRACTS**

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	080	DEPARTMENT OF ADMINISTRATION - BUDGET AND PLANNING	AERIS ENTERPRISES INC	GENERAL	\$51,175	SOLE SOURCE
	Contract Description:	This is the first amendment to the original contract, which provides on-call technical support for the Nevada Executive Budget System, Nevada Employee Action and Timekeeping System (NEATS), Nevada Project Accounting System, Human Resources Data Warehouse, Nevada Applicant Tracking System, Advantage Human Resources System, Contracts Tracking Database, and Nevada Open Government Initiative. The first contract amendment provides additional funding for planning and development of the Open Government initiative and support for the NEATS application. The Budget Division will provide \$41,175 and the Division of Human Resource Management will provide \$10,000 for a total of \$51,175 in additional funding that is added in the first amendment and will increase the total amount of the contract to \$318,925. Sufficient funding for the first amendment is contingent upon approval of Work Program Revision C26261, which has been submitted for consideration at the April 2013 IFC meeting.				
	Term of Contract:	07/20/2011 - 06/30/2013	Contract # 12447			
2.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	AMERICAN FENCE AND SECURITY CO.	FEE: BUILDING RENT INCOME FEES	\$20,000	
	Contract Description:	This is a new contract that continues ongoing installation, general repair, maintenance, and service of fencing and all associated components of fencing system in the Southern Nevada at the written request and approval of a Buildings and Grounds designee.				
	Term of Contract:	Upon Approval - 04/30/2017	Contract # 14133			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
3.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	AMERICAN LOCK & KEY	FEE: BUILDING RENT INCOME FEES	\$20,000	
	Contract Description:	This is a new contract that continues ongoing full service locksmith services, specializing in rekeying of cylinders; design and set up of master key systems; access control systems, and camera/alarm systems; and repairs for various state buildings in the Las Vegas area, for use on an as needed basis and at the written request and approval of a Buildings and Grounds designee.				
		Term of Contract:	Upon Approval - 01/31/2017	Contract # 14066		
4.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	AUTOMATED TEMPURATURE CONTROLS	FEE: BUILDING RENT INCOME FEES	\$75,000	SOLE SOURCE
	Contract Description:	This is the fourth amendment to the original contract, which continues ongoing maintenance, repair, and parts for temperature control systems located in various state buildings in Northern Nevada. This contractor is the only controls company that can work on Delta systems allowing for repair of Direct Digital Control system failure due to parts or Logic issues. Not repairing Delta systems failure would have detrimental effects on server room equipment and personnel. This amendment extends the termination date from April 13, 2013 to April 13, 2017 and increases the maximum amount from \$89,900 to \$164,900 for extra services, only to be used upon the written request and approval of a Buildings and Grounds designee.				
		Term of Contract:	04/14/2009 - 04/13/2017	Contract # CONV6178		
5.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	CARRIER CORPORATION	FEE: BUILDING RENT INCOME FEES	\$300,000	
	Contract Description:	This is a new contract that continues ongoing heating, ventilation, and air conditioning maintenance services for the Grant Sawyer Building in Las Vegas, Nevada.				
		Term of Contract:	05/01/2013 - 04/30/2017	Contract # 14132		
6.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	INTERMOUNTAIN ELECTRIC, INC.	FEE: BUILDING RENT INCOME FEES	\$20,000	
	Contract Description:	This is a new contract that continues ongoing electrical services for various state buildings in Northern Nevada, only to be used upon the written request and approval of a Buildings and Grounds designee.				
		Term of Contract:	Upon Approval - 02/28/2017	Contract # 14111		
7.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	NK ENTERPRISES INC. DBA ABC LOCKSMITHS	FEE: BUILDING RENT INCOME FEES	\$20,000	
	Contract Description:	This is a new contract that continues ongoing locksmith services for various state buildings in the Las Vegas area, for use on an as needed basis and at the written request and approval of a Buildings and Grounds designee.				
		Term of Contract:	Upon Approval - 02/28/2017	Contract # 14112		
8.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	ORKIN PEST CONTROL	FEE: BUILDING RENT INCOME FEE	\$50,000	
	Contract Description:	This is a new contract that continues ongoing pest spraying of various state buildings in the Las Vegas area. Extra services will be provided on an as needed basis and upon the written request and approval of a Buildings and Grounds designee.				
		Term of Contract:	Upon Approval - 03/31/2017	Contract # 14085		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	PIERROTT, ANA	FEE: BUILDING RENT INCOME FEES	\$18,843	
	Contract Description:	This is the second amendment to the original contract, which continues ongoing janitorial services for the Department of Motor Vehicles, 305 Galletti Way, Reno, Nevada. This amendment increases the maximum amount from \$9,916 to \$28,758.83 to fund the term of the contract.				
		Term of Contract:	02/11/2013 - 06/30/2013	Contract # 14040		
10.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	SOUTHWEST ELECTRITECH SERVICES	OTHER: RENTAL FEES	\$50,600	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide professional architectural/engineering services for a coordination study and testing for the Office of the Attorney General; Project No. 13-A017; Contract No. 68490. The vendor will perform maintenance testing and inspection of the agency's equipment as listed in the scope of work. The testing will provide the agency with unbiased information that can be used to evaluate the equipment installed. The results of the report and testing can also be used to establish the baseline data for future reference and/or to implement a recommended preventative maintenance program for the overall system.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 14147		
11.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	SUMMIT PLUMBING CO, LLC.	FEE: BUILDING RENT INCOME FEES	\$13,242	
	Contract Description:	This is the first amendment to the original contract, which continues ongoing plumbing services to include pumping, heating, drain cleaning, air conditioning, wet well pumping, backflow testing, grease trap pumping, Hydro Vac services, T.V. camera work, and pipe inspections on an as needed basis and at the request and approval of a Buildings and Grounds designee for various state buildings in Carson City and Reno. This amendment increases the maximum amount from \$20,000 to \$33,241.57 due to the continued need for these services.				
		Term of Contract:	09/13/2011 - 08/31/2015	Contract # 12478		
12.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	TATE SNYDER KIMSEY ARCHITECTS	OTHER: RENTAL FEES	\$20,000	PROFESSIONAL SERVICE
	Contract Description:	This is the first amendment to the original contract, which provides professional architectural/engineering services for the Bradley Building Renovation; Project No. 13-A009; Contract No. 65140. This amendment increase the maximum amount from \$48,000 to \$68,000 for exterior renovation not included in the original scope of work.				
		Term of Contract:	01/08/2013 - 06/30/2017	Contract # 13945		
13.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION – 2011 STATEWIDE CIP-NON-EXEC	CDC CURTAINWALL DESIGN CONSULTING	BONDS	\$10,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide professional architectural/engineering services for roof assessments and performance standards for the roofing membrane applied to the buildings at various locations in Nevada (in these case the JP Stevens Roofing Membrane/Cover); Project No. 11-S01 (8J); Contract No. 68144.				
		Term of Contract:	Upon Approval - 06/30/2015	Contract # 14135		

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14.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - CULTURAL AFFAIRS CIPS NON-EXEC	CARPENTER SELLERS ARCHITECTS	OTHER: AGENCY FUNDS	\$41,800	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Cultural Affairs Springs Preserve generator and various upgrades; Project No. 12-A022; Contract No. 68526.				
15.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS BOARD - UNIV 05 CIP PROJ-UNLV- Non-Exec	CARPENTER SELLERS ARCHITECTS	BONDS 50% OTHER: TRANSFER UNIVERSITY FUNDS 50%	(\$2,786,256)	PROFESSIONAL SERVICE
	Contract Description:	This is the second amendment to the original contract, which provides professional architectural/engineering services for the Hotel College Academic Building, UNLV Main Campus, Las Vegas; SPWB Project No. 09-P02(a); SPWB Contract No. 4877. This amendment decreases the maximum amount from \$3,112,335 to \$326,079 because the project has been suspended due to site changes and reallocation requests by the agency under a new CIP request. Note: this action eliminates the contract for design and does not terminate the CIP project. The project is recommended for termination in the 2013 CIP and under consideration by the 2013 Legislature.				
16.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS BOARD - UNIV 05 CIP PROJ-UNLV- Non-Exec	MCCARTHY BUILDING COMPANIES	BONDS 50% OTHER: TRANSFER FROM UNIVERSITY FUNDS 50%	(\$119,000)	
	Contract Description:	This is the first amendment to the original contract, which provides Construction Manager at Risk pre-construction services for the Hotel College Academic Building Construction Improvement Project (CIP) located at the University of Las Vegas Main Campus, Las Vegas, Nevada, SPWB CIP Project No. 09-P02a; Contract No. 5100. This amendment decreases the maximum amount from \$119,000 to zero because all work has been suspended due to a re-allocation request by the agency. Note: this action eliminates the contract for design and management and does not terminate the CIP project. The project is recommended for termination in the 2013 CIP and under consideration by the 2013 Legislature.				
17.	083	DEPARTMENT OF ADMINISTRATION - PURCHASING - COMMODITY FOOD PROGRAM	S.A. PIAZZA & ASSOCIATES	OTHER: VARIOUS PROGRAM FUNDS - PASS THROUGH COSTS TO RECIPIENT AGENCIES	\$4,500,000	
	Contract Description:	This is the first amendment to the original contract to produce breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$3,000,000 to \$7,500,000 due to an increased volume of product usage.				
18.	086	DEPARTMENT OF ADMINISTRATION - ADMINISTRATIVE SERVICES	INTERACTIVE VOICE APPLICATIONS	OTHER: ALLOCATIONS	\$18,000	SOLE SOURCE
	Contract Description:	This is a new contract that continues ongoing software licensing for CAP 95 and CapPlus rate modeling software, maintenance and consulting services.				
		Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14046		

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19.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	KPS 3, INC.	GENERAL	\$99,000	
	Contract Description:	This is the first amendment to the original contract, which provides full-service marketing of Nevada and the Governor's Office on Economic Development to local, national, and international decision-makers. Additionally, the agency will handle strategy, branding, advertising, web design/development, collateral, and other marketing duties as assigned. This amendment extends the contract for an additional three years through June 30, 2016, and increases contract authority by \$99,000 for a new not to exceed amount of \$198,000.				
	Term of Contract:	09/11/2012 - 06/30/2016	Contract # 13753			
20.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES	CLARK COUNTY	OTHER: REVENUE	\$20,000	
	Contract Description:	This is a new interlocal contract for the state to provide ongoing services for rack space at Apex Peak in Clark County for the Clark County IT Department.				
	Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14127			
21.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES	KNPR - NEVADA PUBLIC RADIO	OTHER: REVENUE	\$16,265	
	Contract Description:	This is a new revenue contract for the state to provide ongoing services for rack space at Mount Brock in Nye County and Highland Peak in Lincoln County for KNPR - Nevada Public Radio.				
	Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14084			
22.	240	OFFICE OF VETERANS SERVICES - VETERANS' HOME ACCOUNT	PERENNIAL LAND CARE	OTHER: 50% PRIVATE FUNDS, FEDERAL 50%	\$140,000	
	Contract Description:	This is a new contract to provide ongoing landscape services for the Nevada State Veterans Home.				
	Term of Contract:	05/01/2013 - 04/30/2017	Contract # 14113			
23.	331	TOURISM - MUSEUMS AND HISTORY - NEVADA STATE MUSEUM, LAS VEGAS	JOHNSON CONTROLS, INC.	GENERAL 43%, OTHER: 57% COMMISSION ON TOURISM FUNDS; 14% ADMISSION CHARGE REVENUE 57%	\$35,790	
	Contract Description:	This is a new contract to provide heating, ventilation, and air conditioning maintenance services for the 68,000 square-foot Nevada State Museum, Las Vegas.				
	Term of Contract:	05/01/2013 - 04/30/2014	Contract # 14120			
24.	333	TOURISM - NEVADA ARTS COUNCIL	KUNDER DESIGN STUDIO	GENERAL 10% OTHER: TRANSFER FROM TOURISM AND DONATIONS/FEEES 15% FEDERAL 75%	\$60,000	
	Contract Description:	This is a new contract that continues ongoing design of publications for the Nevada Arts Council (NAC) that have a relationship to one another and include a "branding" image for the publications to connect the varied programs and activities of the NAC. Publications to be produced include: NAC Nevada Arts Newsletter, NAC Annual Report, NAC Guide to Services, NAC Strategic Plan Update, Arts Resource Papers, Nevada Touring Initiative Promotional, Traveling Exhibition Program Education Guides, and other designs as necessary.				
	Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14126			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	334	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - HISTORIC PRESERVATION	ABSTRACT MASONRY RESTORATION	OTHER: TRANSFER FROM NEVADA DEPARTMENT OF TRANSPORTATION 19% FEDERAL 81%	\$224,000	
	Contract Description:	This is a new contract to provide rehabilitation services for seventeen centennial markers. These markers are made of masonry products.				
		Term of Contract:	04/10/2013 - 12/31/2013	Contract # 14088		
26.	334	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - HISTORIC PRESERVATION - COMSTOCK HISTORIC DISTRICT	SUNSET CLEANING	GENERAL	\$35,040	
	Contract Description:	This is a new contract that continues ongoing janitorial services for the office of the Comstock Historic District located in Virginia City, Nevada.				
		Term of Contract:	07/01/2011 - 04/30/2017	Contract # 14073		
27.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION	AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$7,954,223	
	Contract Description:	This is the first amendment to the original contract that provides reimbursement for ongoing services for the Medicaid Community Based Waiver Program. This amendment extends the termination date from June 30, 2013 to June 30, 2015 due to the continued need for these services and increases the maximum amount from \$8,000,000 to \$15,954,223 for this extension of time.				
		Term of Contract:	07/01/2011 - 06/30/2015	Contract # 12264		
28.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION	PUBLIC KNOWLEDGE, LLC.	GENERAL 10% FEDERAL 90%	\$601,391	
	Contract Description:	This is a new contract to assist the division with a federally required Medicaid Information Technology Architecture (MITA) 3.X State Self-Assessment (SS-A). MITA is intended to foster integrated business and information technology transformation across the Medicaid enterprise to improve the administration of the Medicaid program by: adopting data and industry standards; promoting reusable components through standard interfaces and modularity; supporting interoperability and integration using open architecture and data standards; and supporting the integration of clinical and administrative data to enable better decision making.				
		Term of Contract:	Upon Approval - 09/30/2014	Contract # 14115		
29.	408	DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	AMERICAN CORRECTIONAL SOLUTIONS, INC.	GENERAL	\$16,000,000	
	Contract Description:	This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.				
		Term of Contract:	Upon Approval - 12/31/2017	Contract # 14014		

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30.	408	DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	JACKSON & COKER LOCUM TENENS	GENERAL	\$16,000,000	
	Contract Description:	This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.				
	Term of Contract:	Upon Approval - 12/31/2017	Contract # 14011			
31.	408	DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	JPE HEALTHCARE STAFFING, INC.	GENERAL	\$16,000,000	
	Contract Description:	This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.				
	Term of Contract:	Upon Approval - 12/31/2017	Contract # 14012			
32.	408	DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	LOCUMTENENS.COM LLC.	GENERAL	\$16,000,000	
	Contract Description:	This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.				
	Term of Contract:	Upon Approval - 12/31/2017	Contract # 14013			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	408	DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	MEDICAL DOCTOR ASSOCIATES, INC.	GENERAL	\$16,000,000	
		Contract Description: This is a new contract that continues ongoing locum tenens services, providing various temporarily assigned individuals for professional medical related positions to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.				
		Term of Contract:	Upon Approval - 12/31/2017	Contract # 14010		
34.	408	DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	TALENT FRAMEWORK, LLC.	GENERAL	\$16,000,000	
		Contract Description: This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.				
		Term of Contract:	Upon Approval - 12/31/2017	Contract # 14015		
35.	408	DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	THE HEALING STAFF, INC.	GENERAL	\$16,000,000	
		Contract Description: This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.				
		Term of Contract:	Upon Approval - 12/31/2017	Contract # 14033		
36.	408	DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	WHITAKER MEDICAL, LLC.	GENERAL	\$16,000,000	
		Contract Description: This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.				
		Term of Contract:	Upon Approval - 12/31/2017	Contract # 14017		

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37.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	RENOWN REGIONAL MEDICAL CENTER	GENERAL	\$5,600,000	SOLE SOURCE
	Contract Description:	This is a new contract that continues ongoing on-site HIV/AIDS specialty health clinics to prescribe and provide drugs from a 340B pharmacy for inmates at the following correctional facilities: Ely State Prison, Florence McClure Women's Correctional Center, High Desert State Prison, Lovelock Correctional Center, Northern Nevada Correctional Center, Warm Springs Correctional Center and Southern Desert Correctional Center.				
	Term of Contract:	05/01/2013 - 04/30/2017	Contract # 14128			
38.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	MASSACHUSETTS DEPARTMENT OF CORRECTIONS	GENERAL	\$0	
	Contract Description:	This is a new Interstate Corrections Compact Contract to provide for the equal exchange of inmates, on a one-to-one basis, between Nevada Department of Corrections and Massachusetts Department of Corrections.				
	Term of Contract:	04/09/2013 - 03/28/2063	Contract # 14150			
39.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	PULIZ MOVING & STORAGE CO.	GENERAL	\$76,771	
	Contract Description:	This is a new contract to provide services for a manageable file system with a clean and accessible controlled environment for the storage of paroled and discharged inmate files.				
	Term of Contract:	04/10/2013 - 04/30/2017	Contract # 14131			
40.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	INNOVATIVE COLLABORATION SUPPORT SERVICES, LLC.	GENERAL	\$50,000	
	Contract Description:	This is a new contract to provide vocational training to inmates incarcerated within the department for HVAC and maintenance. The intent of the Department is to provide inmates with job skills in order to successfully re-enter the workforce upon release.				
	Term of Contract:	Upon Approval - 06/30/2014	Contract # 13939			
41.	440	DEPARTMENT OF CORRECTIONS - LOVELOCK CORRECTIONAL CENTER	PAR ELECTRICAL CONTRACTORS, INC.	GENERAL	\$17,217	
	Contract Description:	This is a new contract to provide preventative maintenance to the high mast light poles which consists of lowering and raising each device, verifying assembly is level and that lowering device cables are in good condition and the correct length, and confirming all latching mechanisms are working correctly. This service is at Lovelock Correctional Center.				
	Term of Contract:	Upon Approval - 06/30/2013	Contract # 14091			
42.	655	DEPARTMENT OF PUBLIC SAFETY - TECHNOLOGY	SRA INTERNATIONAL, INC.	OTHER: COST ALLOCATION FROM DPS DIVISIONS	\$42,000	
	Contract Description:	This is a new contract that continues ongoing software support and annual license renewal for the GangNet software application which serves as the Nevada statewide gang intelligence information system.				
	Term of Contract:	10/04/2012 - 03/31/2016	Contract # 14103			
43.	656	DEPARTMENT OF PUBLIC SAFETY - STATE EMERGENCY RESPONSE COMMISSION	IDSI INTERNATIONAL, INC.	HIGHWAY 14% FEE: SERC FEES 86%	\$179,400	SOLE SOURCE
	Contract Description:	This is a new contract to provide ongoing software support and maintenance of the Nevada Online Hazardous Materials Reporting System used by the Department of Public Safety, State Emergency Response Commission (SERC). The scope of work for this contract also includes an upgrade from ASP to ASP.NET technology.				
	Term of Contract:	Upon Approval - 03/02/2018	Contract # 14096			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	702	DEPARTMENT OF WILDLIFE - HABITAT	HALL'N HAY	FEE: HABITAT CONSERVATION, UPLAND GAME, MINING ASSESSMENT, DUCK STAMPS 55% BONDS 20% OTHER: HERITAGE FUND, DREAM TAGS, WILDLIFE TRUST FUND 25%	\$500,000	
	Contract Description:	This is a new contract for ongoing rangeland management services. The objective is to rehabilitate approximately 500 to 10,000 acres of rangelands/wildlife habitat per year. These services will include the application of herbicide, discing (cultivating land), drill seeding and over-seeding of rangeland sites in Nevada.				
		Term of Contract:	Upon Approval - 03/31/2017	Contract # 14136		
45.	702	DEPARTMENT OF WILDLIFE - HABITAT	WARDEN HAWKINS	FEE: HABITAT CONSERVATION, UPLAND GAME, MINING ASSESSMENT, DUCK STAMPS 55% BONDS 20% OTHER: HERITAGE FUND, DREAM TAGS AND WILDLIFE TRUST FUND 25%	\$500,000	
	Contract Description:	This is a new contract for ongoing rangeland management services. The objective is to rehabilitate approximately 500 to 10,000 acres of rangelands/wildlife habitat per year. These services will include the application of herbicide, discing (cultivating land), drill seeding and over-seeding of rangeland sites in Nevada.				
		Term of Contract:	Upon Approval - 03/31/2017	Contract # 14116		
46.	704	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - PARKS - STATE PARKS	LAS VEGAS OUTDOOR WEDDING COMPANY.COM	OTHER: REVENUE CONTRACT	\$30,000	
	Contract Description:	This is a new revenue contract to provide ongoing commercial wedding ceremonies and wedding photo tours at the Valley of Fire State Park.				
		Term of Contract:	Upon Approval - 04/10/2015	Contract # 14092		
47.	704	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - PARKS - STATE PARKS	LAS VEGAS WEDDINGS	OTHER: REVENUE CONTRACT	\$20,000	
	Contract Description:	This is a new revenue contract to provide ongoing commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.				
		Term of Contract:	Upon Approval - 04/10/2015	Contract # 14144		
48.	704	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - PARKS - STATE PARKS	OUTDOOR IMMERSION, INC.	OTHER: REVENUE CONTRACT	\$215,000	
	Contract Description:	This is the second amendment to the original revenue contract, which provides services for a watersports rental concession at Lake Tahoe Nevada State Park, Sand Harbor Unit. This amendment extends the termination date from May 10, 2013 to May 10, 2018 and increases the maximum amount from \$86,000 to \$301,000 due to the extension.				
		Term of Contract:	05/10/2011 - 05/10/2018	Contract # 12090		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	704	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - PARKS - STATE PARKS	SPECIAL MEMORY WEDDING CHAPEL	OTHER: REVENUE CONTRACT	\$33,000	
	Contract Description:	This is a new revenue contract to provide ongoing commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.				
		Term of Contract:	Upon Approval - 04/12/2015	Contract # 14099		
50.	704	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - PARKS - STATE PARKS	TAHOE REGIONAL PLANNING AGENCY	OTHER: REVENUE CONTRACT	\$80,990	
	Contract Description:	This is the second amendment to the original interlocal agreement which supports the personnel costs associated with the Lake Tahoe Boat Inspection program at Lake Tahoe Nevada State Park. The agreement provides for the transfer of funds from Tahoe Regional Planning Authority to the agency. This amendment extends the termination date from May 1, 2013 to May 1, 2014 and increases the maximum amount from \$160,990 to \$241,980 due to the extended term of the contract.				
		Term of Contract:	04/12/2011 - 05/01/2014	Contract # 11968		
51.	706	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - FORESTRY	FLIGHT CHECK, LTD.	FEDERAL	\$55,000	
	Contract Description:	This is a new contract to provide ongoing (annual) onsite training, both ground and flight, to pilots flying Nevada Division of Forestry's (NDF) Bell UH-1H series helicopters. The class is specific to the needs of NDF pilots so if the NDF chooses to add or customize training, i.e. mountain flying and external load operations, the instructor will accommodate the course.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 14140		
52.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	ANTHONY AND NANCY LESPERANCE	FEE: AIR FEES	\$30,000	SOLE SOURCE
	Contract Description:	This is an ongoing contract to collect weekly samples from the Mercury Deposition Network site and send them for Eurofins / Frontier Global Sciences for testing of mercury in the air.				
		Term of Contract:	Upon Approval - 03/31/2017	Contract # 14122		
53.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	BILL AND LANA GIBBS	FEE: AIR FEES	\$30,000	SOLE SOURCE
	Contract Description:	This is an ongoing contract that continues ongoing services to collect weekly samples from the Mercury Deposition Network site and send them to Eurofins / Frontier Global Sciences for testing of mercury in the air.				
		Term of Contract:	Upon Approval - 03/31/2017	Contract # 14121		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MINING REGULATION & RECLAMATION	DEPARTMENT OF INTERIORS	FEE: RECLAMATION FEES	\$375,469	EXEMPT
	Contract Description:	This is a new interlocal agreement to provide a Bonding Liaison position between the Bureau of Land Management (BLM) and the Nevada Division of Environmental Protection (NDEP), Bureau of Mining Regulation and Reclamation. The individual occupying this position will spend 60% of the time at the NDEP office and 40% of the time at the BLM Nevada State Office. The position requires coordination and facilitation of bonding related activities, review of reclamation cost estimates, and provides assistance on development and use of standard reclamation cost estimate spreadsheet at the highest levels between the state agencies, the Nevada BLM State Office and BLM field offices, and with the Nevada Mining Association and individual mining companies.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 14118		
55.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	PROJECT WET INTERNATIONAL	FEDERAL	\$75,000	
	Contract Description:	This is a new contract that continues ongoing services to increase awareness of the importance of Lake Tahoe and the Lake Tahoe watershed and inspire responsible stewardship of the lake into the future. Project Water Education for Teachers (WET) staff will develop a full-color Discover the Waters of Lake Tahoe activity booklet aimed at educating children ages 8 to 12 but relevant to people of all ages. The booklet will provide science-based information through diverse education methods including content-rich text, interactive games, challenging demonstrations, experiments, maps, and other fun exercises. The booklet will focus on key watershed topics such as nonpoint source pollution prevention and the spread of aquatic invasive species, and will be distributed to schools and other environmental education programs throughout Nevada and California.				
		Term of Contract:	Upon Approval - 06/30/2015	Contract # 14006		
56.	810	DEPARTMENT OF MOTOR VEHICLES - CENTRAL SERVICES	3M COMPANY	HIGHWAY	\$2,306,952	
	Contract Description:	This the third amendment to the original contract, which supplies the State of Nevada with digital license plates, license plate sheeting, and equipment. This amendment extends the termination date from April 30, 2013 to April 30, 2015 and increases the maximum amount from \$10,900,000 to \$13,206,952.36.				
		Term of Contract:	04/13/2004 - 04/30/2015	Contract # 12054		
57.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	BULLS EYE TECHNICAL SERVICE	OTHER: BUSINESS ENTERPRISE SET-ASIDE FUND	\$22,500	
	Contract Description:	This is the fourth amendment to the original contract, which continues to provide ongoing repair and maintenance of commercial kitchen appliances such as, hot dog rollers, deep fryers, blenders, coffee makers, dishwashers, commercial toasters, can openers, ovens, fryers, steam wells, and convection ovens at any southern Nevada Business Enterprises of Nevada location. This amendment extends the termination date from June 30, 2013 to May 31, 2015 and increases the maximum amount from \$42,500 to \$65,000 due to a continued need for these services.				
		Term of Contract:	06/14/2011 - 05/31/2015	Contract # 12049		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - VOCATIONAL REHABILITATION	AACRES NV, LLC.	GENERAL 21.3% FEDERAL 78.7%	\$387,504	
	Contract Description:	This is a new contract that continues ongoing services to students that are Rehabilitation Division clients and that have been identified by the school district as eligible for services; assistance to the school district in the identification of Individuals with Disabilities Education Act students, Section 504 students and students with disabilities; presentations to the school district and students to assist identified students access to transition services; and coordinate follow-up services for disabled students to increase successful career outcomes for students with disabilities.				
	Term of Contract:	Upon Approval - 03/31/2015	Contract # 14093			
59.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - VOCATIONAL REHABILITATION	ASAP SERVICES, INC.	GENERAL 21.3% FEDERAL 78.7%	\$455,184	
	Contract Description:	This is a new contract that continues ongoing services to students that are Rehabilitation Division clients and that have been identified by the school district as eligible for services; assistance to the school district in the identification of Individuals with Disabilities Education Act students, Section 504 students and students with disabilities; presentations to the school district and students to assist identified students access to transition services; and coordinate follow-up services for disabled students to increase successful career outcomes for students with disabilities.				
	Term of Contract:	Upon Approval - 03/31/2015	Contract # 14077			
60.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	BOARD OF REGENTS-CSN	FEDERAL	(\$38,395)	EXEMPT
	Contract Description:	This is the second amendment to the original interlocal agreement to continue to provide green and renewable energy training services to adults, dislocated workers, youth, and veterans in southern Nevada as required by the Workforce Investment Act (WIA): This amendment reduces the maximum amount from \$314,138 to \$275,743.20 to more accurately reflect program funding needs through June 30, 2013.				
	Term of Contract:	02/14/2012 - 06/30/2013	Contract # 12912			
61.	920	DEFERRED COMPENSATION COMMITTEE	SEGAL ADVISORS, INC. DBA SEGAL ROGERCASEY	OTHER: VENDOR REIMBURSEMENTS	\$258,000	
	Contract Description:	This is a new contract that continues ongoing investment consulting services which includes, quarterly investment performance reviews, capital market research, conduct fund searches and make recommendations, education of board members and staff on economic and capital market environment, a compliance audit, assistance with plan administration, and development and advice regarding a plan provider request for proposal.				
	Term of Contract:	04/09/2013 - 03/31/2015	Contract # 14100			

***7. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENTS**

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
MSA 1.	MSA	VARIOUS STATE AGENCIES	ALLIEDBARTON SECURITY SERVICES	OTHER: VARIOUS AGENCY FUNDS	\$8,000,000	
	Contract Description:	This is a new contract to provide uniformed security guards to various State agencies. This contract will also provide random patrol stops to various State agencies.				
		Term of Contract:	06/01/2013 - 05/31/2015	Contract # 14094		
MSA 2.	MSA	VARIOUS STATE AGENCIES	COMTECH BUSINESS SYSTEMS, INC.	OTHER: VARIOUS AGENCY FUNDS	\$2,000,000	
	Contract Description:	This is a new contract that continues ongoing provision of repairs and installations of wiring, cabling and fiber to State agency's communications infrastructure (WCCI) and/or telephone repair and installation services statewide on an as needed basis.				
		Term of Contract:	Upon Approval - 12/31/2016	Contract # 14050		
MSA 3.	MSA	VARIOUS STATE AGENCIES	CONWAY COMMUNICATIONS, INC.	OTHER: VARIOUS AGENCY FUNDS	\$2,000,000	
	Contract Description:	This is a new contract that continues ongoing provision of repairs and installations of wiring, cabling and fiber to State agency's communications infrastructure (WCCI) and/or telephone equipment repair and installation services statewide on an as needed basis.				
		Term of Contract:	Upon Approval - 12/31/2016	Contract # 14051		
MSA 4.	MSA	VARIOUS STATE AGENCIES	CROSS CHECK SERVICES LLC	OTHER: VARIOUS AGENCY FUNDS	\$4,281,250	
	Contract Description:	This is a new contract that continues ongoing fire fuel reduction services statewide. The threat of wildfires is continuous and this contract provides for the ongoing services to reduce those threats. These services may require specialized skills, specific knowledge, special licensing/certifications, and often, specialized equipment that agencies do not have access to.				
		Term of Contract:	03/01/2013 - 02/28/2017	Contract # 13973		
MSA 5.	MSA	VARIOUS STATE AGENCIES	CANON USA, INC.	OTHER: VARIOUS AGENCY FUNDS	\$1,000,000	
	Contract Description:	This is a new master service agreement to provide Managed Print Services to various state agencies and political subdivisions within the State of Nevada. Managed Print Services (MPS) contracts enable efficient and cost effective use of office equipment, and provide a vehicle for a vendor to assume the management of an agency's printer and multi-function copier fleet.				
		Term of Contract:	Upon Approval - 08/31/2014	Contract # 14124		
MSA 6.	MSA	VARIOUS STATE AGENCIES	DIVERSIFIED COMMUNICATIONS SOLUTIONS INC. LTD.	OTHER: VARIOUS AGENCY FUNDS	\$2,000,000	
	Contract Description:	This is a new contract that continues ongoing provision of repairs and installations of wiring, cabling and fiber to State agency's communications infrastructure (WCCI) and/or telephone equipment repair and installation services statewide on an as needed basis.				
		Term of Contract:	Upon Approval - 12/31/2016	Contract # 14049		
MSA 7.	MSA	VARIOUS STATE AGENCIES	XEROX CORPORATION	OTHER: VARIOUS AGENCY FUNDS	\$1,000,000	
	Contract Description:	This is a new master service agreement to provide Managed Print Services to various state agencies and political subdivisions within the State of Nevada. Managed Print Services (MPS) contracts enable efficient and cost effective use of office equipment, and provide a vehicle for a vendor to assume the management of an agency's printer and multi-function copier fleet.				
		Term of Contract:	Upon Approval - 08/31/2014	Contract # 14125		

8. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

*9. FOR POSSIBLE ACTION – ADJOURNMENT

Notice of this meeting was posted in the following locations:

Blasdel Building, 209 E. Musser St., Carson City, NV

Capitol Building, 101 N. Carson St., Carson City, NV

Legislative Building, 401 N. Carson St., Carson City, NV

Nevada State Library and Archives, 100 Stewart Street, Carson City, NV

Notice of this meeting was emailed for posting to the following location:

Capitol Police, Grant Sawyer State Office Building, 555 E. Washington Ave, Las Vegas, NV

Brad Carson bcarson@dps.state.nv.us

Notice of this meeting was posted on the following website:

<http://budget.nv.gov/Meetings>

We are pleased to make reasonable accommodations for members of the public who are disabled and would like to attend the meeting. If special arrangements for the meeting are required, please notify the Department of Administration at least one working day before the meeting at (775) 684-0222 or you can fax your request to (775) 684-0260.

DETAILED AGENDA

April 9, 2013

1. PUBLIC COMMENTS

Comments:

*2. FOR POSSIBLE ACTION – STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – State Public Works Division	1	\$9,500
Department of Administration – Division of Enterprise IT Services	1	\$24,745.25
Total:	2	\$34,245.25

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

*3. FOR POSSIBLE ACTION – AUTHORIZATION TO APPROVE A PROVIDER AGREEMENT

A. Department of Health and Human Services – Division of Welfare and Supportive Services – Temporary Assistance for Needy Families (TANF)

Department of Welfare and Supportive Services (DWSS) collaborates with various public and non-profit agencies to provide support services necessary to improve TANF eligible participants' ability to obtain and sustain gainful employment and thereby reduce and/or eliminate their dependence on public assistance. The division currently contracts with 11 Domestic Violence and 11 Substance Abuse providers statewide. The division may contract with additional qualified vendors during the contract period. Pre-approval of the provider agreements will eliminate the need to submit each individual contract to Board of Examiners (BOE) thereby expediting the provision of service to the public. Upon approval of the provider agreements, they will be annotated as being pre-approved by the Deputy Attorney General, Department of Health and Human Services Director, and the State of Nevada BOE. The agreements will be sent to each provider for signature, returned and then signed by the DWSS Administrator for final approval. Providers will be notified in writing of their allocated funding and of any

changes in funding. Any proposed amendments to the provider agreements will be resubmitted to the BOE for approval.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***4. FOR POSSIBLE ACTION – STATE ADMINISTRATIVE MANUAL**

The State Administrative Manual (SAM) is being submitted to the Board of Examiners' for approval of additions and revisions in the following Chapters:

- A. 0214 – Department of Administration – Division of Internal Audits – Out-of-State Travel
- B. 0322 – Department of Administration – Division of Internal Audits – Independent Contract Review
- C. 2600 – Department of Administration – Division of Internal Audits – Break Room Supplies

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***5. FOR POSSIBLE ACTION – LEASES**

Three statewide leases were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***6. FOR POSSIBLE ACTION – CONTRACTS**

Sixty-one independent contracts were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____

Comments:

***7. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENTS**

Seven master service agreements were submitted to the Board for review and approval.

Clerk’s Recommendation: I recommend approval.

Motion By: _____ **Seconded By:** _____ **Vote:** _____
Comments:

8. BOARD MEMBERS’ COMMENTS/PUBLIC COMMENTS

***9. FOR POSSIBLE ACTION – ADJOURNMENT**

Motion By: _____ **Seconded By:** _____ **Vote:** _____
Comments:

Brian Sandoval
Governor



Jeff Mohlenkamp
State Budget Director

Stephanie Day
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: February 28, 2013
To: Jeff Mohlenkamp, Clerk of the Board
Department of Administration
From: Jim Rodriguez, Budget Analyst V
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION –
BUILDINGS AND GROUNDS**

Agenda Item Write-up:

New Vehicle Request: Pursuant to NRS 334.010 the Department of Conservation and Natural Resources, Division of Water Resources, requests approval to purchase one forklift in FY 2013.

Additional Information:

The department seeks approval to purchase a used pneumatic forklift for the old Armory site on Carson Street. The Armory site houses carpet and carpet supplies, HVAC stock, and some maintenance stock. Purchasing the used forklift would be more cost effective, and efficient, than having the agency rent a unit for this area.

Funding for the purchase is available from savings experienced from the authorized purchase of two agency replacement vehicles.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

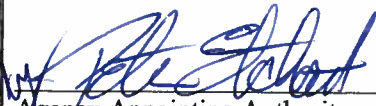
REVIEWED: _____
ACTION ITEM: _____

STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
SPWD - Building and Grounds Section	1	\$9,500
Total:	1	\$9,500

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

Agency Name: SPWD-B&G	Budget Account #: 1349
Contact Name: MICHAEL JOHNSON	Telephone Number: 775 684-1800
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$9500</u></p> <p>Is the requested vehicle(s) new or used: <u>USED</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: NISSAN P30F 2001 FORKLIFT PNEUMATIC TIRES</p> <p>Mission of the requested vehicle(s): USE AT STORAGE BUILDINGS INSIDE AND OUT ONTO DIRT TERRAIN FOR LOADING</p>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E710 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input checked="" type="checkbox"/> <u>1</u> Addition(s) <input type="checkbox"/> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. n/a	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <hr/> <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Agency Appointing Authority </div> <div style="text-align: center;"> <u>Chief Engineer</u> Title </div> <div style="text-align: center;"> <u>2/26/13</u> Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
Board of Examiners	Date

RECEIVED
 FEB 27 2013
 DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET AND PLANNING DIVISION



PUBLIC WORKS DIVISION

Carson City Offices:

Public Works Section
515 E. Musser Street, Suite 102
Carson City, Nevada 89701-4263
(775) 684-4141 • Fax (775) 684-4142

Buildings & Grounds Section
(775) 684-1800 • Fax (775) 684-1817

Las Vegas Offices:

Public Works Section
1830 East Sahara, Suite 204
Las Vegas, Nevada 89104
(702) 486-5115 • Fax (702) 486-5094

Buildings & Grounds Section
2621 E. Sahara Avenue
Las Vegas, Nevada 89104-4136
(702) 486-4300 • Fax (702) 486-4308

MEMORANDUM

Date: February 26, 2013

To: All Parties

From: Michael Johnson, Facility Manager

Subject: Request to Purchase Pneumatic Forklift

The Buildings and Grounds (B&G) Section currently has a need for a pneumatic forklift. B&G has a building at the old Armory site on Carson Street. This unit houses carpet and carpet supplies, HVAC stock, and some maintenance stock. It would be costly for B&G to rent/lease a forklift for this area. It is a safety issue should an employee lift or move items without proper equipment to do so.

Buildings and Grounds received \$10,000 in CAT 05 funding for FY13. These funds are identified on our E710 schedule for two vehicle purchases. B&G was fortunate to receive two vehicles from purchasing at no cost.

Attached are the specs for one we found within our price range. That price includes delivery costs. We did review several sites for this purchase including Reno Forklift, Quality Used Forklifts for Less, and Otay Mesa Sales Inc. Discount Forklift Brokers had the best deal on a newer model, 2001 good condition equipment with a maintenance package.

Thank you for your time and effort on this and please feel free to contact me with any questions at mljohnson@admin.nv.gov or 684-1816.

Betty M. Badgett

From: Jim R. Moore

Sent: Monday, February 11, 2013 3:07 PM

To: Betty M. Badgett

Attachments: Nissan 2001 P 3K LP 3 SS Adam.pdf

Betty here are the specs on the fork-lift this is a newer model!

2/13/2013

5

Make Your Life Easier!

- Increase Productivity!
- Save Money!
- Earn MORE Money!
- Decrease Labor Costs!
- Safer Working Environment!
- Move Heavy Items With Ease!
- Easy To Drive!
- Great Brand!
- Promotes Efficiency!

This Forklift has Hydraulic Side Shift!



YOUR SOLUTION....

NISSAN 3,000lb Solid Pneumatic Tires!!

- Manufacturer:** Nissan
Model: P30F
Year: 2001
Capacity: 3,000lb @ 24" load center (Less de-rate for triple & side shift ect.)
Mast: Three Stage, Lowered height: 83" & Max lift height: approx 189" w/ Full Free Lift
Type: Re-grooved Solid Pneumatic Tires (\$1,000 Value!) You can run over nails or spikes & you will NEVER get a flat tire!
Fuel: LP Gas (Propane)
Location: Our Shop in Denver, CO. We get discounted freight. Let us handle it for you, making your life simple & easy!
Comments: NISSAN 3,000 lb. Triple mast 83"/189" with full free lift, side-shift carriage, 2.0 Liter Nissan H20 ("Bullet Proof") LP gas engine. Re-grooved Solid Pneumatic tires! Hour meter reads approx. 8,000 hours. Automatic transmission, light package, & tilt steering wheel. Lift comes with 42" pallet forks (other sizes available). New paint job w/ OSHA Safety decals & Safety Painted Forks. We have put this forklift through our 80 point service. Ready to go right to work for you!

Wholesale Priced sold "AS IS" so you save money!

We also offer planned maintenance to keep this lift nice & dependable!

Investment into your business... ONLY... \$ 333 /month for 36 months! (W.A.C.)
WHOLESALE PRICE... \$10,541 NO TAX!! *With approved Credit*

To apply for Financing click on the Form... ►

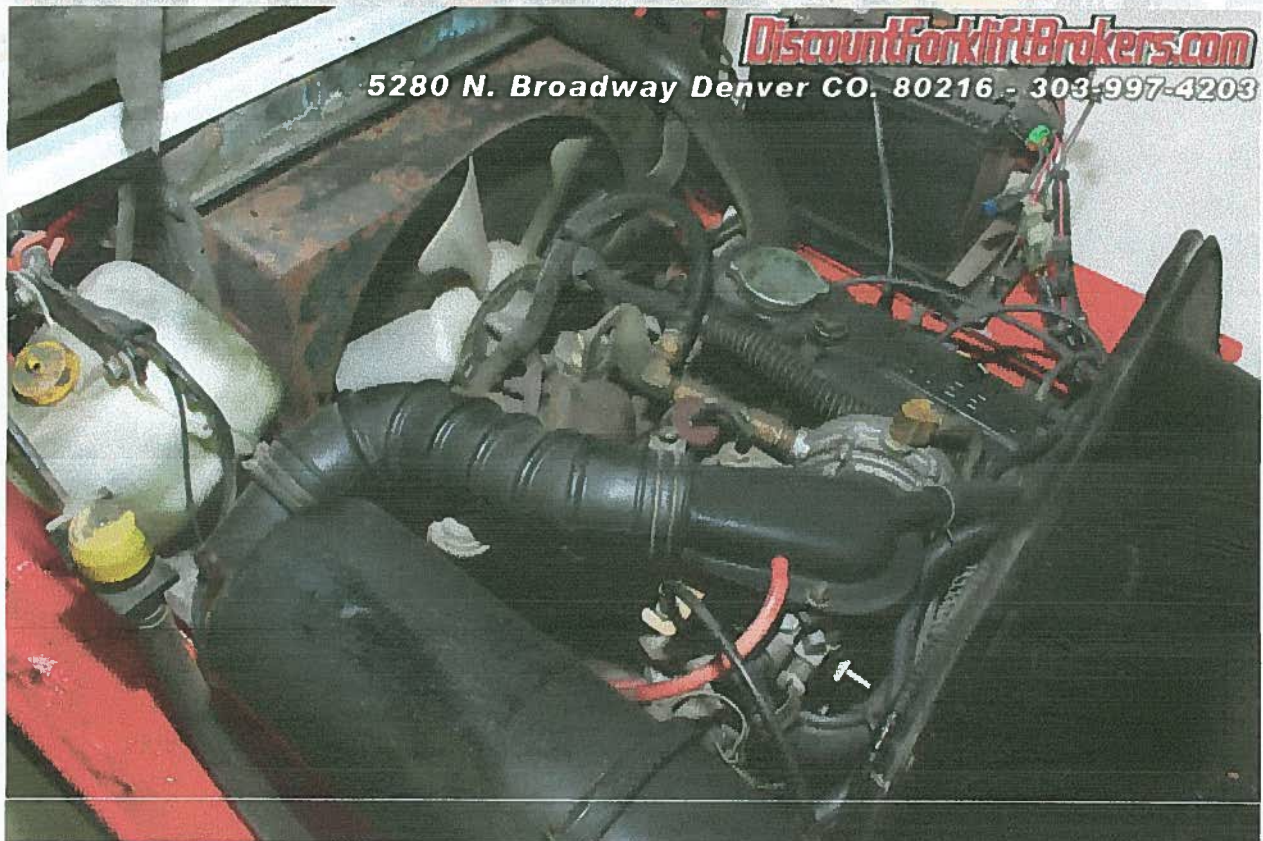


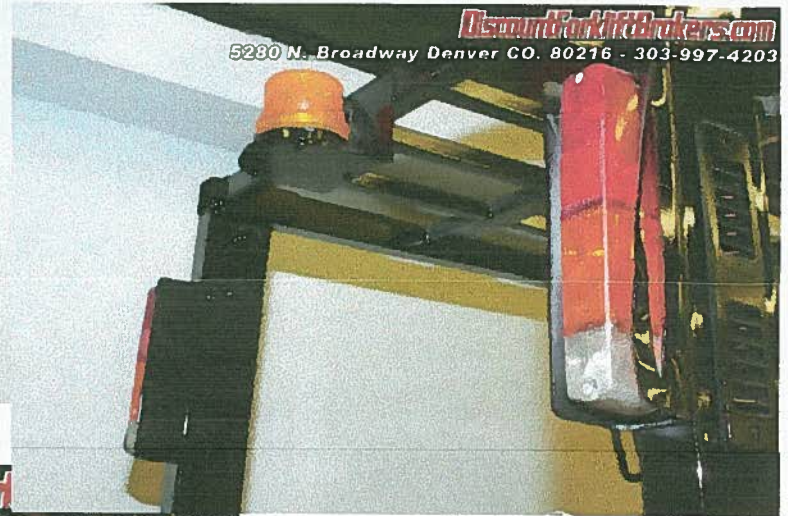
We can handle all freight right to your door step making your life SIMPLE & EASY.
We get super cheap prices on freight. To learn more, click on the button to speak with me NOW! ►











AVAILABILITY: Forklift is "Rental" Condition. <http://www.discountforkliftbrokers.com/Pages/ForkliftConditions.aspx>
Keep in mind Trucking time can Very, depending on Truck Availability

This QUOTE is only good for 30 days!

Please Print out, Sign and Fax back to place a "HOLD" on this Forklift to 303-997-6826!

Submitted by: Your Friends at Discount Forklift.

Date: 9/21/2012

Accepted by: _____.

Date: _____

Brian Sandoval
Governor



Jeff Mohlenkamp
State Budget Director

Stephanie Day
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 26, 2013

To: Jeff Mohlenkamp, Clerk of the Board
Department of Administration

From: Eric H. King, Budget Analyst IV *EHK*
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION, Division of Enterprise IT Services

Agenda Item Write-up:

New Vehicle Request: Pursuant to NRS 334.010 the Department of Administration, Division of Enterprise IT Services, requests approval to purchase one vehicle in FY2013.

Additional Information:

The department seeks approval to purchase one new vehicle that will be used by the unit manager to perform site inspections with federal agencies and assist staff with outages at remote microwave communication sites. This vehicle purchase was legislatively approved for FY 2013.


Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: *BB*

ACTION ITEM: _____

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

Agency Name: DOA, Enterprise I.T. Services	Budget Account #: 1388
Contact Name: PATRICK SHEEHAN	Telephone Number: 775-684-5854
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>24,745.25</u> <u>24,745.25</u></p> <p>Is the requested vehicle(s) new or used: <u>NEW</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: 2.7 DODGE RAM CREW CAB 1500</p> <p>Mission of the requested vehicle(s): To replace previous vehicle used by unit manager to perform site inspections with federal agencies, contractors, and assist staff with outages at remove microwave communication sites.</p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: E <u>712</u> 05/8280</p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input checked="" type="checkbox"/> <u>1</u> Addition(s) <input type="checkbox"/> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>N/A This a a service truck used to access mountain top communication sites.</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:</p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p>Yes</p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> <p>N/A</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><u></u> <u>CFO</u> <u>2/28/13</u></p> <p>Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ _____</p> <p>Board of Examiners Date</p>	

RECEIVED

MAR 06 2013

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

Revised 7/13/10

~ STATE AGENCIES ONLY ~
VEHICLE ORDER JUSTIFICATION SHEET
(This form must accompany requisition)

Agency Enterprise I.T. Services RX No. _____
Contact Patrick Sheehan Phone No. 775-684-5854

Pursuant to NRS 333.340 if an agency is not purchasing from the lowest responsible dealer, the Purchasing Division must notify the dealer with the lowest price for the vehicle type you have requested of the reasons for this purchase.

Please check all that apply below:

- Dealer is located in close proximity to the area of vehicle deployment for service, parts and warranty support to the agency
- Dealer has historically provided favorable service to the agency concerning cost of ownership issues
- Vehicle is compatible with other agency vehicles providing for standardized operation and maintenance including parts management
- Vehicle requested is best suited for the purpose to be used
- Vehicles of this make have a good cost of ownership record within the agency
- If this vehicle does not meet "Smart Way or Smart Way Elite" requirements, agency must provide detailed justification
Vehicle is used by unit manager to perform site inspections with federal agencies, contractors, and assist staff with outages at remote microwave communication sites.

____ Other justification

-----State Purchasing use only-----

____ Approved ____ Disapproved by _____ date _____

If disapproved awarded dealer _____

Reason _____

1388 Network Transport Services
 CAT 05: Equipment
 FY 2013

08/11/13

Decision Unit	GL	Equipment Description	Budgeted Authority	Work Programs In Progress	Internal Reallocated Authority	Total Budgeted Amount	Monthly/Annual Encumbered Expenditures	PO/RX Amount	Expended to date	Available Balance	RX Number	Notes
E712 Replacement Equipment												
A	8280	Dodge Ram 2500 Diesel Truck	30,575.00		(5,256.50)	25,318.50		24,745.25		573.25	Carson Dodge	
	8280	Ram 2500 Utility Shell	3,055.00			3,055.00	3,055.00			0.00		
E712 Total			33,630									
E716 Replacement Equipment												
A	8280	Dodge Ram 2500 Diesel Truck (2)	53,225.00		5,256.50	58,481.50			58,406.50	0.00	Carson Dodge	
	8280	Dodge Ram 2500 Diesel Truck (2)									Carson Dodge	
	8280	Ram 2500 Utility Shell (2)	8,110.00			8,110.00			6,993.00	1,117.00	2 tops requested from TSA	
E716 Total			67,260									
Authority In DAWN			100,890.00	0.00	0.00	100,890.00	3,055.00	24,745.25	77,399.50	690.25		
Difference			0.00		0.00	0.00		DAWN Obligated	77,399.50	690.25		
Difference			0.00		0.00	0.00		Difference	0.00	0.00	* These should be ZERO	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2.7 Dodge Ram Crew Cab 1500 4x2 and 4x4 short bed		
Dealer Name:	Carson Dodge Chrysler Jeep		
Delivery Location:	Carson City NV		
Vehicle Colors:	Exterior: White	Interior: Dark Slate Gray	X Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 21,250.00	\$ 21,250.00
SPECIFY OPTIONS: (description)			\$ 3,467.00
Four Wheel Drive	1	\$ 1800.00	
Limited Slip Differential	1	\$ 276.00	
LT 275/70R17C All Terrain Tires		\$ 213.00	
5.7 Liter V-8		\$ 1114.00	
32 Gallon Fuel Tank		\$ 64.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 24,717.00
DMV Title and DRS Fee's		\$28.25	\$ 28.25
GRAND TOTAL:			\$ 24,745.25

Registered Owner:	Agency Name & Address: Department of Administration Enterprise Information Technology Services 100 N. Stewart Street, Suite 100 Carson City, NV 89701-4211
Legal Owner:	Agency Name & Address: Same
County Vehicle Based In:	Carson
Name & Phone of Person to contact when vehicle is ready for delivery:	Ken Ballew 775-684-4323

Brian Sandoval
Governor



Jeff Mohlenkamp
State Budget Director

Stephanie Day
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 01, 2013

To: Jeff Mohlenkamp, Clerk of the Board
Department of Administration

From: Sherri Barkdull, Budget Analyst IV *SKB*
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. An analysis of the action item and recommendation is also provided.

**DEPARTMENT HEALTH AND HUMAN SERVICES –
DIVISION OF WELFARE AND SUPPORTIVE SERVICES (DWSS) –
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

Agenda Item Write-up:

The Division of Welfare and Supportive Services is requesting Board of Examiner approval of a provider agreement template for Domestic Violence and Substance Abuse services provided to Temporary Assistance for Needy Families eligible participants on behalf of DWSS.

Additional Information:

DWSS collaborates with various public and non-profit agencies to provide support services necessary to improve TANF eligible participants' ability to obtain and sustain gainful employment and thereby reduce and/or eliminate their dependence on public assistance. The division currently contracts with 11 Domestic Violence and 11 Substance Abuse providers statewide. The division may contract with additional qualified vendors during the contract period. Pre-approval of the provider agreements will eliminate the need to submit each individual contract to BOE thereby expediting the provision of service to the public. Upon approval of the provider agreements, they will be annotated as being pre-approved by the Deputy Attorney General, Department of Health and Human Services Director, and the State of Nevada Board of Examiners (BOE). The agreements will be sent to each provider for signature, returned

and then signed by the DWSS Administrator for final approval. Providers will be notified in writing of their allocated funding and of any changes in funding. Any proposed amendments to the provider agreements will be resubmitted to the BOE for approval.

Statutory Authority:

<p>REVIEWED: _____</p> <p>ACTION ITEM: _____</p>
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BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

1470 College Parkway
Carson City, Nevada 89706-7924
(775) 684-0500 • Fax (775) 684-0681

MICHAEL J. WILLDEN
Director

MICHAEL J. MCMAHON
Administrator

February 26, 2013

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FEB 28 2013

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

To: Sherri Barkdull, Budget Analyst
Through: Michael J. Willden, Director *El for Will*
From: Michael J. McMahon, Administrator *MJM*
RE: Provider Agreements for Domestic Violence/Substance Abuse Providers

The Division of Welfare and Supportive Services (DWSS) is requesting Board of Examiner (BOE) approval of the attached provider agreements for Domestic Violence and Substance Abuse services provided to Temporary Assistance for Needy Families (TANF) eligible participants on behalf of DWSS.

TANF New Employees of Nevada (NEON) program, funded through the TANF Block Grant from the U.S. Office of the Administration for Children and Families, Office of Family Assistance, provides time-limited cash assistance so children may be cared for in their homes or in the homes of relatives. The program provides work-eligible individuals with job preparation, work opportunities and support services to enable them to leave the program and become self-sufficient. Substance abuse/addiction, domestic violence situations and their related issues can be a significant barrier to employment. DWSS collaborates with various public and non-profit agencies to provide the support services necessary to improve TANF eligible participants' ability to obtain and sustain gainful employment and thereby reduce and/or eliminate their dependence on public assistance.

DWSS has established standard billing rates for each type of services provided to TANF eligible participants. Payment is limited to available funding as determined by DWSS and established budget. The allocated funding for all providers will be provided under budget account 3230, category 49, and fiscal integrity will be maintained by ensuring funding availability at the time of encumbrance.

DWSS currently contracts with 11 Domestic Violence and 11 Substance Abuse providers statewide. DWSS may contract with additional qualified vendors during the contract period. Pre-approval of the provider agreements will eliminate the need to submit each individual contract to BOE, thereby expediting the provision of service to the public, and will allow DWSS administration to augment and/or de-augment allocated funding based on the number of families served by each vendor without having to process numerous amendments through the BOE.

Upon approval of the provider agreements, they will be annotated as being pre-approved by the Deputy Attorney General, Department of Health and Human Services Director, and the State of Nevada Board of Examiners (BOE). The provider agreement will be sent to each provider for signature, returned and then signed by the DWSS Administrator for final approval. Providers will be notified in writing of their allocated funding and of any changes in funding. Any proposed amendments to the provider agreements will be resubmitted to the BOE for approval.

The provider agreements will become effective July 1, 2013, upon Board of Examiners approval, anticipated to be April 9, 2013 and will terminate on June 30, 2017.

If you have any questions, please contact Agnes Francis, DWSS Contract Manager, at 775-684-0676.

CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A Contract Between the State of Nevada
Acting By and Through Its

Department of Health and Human Services
Division of Welfare and Supportive Services
1470 College Parkway
Carson City NV 89706

and

Domestic Violence/Substance Abuse Service Providers

WHEREAS, NRS 333.700 authorizes elective officers, heads of departments, boards, commissions or institutions to engage, subject to the approval of the Board of Examiners, services of persons as independent contractors; and

WHEREAS, it is deemed that the service of Contractor is both necessary and in the best interests of the State of Nevada;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307. "Independent Contractor" means a person or entity that performs services and/or provides goods for the State under the terms and conditions set forth in this Contract. "Fiscal Year" is defined as the period beginning July 1 and ending June 30 of the following year. "Current State Employee" means a person who is an employee of an agency of the State. "Former State Employee" means a person who was an employee of any agency of the State at any time within the preceding 24 months.

3. **CONTRACT TERM.** This Contract shall be effective from July 1, 2013, subject to Board of Examiners' approval (anticipated to be April 9, 2013) to June 30, 2017, unless sooner terminated by either party as specified in paragraph ten (10).

4. **NOTICE.** Unless otherwise specified, termination shall not be effective until 30 calendar days after a party has served written notice of termination for default, or notice of termination without cause upon the other party. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address specified above.

5. **INCORPORATED DOCUMENTS.** The parties agree that this Contract, inclusive of the following attachments, specifically describes the scope of work. This Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT A:	INSURANCE SCHEDULE
ATTACHMENT B:	DOMESTIC VIOLENCE SCOPE OF WORK
ATTACHMENT C:	SUBSTANCE ABUSE SCOPE OF WORK
ATTACHMENT D:	DOMESTIC VIOLENCE BILLING CODES AND RATES
ATTACHMENT E:	SUBSTANCE ABUSE BILLING CODES AND RATES
ATTACHMENT F:	BILLING TEMPLATE

A Contractor's Attachment shall not contradict or supersede any State specifications, terms or conditions without written evidence of mutual assent to such change appearing in this Contract.

6. **CONSIDERATION.** The parties agree that Contractor will provide the services specified in paragraph five (5) at a cost of \$ DWSS Billing Rates as outlined in Billing Codes and Rates per Client with the total Contract or installments not to exceed \$ as established by the Division of Welfare and Supportive Services, not to exceed, \$2,778,172; \$694,543 for FY 14, \$694,543 for FY 15, \$694,543 for FY 16 and \$694,543 for FY 17. The State does not agree to reimburse Contractor for expenses unless otherwise specified in the incorporated attachments. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the result of legislative appropriation may require.

7. **ASSENT.** The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations specified.

8. **BILLING SUBMISSION: TIMELINESS.** The parties agree that timeliness of billing is of the essence to the contract and recognize that the State is on a fiscal year. All billings for dates of service prior to July 1 must be submitted to the State no later than the third Friday in July of the same calendar year. A billing submitted after the third Friday in July, which forces the State to process the billing as a stale claim pursuant to NRS 353.097, will subject the Contractor to an administrative fee not to exceed one hundred dollars (\$100.00). The parties hereby agree this is a reasonable estimate of the additional costs to the State of processing the billing as a stale claim and that this amount will be deducted from the stale claim payment due to the Contractor.

9. **INSPECTION & AUDIT.**

a. **Books and Records.** Contractor agrees to keep and maintain under generally accepted accounting principles (GAAP) full, true and complete records, contracts, books, and documents as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.

b. **Inspection & Audit.** Contractor agrees that the relevant books, records (written, electronic, computer related or otherwise), including, without limitation, relevant accounting procedures and practices of Contractor or its subcontractors, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location of Contractor where such records may be found, with or without notice by the State Auditor, the relevant state agency or its contracted examiners, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives. All subcontracts shall reflect requirements of this paragraph.

c. **Period of Retention.** All books, records, reports, and statements relevant to this Contract must be retained a minimum three (3) years, and for five (5) years if any federal funds are used pursuant to the Contract. The retention period runs from the date of payment for the relevant goods or services by the State, or from the date of termination of the Contract, whichever is later. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. **CONTRACT TERMINATION.**

a. **Termination Without Cause.** Any discretionary or vested right of renewal notwithstanding, this Contract may be terminated upon written notice by mutual consent of both parties, or unilaterally by either party without cause.

b. **State Termination for Non-appropriation.** The continuation of this Contract beyond the current biennium is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. The State may terminate this Contract, and Contractor waives any and all claim(s) for damages, effective immediately upon receipt of written notice (or any date specified therein) if for any reason the Contracting Agency's funding from State and/or federal sources is not appropriated or is withdrawn, limited, or impaired.

c. **Cause Termination for Default or Breach.** A default or breach may be declared with or without termination. This Contract may be terminated by either party upon written notice of default or breach to the other party as follows:

i. If Contractor fails to provide or satisfactorily perform any of the conditions, work, deliverables, goods, or services called for by this Contract within the time requirements specified in this Contract or within any granted extension of those time requirements; or

- ii. If any state, county, city or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract is for any reason denied, revoked, debarred, excluded, terminated, suspended, lapsed, or not renewed; or
 - iii. If Contractor becomes insolvent, subject to receivership, or becomes voluntarily or involuntarily subject to the jurisdiction of the bankruptcy court; or
 - iv. If the State materially breaches any material duty under this Contract and any such breach impairs Contractor's ability to perform; or
 - v. If it is found by the State that any quid pro quo or gratuities in the form of money, services, entertainment, gifts, or otherwise were offered or given by Contractor, or any agent or representative of Contractor, to any officer or employee of the State of Nevada with a view toward securing a contract or securing favorable treatment with respect to awarding, extending, amending, or making any determination with respect to the performing of such contract; or
 - vi. If it is found by the State that Contractor has failed to disclose any material conflict of interest relative to the performance of this Contract.
- d. Time to Correct. Termination upon a declared default or breach may be exercised only after service of formal written notice as specified in paragraph four (4), and the subsequent failure of the defaulting party within fifteen (15) calendar days of receipt of that notice to provide evidence, satisfactory to the aggrieved party, showing that the declared default or breach has been corrected.
- e. Winding Up Affairs Upon Termination. In the event of termination of this Contract for any reason, the parties agree that the provisions of this paragraph survive termination:
- i. The parties shall account for and properly present to each other all claims for fees and expenses and pay those which are undisputed and otherwise not subject to set off under this Contract. Neither party may withhold performance of winding up provisions solely based on nonpayment of fees or expenses accrued up to the time of termination;
 - ii. Contractor shall satisfactorily complete work in progress at the agreed rate (or a pro rata basis if necessary) if so requested by the Contracting Agency;
 - iii. Contractor shall execute any documents and take any actions necessary to effectuate an assignment of this Contract if so requested by the Contracting Agency;
 - iv. Contractor shall preserve, protect and promptly deliver into State possession all proprietary information in accordance with paragraph twenty-one (21).

11. REMEDIES. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including, without limitation, actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall include, without limitation, one hundred and twenty-five dollars (\$125.00) per hour for State-employed attorneys. The State may set off consideration against any unpaid obligation of Contractor to any State agency in accordance with NRS 353C.190. In the event that the Contractor voluntarily or involuntarily becomes subject to the jurisdiction of the Bankruptcy Court, the State may set off consideration against any unpaid obligation of Contractor to the State or its agencies, to the extent allowed by bankruptcy law, without regard to whether the procedures of NRS 353C.190 have been utilized.

12. LIMITED LIABILITY. The State will not waive and intends to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Liquidated damages shall not apply unless otherwise specified in the incorporated attachments. Damages for any State breach shall never exceed the amount of funds appropriated for payment under this Contract, but not yet paid to Contractor, for the fiscal year budget in existence at the time of the breach. Damages for any Contractor breach shall not exceed one hundred and fifty percent (150%) of the contract maximum "not to exceed" value. Contractor's tort liability shall not be limited.

13. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

14. INDEMNIFICATION. To the fullest extent permitted by law Contractor shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Contractor, its officers, employees and agents.

15. **INDEPENDENT CONTRACTOR.** Contractor is associated with the State only for the purposes and to the extent specified in this Contract, and in respect to performance of the contracted services pursuant to this Contract, Contractor is and shall be an independent contractor and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for the State whatsoever with respect to the indebtedness, liabilities, and obligations of Contractor or any other party. Contractor shall be solely responsible for, and the State shall have no obligation with respect to: (1) withholding of income taxes, FICA or any other taxes or fees; (2) industrial insurance coverage; (3) participation in any group insurance plans available to employees of the State; (4) participation or contributions by either Contractor or the State to the Public Employees Retirement System; (5) accumulation of vacation leave or sick leave; or (6) unemployment compensation coverage provided by the State. Contractor shall indemnify and hold State harmless from, and defend State against, any and all losses, damages, claims, costs, penalties, liabilities, and expenses arising or incurred because of, incident to, or otherwise with respect to any such taxes or fees. Neither Contractor nor its employees, agents, nor representatives shall be considered employees, agents, or representatives of the State. The State and Contractor shall evaluate the nature of services and the term of the Contract negotiated in order to determine "independent contractor" status, and shall monitor the work relationship throughout the term of the Contract to ensure that the independent contractor relationship remains as such. To assist in determining the appropriate status (employee or independent contractor), Contractor represents as follows:

		<u>Contractor's Initials</u>	
		YES	NO
1.	Does the Contracting Agency have the right to require control of when, where and how the independent contractor is to work?	_____	_____
2.	Will the Contracting Agency be providing training to the independent contractor?	_____	_____
3.	Will the Contracting Agency be furnishing the independent contractor with worker's space, equipment, tools, supplies or travel expenses?	_____	_____
4.	Are any of the workers who assist the independent contractor in performance of his/her duties employees of the State of Nevada?	_____	_____
5.	Does the arrangement with the independent contractor contemplate continuing or recurring work (even if the services are seasonal, part-time, or of short duration)?	_____	_____
6.	Will the State of Nevada incur an employment liability if the independent contractor is terminated for failure to perform?	_____	_____
7.	Is the independent contractor restricted from offering his/her services to the general public while engaged in this work relationship with the State?	_____	_____

16. **INSURANCE SCHEDULE.** Unless expressly waived in writing by the State, Contractor, as an independent contractor and not an employee of the State, must carry policies of insurance and pay all taxes and fees incident hereunto. Policies shall meet the terms and conditions as specified within this Contract along with the additional limits and provisions as described in the insurance schedule, incorporated hereto by attachment. The State shall have no liability except as specifically provided in the Contract.

The Contractor shall not commence work before:

- 1) Contractor has provided the required evidence of insurance to the Contracting Agency of the State, and
- 2) The State has approved the insurance policies provided by the Contractor.

Prior approval of the insurance policies by the State shall be a condition precedent to any payment of consideration under this Contract and the State's approval of any changes to insurance coverage during the course of performance shall constitute an ongoing condition subsequent this Contract. Any failure of the State to timely approve shall not constitute a waiver of the condition.

Insurance Coverage: The Contractor shall, at the Contractor's sole expense, procure, maintain and keep in force for the duration of the Contract insurance conforming to the minimum limits as specified in the insurance schedule, incorporated hereto by attachment. Unless specifically stated herein or otherwise agreed to by the State, the required insurance shall be in effect prior to the commencement of work by the Contractor and shall continue in force as appropriate until:

1. Final acceptance by the State of the completion of this Contract; or
 2. Such time as the insurance is no longer required by the State under the terms of this Contract;
- Whichever occurs later.

Any insurance or self-insurance available to the State shall be in excess of, and non-contributing with, any insurance required from Contractor. Contractor's insurance policies shall apply on a primary basis. Until such time as the insurance is no longer required by the State, Contractor shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. If at any time during the period when insurance is required by the Contract, an insurer or surety shall fail to comply with the requirements of this Contract, as soon as Contractor has knowledge of any such failure, Contractor shall immediately notify the State and immediately replace such insurance or bond with an insurer meeting the requirements.

General Requirements:

- a. **Additional Insured:** By endorsement to Contractor's general liability insurance policy, the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307 shall be named as additional insureds for all liability arising from the Contract.
- b. **Waiver of Subrogation:** Each insurance policy shall provide for a waiver of subrogation against the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307, for losses arising from work/materials/equipment performed or provided by or on behalf of the Contractor.
- c. **Cross-Liability:** All required liability policies shall provide cross-liability coverage as would be achieved under the standard ISO separation of insureds clause.
- d. **Deductibles and Self-Insured Retentions:** Insurance maintained by Contractor shall apply on a first dollar basis without application of a deductible or self-insured retention unless otherwise specifically agreed to by the State. Such approval shall not relieve Contractor from the obligation to pay any deductible or self-insured retention. Any deductible or self-insured retention shall not exceed fifty thousand dollars (\$50,000.00) per occurrence, unless otherwise approved by the Risk Management Division.
- e. **Policy Cancellation:** Except for ten (10) days notice for non-payment of premium, each insurance policy shall be endorsed to state that without thirty (30) days prior written notice to the State of Nevada, c/o Contracting Agency, the policy shall not be canceled, non-renewed or coverage and /or limits reduced or materially altered, and shall provide that notices required by this paragraph shall be sent by certified mailed to the address shown on page one (1) of this contract:
- f. **Approved Insurer:** Each insurance policy shall be:
 - 1) Issued by insurance companies authorized to do business in the State of Nevada or eligible surplus lines insurers acceptable to the State and having agents in Nevada upon whom service of process may be made; and
 - 2) Currently rated by A.M. Best as "A-VII" or better.

Evidence of Insurance:

Prior to the start of any Work, Contractor must provide the following documents to the contracting State agency:

1) **Certificate of Insurance:** The Acord 25 Certificate of Insurance form or a form substantially similar must be submitted to the State to evidence the insurance policies and coverages required of Contractor. The certificate must name the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307 as the certificate holder. The certificate should be signed by a person authorized insurer to bind coverage on its behalf. The state project/contract number; description and contract effective dates shall be noted on the certificate, and upon renewal of the policies listed Contractor shall furnish the State with replacement certificates as described within Insurance Coverage, section noted above.

Mail all required insurance documents to Division of Welfare and Supportive Services as identified on page one of the contract.

2) **Additional Insured Endorsement:** An Additional Insured Endorsement (CG 20 10 11 85 or CG 20 26 11 85), signed by an authorized insurance company representative, must be submitted to the State to evidence the endorsement of the State as an additional insured per General Requirements, subsection a above.

3) **Schedule of Underlying Insurance Policies:** If Umbrella or Excess policy is evidenced to comply with minimum limits, a copy of the underlying Schedule from the Umbrella or Excess insurance policy may be required.

Review and Approval: Documents specified above must be submitted for review and approval by the State prior to the commencement of work by Contractor. Neither approval by the State nor failure to disapprove the insurance furnished by Contractor shall relieve Contractor of Contractor's full responsibility to provide the insurance required by this Contract.

Compliance with the insurance requirements of this Contract shall not limit the liability of Contractor or its sub-contractors, employees or agents to the State or others, and shall be in addition to and not in lieu of any other remedy available to the State under this Contract or otherwise. The State reserves the right to request and review a copy of any required insurance policy or endorsement to assure compliance with these requirements.

17. COMPLIANCE WITH LEGAL OBLIGATIONS. Contractor shall procure and maintain for the duration of this Contract any state, county, city or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract. Contractor will be responsible to pay all taxes, assessments, fees, premiums, permits, and licenses required by law. Real property and personal property taxes are the responsibility of Contractor in accordance with NRS 361.157 and NRS 361.159. Contractor agrees to be responsible for payment of any such government obligations not paid by its subcontractors during performance of this Contract. The State may set-off against consideration due any delinquent government obligation in accordance with NRS 353C.190.

18. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

19. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

20. ASSIGNMENT/DELEGATION. To the extent that any assignment of any right under this Contract changes the duty of either party, increases the burden or risk involved, impairs the chances of obtaining the performance of this Contract, attempts to operate as a novation, or includes a waiver or abrogation of any defense to payment by State, such offending portion of the assignment shall be void, and shall be a breach of this Contract. Contractor shall neither assign, transfer nor delegate any rights, obligations or duties under this Contract without the prior written consent of the State.

21. STATE OWNERSHIP OF PROPRIETARY INFORMATION. Any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under the Contract), or any other documents or drawings, prepared or in the course of preparation by Contractor (or its subcontractors) in performance of its obligations under this Contract shall be the exclusive property of the State and all such materials shall be delivered into State possession by Contractor upon completion, termination, or cancellation of this Contract. Contractor shall not use, willingly allow, or cause to have such materials used for any purpose other than performance of Contractor's obligations under this Contract without the prior written consent of the State. Notwithstanding the foregoing, the State shall have no proprietary interest in any materials licensed for use by the State that are subject to patent, trademark or copyright protection.

22. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents received from Contractor may be open to public inspection and copying. The State has a legal obligation to disclose such information unless a particular record is made confidential by law or a common law balancing of interests. Contractor may label specific parts of an individual document as a "trade secret" or "confidential" in accordance with NRS 333.333, provided that Contractor thereby agrees to indemnify and defend the State for honoring such a designation. The failure to so label any document that is released by the State shall constitute a complete waiver of any and all claims for damages caused by any release of the records.

23. CONFIDENTIALITY. Contractor shall keep confidential all information, in whatever form, produced, prepared, observed or received by Contractor to the extent that such information is confidential by law or otherwise required by this Contract

24. FEDERAL FUNDING. In the event federal funds are used for payment of all or part of this Contract:

a. Contractor certifies, by signing this Contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to the regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67, § 67.510, as published as pt. VII of the May 26, 1988, Federal Register (pp. 19160-19211), and any relevant program-specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.

b. Contractor and its subcontractors shall comply with all terms, conditions, and requirements of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999, inclusive, and any relevant program-specific regulations.

c. Contractor and its subcontractors shall comply with the requirements of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions.)

25. **LOBBYING.** The parties agree, whether expressly prohibited by federal law, or otherwise, that no funding associated with this contract will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

a. Any federal, state, county or local agency, legislature, commission, counsel or board;

b. Any federal, state, county or local legislator, commission member, counsel member, board member, or other elected official; or

c. Any officer or employee of any federal, state, county or local agency; legislature, commission, counsel or board.

26. **WARRANTIES.**

a. **General Warranty.** Contractor warrants that all services, deliverables, and/or work product under this Contract shall be completed in a workmanlike manner consistent with standards in the trade, profession, or industry; shall conform to or exceed the specifications set forth in the incorporated attachments; and shall be fit for ordinary use, of good quality, with no material defects.

b. **System Compliance.** Contractor warrants that any information system application(s) shall not experience abnormally ending and/or invalid and/or incorrect results from the application(s) in the operating and testing of the business of the State.

27. **PROPER AUTHORITY.** The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract. Contractor acknowledges that as required by statute or regulation this Contract is effective only after approval by the State Board of Examiners and only for the period of time specified in the Contract. Any services performed by Contractor before this Contract is effective or after it ceases to be effective are performed at the sole risk of Contractor.

28. **NOTIFICATION OF UTILIZATION OF CURRENT OR FORMER STATE EMPLOYEES.** Contractor has disclosed to the State all persons that the Contractor will utilize to perform services under this Contract who are Current State Employees or Former State Employees. Contractor will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this contract without first notifying the Contracting Agency of the identity of such persons and the services that each such person will perform, and receiving from the Contracting Agency approval for the use of such persons.

29. **ASSIGNMENT OF ANTITRUST CLAIMS.** Contractor irrevocably assigns to the State any claim for relief or cause of action which the Contractor now has or which may accrue to the Contractor in the future by reason of any violation of state of Nevada or federal antitrust laws in connection with any goods or services provided to the Contractor for the purpose of carrying out the Contractor's obligations under this Contract, including, at the State's option, the right to control any such litigation on such claim for relief or cause of action. Contractor shall require any subcontractors hired to perform any of Contractor's obligations under this Contract to irrevocably assign to the State, as third party beneficiary, any right, title or interest that has accrued or which may accrue in the future by reason of any violation of state of Nevada or federal antitrust laws in connection with any goods or services provided to the subcontractor for the purpose of carrying out the subcontractor's obligations to the Contractor in pursuance of this Contract, including, at the State's option, the right to control any such litigation on such claim or relief or cause of action.

30. **GOVERNING LAW; JURISDICTION.** This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada, without giving effect to any principle of conflict of laws that would require the application of the law of any other jurisdiction. The parties consent to the exclusive jurisdiction of the First Judicial District Court, Carson City, Nevada for enforcement of this Contract.

31. **ENTIRE CONTRACT AND MODIFICATION.** This Contract and its integrated attachment(s) constitute the entire agreement of the parties and as such are intended to be the complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless

an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto and approved by the Office of the Attorney General and the State Board of Examiners.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

Independent Contractor's Signature _____ Date _____

Title

Michael J. McMahon 2/26/2013
Michael J. McMahon _____
Date

Administrator,
Division of Welfare and Supportive Services

Title

Ellen M. Willden for 2/27/13
Michael J. Willden _____
Date

Director,
Department of Health and Human Services

Title

Signature - Board of Examiners

APPROVED BY BOARD OF EXAMINERS



On _____
(Date)

Approved as to form by:

[Signature]

Deputy Attorney General for Attorney General

On *2/26/13*

(Date)

INSURANCE SCHEDULE

INDEMNIFICATION CLAUSE:

Contractor shall indemnify, hold harmless and, not excluding the State's right to participate, defend the State, its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against all liabilities, claims, actions, damages, losses, and expenses including without limitation reasonable attorneys' fees and costs, (hereinafter referred to collectively as "claims") for bodily injury or personal injury including death, or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State.

INSURANCE REQUIREMENTS:

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, his agents, representatives, employees or subcontractors and Contractor is free to purchase additional insurance as may be determined necessary.

A. **MINIMUM SCOPE AND LIMITS OF INSURANCE:** Contractor shall provide coverage with limits of liability not less than those stated below. An excess liability policy or umbrella liability policy may be used to meet the minimum liability requirements provided that the coverage is written on a "following form" basis.

1. Commercial General Liability – Occurrence Form

Policy shall include bodily injury, property damage and broad form contractual liability coverage.

- General Aggregate \$2,000,000
- Products – Completed Operations Aggregate \$1,000,000
- Personal and Advertising Injury \$1,000,000
- Each Occurrence \$1,000,000

a. The policy shall be endorsed to include the following additional insured language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor".

2. Worker's Compensation and Employers' Liability

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$100,000
Disease – Each Employee	\$100,000
Disease – Policy Limit	\$500,000

a. Policy shall contain a waiver of subrogation against the State of Nevada.

ATTACHMENT A

- b. This requirement shall not apply when a contractor or subcontractor is exempt under N.R.S., **AND** when such contractor or subcontractor executes the appropriate sole proprietor waiver form.

- B. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:
1. On insurance policies where the State of Nevada is named as an additional insured, the State of Nevada shall be an additional insured to the full limits of liability purchased by the Contractor even if those limits of liability are in excess of those required by this Contract.
 2. The Contractor's insurance coverage shall be primary insurance and non-contributory with respect to all other available sources.
- C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided or canceled except after thirty (30) days prior written notice has been given to the State, except when cancellation is for non-payment of premium, then ten (10) days prior notice may be given. Such notice shall be sent directly to **Contract Manager, Division of Welfare and Supportive Services, 1470 College Parkway, Carson City NV 89706.**
- D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with insurers duly licensed or authorized to do business in the state of Nevada and with an "A.M. Best" rating of not less than A- VII. The State in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.
- E. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State with certificates of insurance (ACORD form or equivalent approved by the State) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and any required endorsements are to be received and approved by the State before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract or to provide evidence of renewal is a material breach of contract.

All certificates required by this Contract shall be sent directly to **Contract Manager, Division of Welfare and Supportive Services, 1470 College Parkway, Carson City NV 89706.** The State project/contract number and project description shall be noted on the certificate of insurance. The State reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time.

- F. **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as additional insureds under its policies or Contractor shall furnish to the State separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
- G. **APPROVAL:** Any modification or variation from the insurance requirements in this Contract shall be made by the Attorney General's Office or the Risk Manager, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

SCOPE OF WORK DOMESTIC VIOLENCE

The Division of Welfare and Supportive Services (DWSS) and Contractor agree to partner in providing domestic violence services to pending and eligible Temporary Assistance for Needy Families (TANF) participants, targeting victims and their families. Domestic violence services can help TANF eligible participants overcome their dependence and become self-sufficient. Contractor can provide and will be paid for services as set forth in the "Domestic Violence Billing Codes and Rates" attachment.

Specifically DWSS and Contractor agree to the following:

I. CONTRACTOR AGREES TO:

- a. Verify TANF eligibility for clients requesting domestic violence services by obtaining Participant Verification Form (PVF) from the DWSS case manager. TANF funds for domestic violence services cannot be invoiced prior to the initiation of contact with the DWSS case manager.
- b. Notify the referring DWSS case manager within two (2) working days by phone, fax or email of all TANF eligible participants not in attendance of scheduled counseling sessions.
- c. Coordinate with the DWSS case manager if a TANF eligible participant is already in a domestic violence shelter or in treatment without having gone through the referral process. Contractor and the participant may contact the DWSS case manager to identify whether or not the participant is eligible for services under TANF.
- d. Use DWSS "Domestic Violence Services Billing Codes and Rates" (*see attachment*).
- e. Submit the DWSS-approved and formatted Excel invoice to DWSS, via email, for services rendered to TANF eligible participants no later than the 10th working day after the month service is rendered to DWSS Employment and Support Services (*see "Billing Template" attachment*). Contractor must not delay submittal of invoice beyond the above-referenced deadline even if awaiting receipt of the PVF from DWSS case manager. Invoices submitted outside of this timeframe may result in non-payment for services rendered or a delay of payment until after the end of the current state fiscal year (June 30).
- f. Submit a copy of the PVF for each participant being billed to DWSS by mail, email or fax. The invoice will not be authorized for payment until these are received. The billing packet should be sent by mail, email or faxed to:

**Chief, Employment & Support Services
Division of Welfare & Supportive Services
1470 College Parkway
Carson City, NV 89706
Phone: (775) 684-0500
Fax: (775) 684-8766**

- g. Assist in obtaining necessary releases of information between the Contractor and the TANF eligible participant to exchange information with the referring DWSS case manager.

ATTACHMENT B

- h. Coordinate closely with the DWSS case manager to discuss needs and determine progress of the TANF eligible participant. Contractor will provide progress reports at least monthly and/or as requested by the DWSS case manager.
- i. Maintain all TANF eligible participant files for a period of five (5) years after case closure.

II. DWSS AGREES TO:

- a. Allocate funds to individual domestic violence contractors for the purpose of providing domestic violence services to TANF eligible recipients. The funding amount will be based on the total overall funding allocated to the program for the current state fiscal year and the number of TANF eligible participants served by the Contractor.
- b. Formally notify Contractor of initial allocated funding at the start of each fiscal year and all changes to the initial funding throughout that year by letter.
- c. Supply demographic information (name, DOB, etc.) for each referred TANF eligible participant. The DWSS case manager will send a PVF to Contractor at the time of referral and each month thereafter.
- d. DWSS case manager will complete a "Release of Information" (Form 2009-EG) with the TANF eligible participant. This form can be hand-delivered to Contractor by the TANF eligible participant or sent to the Contractor by the DWSS case manager.
- e. Obtain the necessary release of information to protect the TANF eligible participant's records under the federal regulation governing confidentiality.
- f. Process invoices for payment, once all billing criteria have been met within 30 business days. DWSS reserves the right to decline payment on invoices received after the 10th working day after the month service is rendered.

III. BOTH PARTIES AGREE TO:

- a. The use or disclosure by any party of any information concerning a TANF eligible participant for any purpose not directly connected with the administration of the DWSS' or the Contractor's responsibilities are prohibited.
- b. Abide by the rules and regulations set forth in the Americans with Disabilities Act (ADA).

SCOPE OF WORK SUBSTANCE ABUSE

The Division of Welfare and Supportive Services (DWSS) and the Substance Abuse Prevention and Treatment Agency (SAPTA) certified substance abuse Contractor agree to partner in providing substance abuse evaluation and non-medical treatment and/or counseling to Temporary Assistance for Needy Families (TANF) eligible participants; targeting the pregnant and parenting population. Substance abuse services can help TANF eligible participants overcome their dependence and become self-sufficient because substance abuse and addiction can interfere with parents' ability to find and retain jobs. Contractor can provide and will be paid for services as set forth in the "Substance Abuse Billing Codes and Rates" attachment.

Specifically DWSS and Contractor agree to the following:

I. CONTRACTOR AGREES TO:

- a. Maintain certification as specified per Nevada Revised Statute 449 and Nevada Administrative Code 449 through Nevada Division of Mental Health and Development Services, SAPTA and Nevada Health Division, Bureau of Health Care Quality and Compliance (HCQC).
- b. Notify DWSS within two (2) working days if any changes occur to Contractor's SAPTA certification or HCQC licensure for residential programs. Contractor understands that if SAPTA approval is lost, DWSS will terminate contract without giving 30 days' notice.
- c. Verify TANF eligibility for clients requesting substance abuse services by obtaining a Participant Verification Form (PVF) from the DWSS case manager. TANF funds for treatment cannot be invoiced prior to the initiation of contact with the DWSS case manager and the addition of the substance abuse objective in the TANF eligible participant's Personal Responsibility Plan (PRP).
- d. Notify the referring DWSS case manager within two (2) working days by phone, fax or email of all TANF eligible participants not in attendance of scheduled evaluation, assessments and/or treatment program(s).
- e. Coordinate with the DWSS case manager if a TANF eligible participant is already in substance abuse treatment without having gone through the referral process. Contractor and the participant may contact the DWSS case manager to identify whether or not this treatment is part of the participant's PRP, and if not, consider it.
- f. Use DWSS "Substance Abuse Services Billing Codes and Rates" (*see attachment*).
- g. Submit the DWSS-approved and formatted Excel invoice to DWSS, via email, for services rendered to TANF eligible participants no later than the 10th working day after the month service is rendered to DWSS Employment and Support Services (*see "Billing Template" attachment*). Contractor must not delay submittal of invoice beyond the above-referenced deadline even if awaiting receipt of the PVF from DWSS case manager. Invoices submitted outside of this timeframe may result in non-payment for services rendered or a delay of payment until after the end of the current state fiscal year (June 30).
- h. Submit a copy of the PVF for each participant being billed to DWSS by mail, email or fax. The invoice will not be authorized for payment until these are received. The billing packet should be sent by mail or fax to:

**Chief, Employment & Support Services
Division of Welfare & Supportive Services
1470 College Parkway
Carson City, NV 89706
Phone: (775) 684-0500
Fax: (775) 684-8766**

ATTACHMENT C

- i. Collect the TANF eligible participant's portion of the fee as set by SAPTA, using the prevailing "Sliding Fee Scale". Participants will be reimbursed for their co-pay by DWSS if Contractor and DWSS case manager mutually determine a participant has successfully completed the non-medical treatment or counseling program.
- j. Assist in obtaining necessary releases of information between Contractor and the TANF eligible participant to exchange evaluation and treatment information with the referring DWSS case manager.
- k. Coordinate closely with the DWSS case manager to discuss needs and determine progress of TANF eligible participant. Contractor will provide copies of treatment plans and progress reports at least monthly and/or as requested by the DWSS case manager.
- l. Maintain all TANF eligible participant files for a period of five (5) years after case closure.

II. DWSS AGREES TO:

- a. Allocate funds to SAPTA certified substance abuse contractors for the purpose of providing substance abuse treatment and/or counseling to TANF eligible participants. The funding amount will be based on the total overall funding allocated to the program for the current fiscal year and the number of TANF eligible participants served by Contractor.
- b. Formally notify Contractor of initial allocated funding at the start of each fiscal year and all changes to the initial funding throughout that year by letter.
- c. Utilize the SAPTA approved "Sliding Fee Scale" for each Contractor to ascertain TANF eligible participant' co-payment for non-medical substance abuse treatment.
- d. Supply demographic information (name, DOB, etc.) for each referred participant. If SAPTA consults on a particular TANF eligible participant, this demographic information must be shared. A PVF will be sent to the Contractor at the time of referral and each month thereafter.
- e. DWSS case manager will complete a "Release of Information" (Form 2009-EG) with the TANF eligible participant. This form can be hand-delivered to the Contractor by the TANF eligible participant or sent to the Contractor by the DWSS case manager.
- f. Obtain the necessary consent to protect the TANF eligible participants' records under the federal regulation governing confidentiality of Alcohol and Drug Abuse Patient Records and Health Insurance Portability and Accountability Act (HIPAA).
- g. Process invoices for payment, once all billing criteria have been met, within 30 business days. DWSS reserves the right to decline payment on invoices received after the 10th working day after the month service is rendered.
- h. DWSS will terminate the contract when notified by SAPTA that Contractor has lost its certified status or licensure by HCQC for residential treatment.

III. BOTH PARTIES AGREE TO:

- a. The use or disclosure by any party of any information concerning a participant for any purpose not directly connected with the administration of the DWSS' or Contractor's responsibilities are prohibited.
- b. Abide by the rules and regulations set forth in the Americans with Disabilities Act (ADA).

DOMESTIC VIOLENCE BILLING CODES AND RATES

BILLING CODE	DESCRIPTION	AMOUNT
AP	Action Plan Development/Amendment	\$35.00
CHL	Court/Hospital or Law Enforcement Accompaniment	\$30.00
CRISIS INTERVENTION	Crisis Intervention	\$30.00
FOOD	Food (Not to Exceed State Rate)	\$26.00
GROUP-DV	Group Counseling	\$25.00
GTS	Group Transitional Services (example: Life Skills, Parenting, Budgeting)	\$20.00
ITS	Individual Transitional Services (example: Life Skills, Parenting, Budgeting)	\$35.00
IND	Individual Counseling	\$45.00
L	Lodging (Not to Exceed State Rate)	\$58.00
PN-IF	Personal Need Items for Non-Shelter Families-Infant Formula	\$25.00
PN-L	Personal Need Items for Non-Shelter Families-Laundry Service	\$15.00
PN	Personal Need Items for Non-Shelter Families-Personal Hygiene Products	\$25.00
RT	Relocation Transportation - Per mile reimbursement at rates allowed for State employees at the time travel occurs/Not to exceed \$250 per relocation	\$250.00
SP	Safety Plan	\$30.00
S	Shelter (Per Day)	\$35.00
TPO	Temporary Protection Order	\$15.00
TS	Transitional Shelter	\$35.00

SUBSTANCE ABUSE BILLING CODES AND RATES

BILLING CODES	DESCRIPTION	AMOUNT
ADOLESCENT CPC/DETOX	Adolescent CPC/ Detoxification (Non-ASAM)	\$55.00
ADULT CPC (NON-ASAM)	Adult CPC (Non-ASAM)	\$30.00
ASSESSMENT/EVALUATION	Assessment/Evaluation	\$35.00
ASAM OPIOID MAINTENANCE THERAPY FOR ADULTS	ASAM Opioid Maintenance Therapy for Adults	\$15.00
RWC3	Clinically-Managed Medium/High Intensity Residential Treatment For Adult Women With 3 Children	\$380.00
RWC2	Clinically-Managed Medium/High Intensity Residential Treatment For Adult Women With 2 Children	\$285.00
RWC1	Clinically-Managed Medium High Intensity Residential Treatment For Adult Women With 1 Child	\$190.00
MH-RES	Clinically-Managed Medium/High Intensity Residential Treatment For Adults	\$100.00
H-RES	Clinically-Managed High Intensity Residential Treatment For Adolescents	\$120.00
L-RES	Clinically-Managed Low Intensity Residential Treatment For Adults	\$50.00
M-RES	Clinically-Managed Medium Intensity Residential Treatment For Adults	\$75.00
DETOX	Clinically-Managed Residential Detoxification	\$95.00
GROUP	Group Counseling	\$25.00
P-HOSP	Intensive Outpatient/Partial Hospitalization for Adolescents	\$70.00
IOP	Intensive Outpatient Treatment for Adults	\$60.00
TRANS	Transitional Housing (Non-ASAM)	\$35.00
ASAM LEVEL 1 OUTPATIENT SERVICES FOR ADOLESCENTS - INDIVIDUAL COUNSELING	Outpatient Services for Adolescents-Individual Counseling	\$55.00
ASAM LEVEL 1 OUTPATIENT SERVICES FOR ADOLESCENTS - GROUP COUNSELING	Outpatient Services for Adolescents-Group Counseling	\$25.00
OP-IND	Outpatient Services For Adults- Individual Counseling	\$60.00
OP-GROUP	Outpatient Services for Adults-Group Counseling	\$25.00
ASAM LEVEL II.5.PARTIAL HOSPITALIZATION	Partial Hospitalization For Adults	\$70.00
SUBSTANCE ABUSE TREATMENT COPY REIMBURSEMENT	Substance Abuse Fee Reimbursement	Actual Fees Paid

BILLING TEMPLATE

SSN 123456789 Moe
LAST NAME Moe
FIRST NAME Mily
CONTRACTED SERVICE 1/25/2013
DATE OF SERVICE RWC3
SERVICE TYPE 5
FREQUENCY UNIT RATE TOTAL
380 1900
INVOICE# 012009



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 29, 2013
To: Jeff Mohlenkamp, Clerk of the Board
Department of Administration
From: Eric H. King, Analyst IV *E.H.K.*
Budget and Planning 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. An analysis of the action item and recommendation is also provided.

DEPARTMENT-ADMINISTRATION-DIVISION OF INTERNAL AUDITS

Agenda Item Write-up:

The Division of Internal Audits requests the modification of two sections of the State's Administrative Manual (SAM), including:

1. SAM Section 0214 Travel Status – Out-of-State Travel – Addition of the normal commute rule, which is only included in SAM Section 0212 Travel Status – In-State Travel, to Section 0214 to ensure that agencies are aware that this rule applies to out-of-state travel.
2. SAM Section 0322 Independent Contract Review – Changes the designation of contract monitor to contract manager in order to eliminate inconsistencies and clarify agency guidance on contract managers.

In addition, the Division of Internal Audits requests the addition of one section to the SAM as follows:

1. SAM Section 2600 Claims – Add Section 2652 Break Room Supplies, in order to provide guidance to agencies regarding permitted uses of state funds, including that the cost of break room supplies is not a permitted State expense.

Additional Information:

Statutory Authority:

REVIEWED: _____
ACTION ITEM: _____

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 081

Department: Department of Administration

Division (if applicable): Division of Internal Audits

Appointing authority: Steve Weinberger

Agency contact (name, phone and e-mail): Steve Weinberger; 775.687.0130;
sweinberger@admin.nv.gov

1. Reason/purpose for requested change:

Currently the normal commute rule is listed only under section **0212 Travel Status –In-State**. For consistency and clarity this rule should also be noted under section 0214 (Out-of State)

2. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed).

0214 Travel Status - Out-of-State

8. *An employee using his own personal vehicle will be compensated for any miles driven in excess of their normal commute. An employee's normal commute is the roundtrip mileage between the employee's residence and their official duty station.*

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

The change will ensure agencies are aware this rule also applies to out-of-state travel.

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

Unknown

5. Proposed effective date:

Upon approval by BOE

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

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 081
Department: DEPARTMENT OF ADMINISTRATION
Division (if applicable): DIVISION OF INTERNAL AUDITS
Appointing authority: Steve Weinberger
Agency contact (name, phone and e-mail): STEVE WEINBERGER; 775.687.0130;
sweinberger@admin.nv.gov

1. Reason/purpose for requested change:
The changes eliminate the inconsistencies regarding the contract manager position.
2. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed).

0322 Independent Contract Review

2. State agencies shall identify an internal, professional level position to function as a contract ~~monitor~~ *manager*. This position would be responsible for facilitating the agency's RFPs, conducting complex agency solicitations or, in the event of decentralized agency purchasing procedures, the review and approval of agency solicitations and the resulting contracts for compliance with NRS Chapter 333, NAC Chapter 333, and SAM Chapter 0300. Agency contract managers must become certified through the State Purchasing Division's Contract Certification Class. Contract managers will be responsible for completing a comprehensive training course that will cover all aspects of the RFP process, informal solicitation process, law pertaining to the State Purchasing Act, contract negotiations, interlocal contracts and cooperative agreements and other topics relevant to State contracting and reducing the State's exposure to risk. ~~Contract monitors will need to contact State Training for a schedule of classes and registration.~~ *Contract manager certification classes are available in NEATS.*
3. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable):

The changes clarify agency guidance on contract managers.
4. Will recommended change have a fiscal impact (if yes, explain):

No

5. Proposed effective date:

Once approved by BOE

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

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 081

Department: Department of Administration

Division (if applicable): Division of Internal Audits

Appointing authority: Steve Weinberger

Agency contact (name, phone and e-mail): Steve Weinberger; 775.687.0130;
sweinberger@admin.nv.gov

1. Reason/purpose for requested change:

To provide guidance on using state funds for break room supplies.

2. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed).

2652 Break Room Supplies

The purchase of break room supplies is not a permitted State expense. Breakroom supplies include, but are not limited to: small appliances, cleaning supplies, coffee, napkins, cups, plates and utensils.

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

The change will provide guidance to agencies on permitted uses of state funds.

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

Unknown

5. Proposed effective date:

Upon approval by BOE

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

For Budget Division Use Only	
Reviewed by: <i>R. J. J. J.</i>	3/12/13
Reviewed by: <i>SM</i>	3/14/13
Reviewed by:	

STATEWIDE LEASE INFORMATION

LEASE AMENDMENT #1

1. Agency: Department of Employment, Training and Rehabilitation, Employment Security Division, Veteran Services
500 East Third Street, Carson City, Nevada 89713
Tami Nash; Phone; (775) 684-3891, Fax: (775) 684-3850; tinash@nvdetr.org

2. Name of Landlord (Lessor): J.L.K. Enterprises, dba. Pinnacle Executive Suites

3. Address of Landlord: 123 West Nye Lane, Suite 130
Carson City, Nevada 89706

4. Property contact: Marcey Draper
Phone: (775) 884-6123, Fax (775) 885-0815
mgr@pinnacleexecutivesuites.com

5. Address of Lease property: 123 West Nye Lane, Suite #726 and #731.
Carson City, Nevada 89706

a. Approximate Square Footage: Rentable Adding 498 square feet of rentable office space (suite #731) to the existing 300 square feet of rentable office space. A combined total of 798 sf.
 Useable 798

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot	
	\$0.00	1 month and 9 days	\$0.00	Suite #731: 190 sf of office space; March 1, 2013 - April 9, 2013	\$0.00	
	\$906.57	21 days	\$906.57	prorated, April 10, 2013 - April 30, 2013	\$1.14	
Increase %	0.00%	\$1,295.00	5	\$6,475.00	May 1, 2013 - September 30, 2013	\$1.62
Increase %	0.00%	\$1,295.00	12	\$15,540.00	October 1, 2013 - September 30, 2014	\$1.62
Increase %	0.00%	\$1,295.00	12	\$15,540.00	October 1, 2014 - September 30, 2015	\$1.62
			29	\$38,461.57		

c. Total Lease Consideration: 2 years 7 months

d. Option to renew: Yes No Renewal terms: 1 identical term

e. Holdover notice: # of Days required 90 Holdover terms: 5%

f. Term: Two (2) years, seven (7) months

g. Pass-thrus & CAMS: None

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see remarks)

j. Major repairs: Landlord Tenant

k. Minor repairs: Landlord Tenant

l. Taxes: Landlord Tenant

m. Comparable Market Rate: \$1.30 - \$1.50

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

o. Lease will be paid for by Agency Budget Account Number: 4770

6. Purpose of the lease: To house the Department of Employment, Training and Rehabilitation, Veteran Services

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

Remarks: Leasing Services negotiated this Amendment to the lease to add an additional 498 square feet of office space to the existing 300 square feet of office space, for a combined total of 798 rentable square feet. Early occupancy of additional space to commence March 1, 2013 at no charge to Tenant. This location is a full service Executive Suite, which includes receptionist services, 24 hr voice mail, conference room services, mail services, 24/7 access, printer & photocopier available, on site manager, and 5 day janitorial. This lease contains zero (0) increases over the 3 year term. The Deputy Director of DETR has reviewed and approved this lease amendment and terms. The Savings between Original Lease and Lease Amendment #1 decreased from \$34,519.10 to \$25,565.64.



Lease #1

STATEWIDE LEASE INFORMATION


Exceptions/
Special Notes:

8. State of Nevada Business License Information:

a.	Nevada Business ID Number: <u>NV20041361657</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"/>	LLP <input type="checkbox"/>
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
d.	Is the Contractors Name the same as the Legal Entity Name? *If yes, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If yes, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
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>T29030956</u>				

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

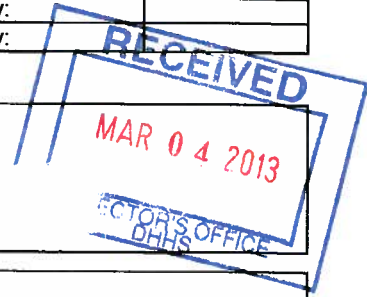
a.	I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
b.	I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/>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


Authorized Signature _____ Date 3-5-13
Public Works Division, Buildings and Grounds Section
do


Authorized Signature - Agency _____ Date 3/4/13

For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <u>JO</u>	<u>3-7-13</u>
Reviewed by:	
Reviewed by:	



STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Child and Family Services
 4126 Technology Way 3rd Floor
 Carson City, Nevada 89706
 contact: Imran Hyman (775) 684-4413; ihyman@dchs.nv.gov

2. Name of Landlord (Lessor): PDMV1, LLC
 Doug Maughan, Managing Member (775) 727-5900; Fax: (775) 727-6010

3. Address of Landlord: 2281 East Postal Drive, Pahrump, Nevada 89048
 PO Box 38, Pahrump, Nevada 89041

4. Property contact: Doug Maughan, Managing Member (775) 727-5900; Emergency: (775) 209-4125
 Russ Meads, cell # (775) 209-6036; office: (775) 537-6767; Fax: (775) 537-6778

5. Address of Lease property: 1780 East Basin Avenue Units 2, 3, 4, 5
 Pahrump, Nevada 89060

a. Square Footage: Rentable 4,480 Usable

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$5,389.00	12	\$64,668.00	Months 1 through 12 <u>6/15/13-14</u>	\$ 1.20
0% \$5,389.00	12	\$64,668.00	Months 13 through 24 <u>6/30/15</u>	\$ 1.20
23% \$7,000.00	12	\$84,000.00	Months 25 through 36 <u>6/30/16</u>	\$ 1.56
0% \$7,000.00	12	\$84,000.00	Months 37 through 48 <u>6/30/17</u>	\$ 1.56
3% \$7,200.00	12	\$86,400.00	Months 49 through 60 <u>ending 30/18</u>	\$ 1.61
c. Total Lease Consideration:		60	\$383,736.00	

d. Option to renew: Yes No Renewal terms: 1 identical term w/ # notice

e. Holdover notice: # of Days required Holdover terms: 3%/90 days

f. Term: Five (5) years, one (1) month

g. Pass-thrus & CAMS: None

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see remarks)

j. Major repairs: Landlord Tenant

k. Minor repairs: Landlord Tenant

l. Taxes: Landlord Tenant

m. Comparable Market Rate: After every effort to obtain this information, the Market Rate is not available for this rural area.

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

o. Lease will be paid for by Agency Budget Account Number: 4480 3229 60

6. Purpose of the lease: To house the Division of Child and Family Services, Pahrump Nevada.

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: \$6,500.00 Furnishings: \$300.00 Data/Phones: \$6,096.00

Remarks: Leasing Services negotiated a full-service rate (expenses are included in the rent), and relocated the Tenant into larger space to accommodate the needs of the agency. The previous location could not accommodate the Agency's planned growth. The rent increase in year 3 represents deferred tenant improvement amortization. Cost comparisons include \$.26 per square foot for janitorial and \$.22 per square foot for utilities in current lease costs.



Leasatt

STATEWIDE LEASE INFORMATION

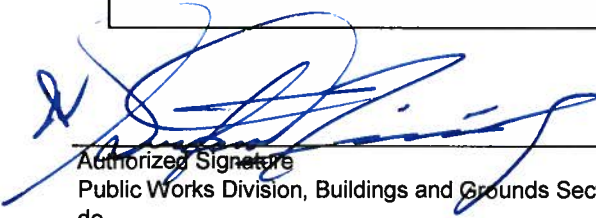
Exceptions/
Special notes:


8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20061628597</u>		
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <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			
Is the Legal Entity active and in good standing with the Nevada Secretary of States			
f. Office?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29010290</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

 3-5-13
Authorized Signature Date
Public Works Division, Buildings and Grounds Section
do

 3/4/13
Authorized Signature - Agency Date
Chamber Howell

For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	3/19/13
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Wildlife
4600 Kietzke Lane, Bldg. D Suite 137, Reno, Nevada 89502
Bob Haughian 775-688-1580; Fax: 775-688-1509; bhaughian@ndow.org;
Battle Mountain emergency contact: Jeremy Lutz 775-635-5070; jlutz@ndow.org

2. Name of Landlord (Lessor): Ronald Burkhart and Sarah Burkhart

3. Address of Landlord: 410 Ranchette
Battle Mountain, Nevada 89820-3305

4. Property contact: Sarah or Ron Burkhart 775-635-5398
cell's: Sarah 775-374-1125; Ron 775-374-1052
Fax: 775-635-2463

5. Address of Lease property: 525 Round Mountain Drive
Battle Mountain Nevada 89820-3505

a. Square Footage: Rentable Usable 1,000 1,000 rentable square feet of office space including 90 square feet of storage; plus 10,680 square feet of compacted gravel fenced and gated parking lot/storage area with front and rear lighting and 1,110 square foot greenhouse, at no additional charge.

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$1,050.00	12	\$12,600.00	May 1, 2013 - April 30, 2014	\$ 1.05
0% \$1,050.00	12	\$12,600.00	May 1, 2014 - April 30, 2015	\$ 1.05
0% \$1,050.00	12	\$12,600.00	May 1, 2015 - April 30, 2016	\$ 1.05
0% \$1,050.00	12	\$12,600.00	May 1, 2016 - April 30, 2017	\$ 1.05
0% \$1,050.00	12	\$12,600.00	May 1, 2017 - April 30, 2018	\$ 1.05

Increase %

c. Total Lease Consideration: 60 \$63,000.00

d. Option to renew: Yes No Renewal terms: 30 days

e. Holdover notice: # of Days required Holdover terms: None

f. Term: Five (5) years

g. Pass-thrus & CAMS: None

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see remarks)
Minimum Janitorial standards for State of Nevada Leased Premises will be used for this site.

j. Major repairs: Landlord Tenant

k. Minor repairs: Landlord Tenant

l. Taxes: Landlord Tenant

m. Comparable Market Rate: After every effort to obtain this information, the market rate is not available for this rural area.

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

o. Lease will be paid for by Agency Budget Account Number: 4461

6. Purpose of the lease: To house the Department of Wildlife.

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: \$2,000.00

RECEIVED
MAR 05 2013
DEPARTMENT OF ADMINISTRATION
OFFICE OF THE ASSISTANT
BUDGET AND PLANNING DIVISION

1000003

STATEWIDE LEASE INFORMATION

Remarks:

Leasing Services negotiated a new modified lease to relocate the Tenant. The Tenant will be responsible for providing and paying for janitorial services, all other rent expenses are included. There is no increase for this five (5) year term. The current office location was not compliant with ADA and lacked storage, security lighting, space for evidence preparation, refrigeration, secure document retention facilities and to house law enforcement information. In addition to office rent, the Tenant has been paying \$56.00 per month for a storage unit. The employees are currently storing State trailers, four wheelers and a boat at their residences due to the lack of fenced and gated space at the current location. The Agency recognized this space is larger and the cost has increased by 53%. This new space has external storage to centralize the various locations currently used by the Tenant to store State equipment. Locating available office space and secure storage space in Battle Mountain Nevada has been extremely difficult.

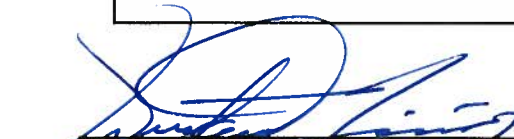
Exceptions/Special notes:

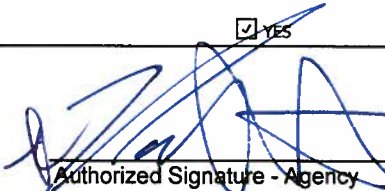
8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20131106427</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 type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	LLP <input type="checkbox"/>
*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>T29032288</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

 3-4-13
 Authorized Signature Date
 Public Works Division, Buildings and Grounds Section
 do

 3/1/13
 Authorized Signature - Agency Date

For Board of Examiners YES NO

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12447** Amendment Number: **1**

Agency Name: **ADMINISTRATION - DIRECTOR'S OFFICE** Legal Entity Name: **AERIS ENTERPRISES INC**

Agency Code: **080** Contractor Name: **AERIS ENTERPRISES INC**

Appropriation Unit: **1340-04** Address: **59 DAMONTE RANCH PKWY STE B292**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89521**

If "No" please explain: **Not Applicable** Contact/Phone: **775/23308930**

Vendor No.: **T81082046A**

NV Business ID: **NV20011516008**

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2011**

Anticipated BOE meeting date **05/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**

Contract term: **1 year and 346 days**

4. Type of contract: **Contract**

Contract description: **Tech Support Svr App**

5. Purpose of contract:

This is the first amendment to the original new contract, which provides on-call tech support for the Consolidated Server applications on an as-needed basis over the FY2012/2013 biennium, which includes support for the following applications: NEBS, NEATS NPAS, HRDW, NVAPPS, Advantage Resources System, Contracts Tracking Database and Nevada Open Government Initiative. This amendment provides additional authority in the contract for the completion of work that has been scheduled in FY2013. Funding for this work is available in the Budget Division and Division of Human Resource Management Budgets/Reserves and the vendor has indicated availability to perform the additional work. The additional authority is \$41,175 for the Budget Division and \$10,000 for the Division of Human Resource Management for a total of \$51,175, increasing the total amount of the contract to \$318,925.

6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$267,750.00
2.	Total amount of any previous contract amendments:	\$0.00
3.	Amount of current contract amendment:	\$51,175.00
4.	New maximum contract amount:	\$318,925.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Need to provide assistance to State staff in support of the systems listed in paragraph 5 (above). This on-call support will only be used as required.

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

Currently, no state employees possess the skills to perform this service. Aeris Enterprises, Inc. has the knowledge-base and skills necessary to provide the needed support. In addition, Aeris developed the NEBS, NEATS, NPAS, NVAPPS, HRDW, Contracts Tracking Database, and the Nevada Open Government Initiative applications.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done 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 #: 110701

Approval Date: 07/11/2011

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has been engaged by the Department of Administration and the Department of Personnel on several projects over the last ten years. The contractor performed satisfactorily on all projects.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	03/21/2013 13:05:54 PM
Division Approval	csweeney	03/21/2013 13:05:58 PM
Department Approval	csweeney	03/21/2013 13:06:03 PM
Contract Manager Approval	csweeney	03/21/2013 13:06:08 PM
DoIT Approval	lmuelle1	03/25/2013 15:37:09 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14133**

Agency Name:	STATE PUBLIC WORKS DIVISION	Legal Entity Name:	AMERICAN FENCE AND SECURITY CO
Agency Code:	082	Contractor Name:	AMERICAN FENCE AND SECURITY CO
Appropriation Unit:	1349-12	Address:	DBA AMERICAN FENCE COMPANY PO BOX 19040
Is budget authority available?:	Yes	City/State/Zip:	PHOENIX, AZ 85005-9040
If "No" please explain:	Not Applicable	Contact/Phone:	null602/352-7613
		Vendor No.:	PUR0002310A
		NV Business ID:	NV19931070701

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

General Funds	0.00 %	X	Fees	100.00 % building rent income fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2017**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **Fence Work**

5. Purpose of contract:

This is a new contract that continues ongoing installation, general repair, maintenance, and service of fencing and all associated components of fencing system in the Southern Nevada at the written request and approval of a Buildings and Grounds designee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$175.00 per man hour for labor, labor rates include two (2) man crew, truck with standard fence tools; Overtime rate is \$260.00 per hour; Weekend and Holiday Rate is \$260.00 per hour with a six (6) hour minimum; Materials are a 10% discount from the American Fence Price Book. Normal hours of operation are 6:00 a.m. to 3:00 p.m. Monday through Friday. Overtime hours start at 4:00 p.m. Coverage area is Clark and Nye Counties, additional charges are based per job

II. JUSTIFICATION

7. What conditions require that this work be done?

Fencing systems and associated components require repair and maintenance.

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

Lack of manpower and expertise.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

b. Solicitation Waiver: **Not Applicable**

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

Per SAM 0338.0 each contractor will be contacted to submit bids on projects. This vendor is one of three on file for fence work.

d. Last bid date: 11/01/2012 Anticipated re-bid date: 11/01/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Buildings and Grounds 2009-2013, service satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	03/01/2013 14:56:45 PM
Division Approval	csweeney	03/01/2013 14:56:49 PM
Department Approval	csweeney	03/01/2013 14:56:53 PM
Contract Manager Approval	csweeney	03/01/2013 14:57:01 PM
Budget Analyst Approval	jrodrig9	03/08/2013 18:25:46 PM
BOE Agenda Approval	cwatson	03/12/2013 14:33:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14066**

Agency Name: STATE PUBLIC WORKS DIVISION	Legal Entity Name: AMERICAN LOCK & KEY
Agency Code: 082	Contractor Name: AMERICAN LOCK & KEY
Appropriation Unit: 1349-12	Address: 837 South Rainbow
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89145
If "No" please explain: Not Applicable	Contact/Phone: null702/434-5397
	Vendor No.: T29028568
	NV Business ID: NV20081017088

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

General Funds	0.00 %	X	Fees	100.00 % building rent income fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2017**

Contract term: **3 years and 306 days**

4. Type of contract: **Contract**

Contract description: **Locksmith Services**

5. Purpose of contract:

This is a new contract that continues ongoing full service locksmith services, specializing in rekeying of cylinders; design and set up of master key systems; access control systems, and camera/alarm systems; and repairs for various state buildings in the Las Vegas area, for use on an as needed basis and at the written request and approval of a Buildings and Grounds designee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Hourly Rate: \$85, Monday-Friday 8:30am-5:00pm and Saturday 9:00am-3:00pm; Overtime and Holiday Rate: \$127.50 per hour; Estimates are free in Las Vegas and Henderson, estimates for the surrounding areas are charged at the hourly rate.

II. JUSTIFICATION

7. What conditions require that this work be done?

To maintain building locks, security systems and door closure systems, and other locksmith related services.

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

Lack of manpower.

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contracts for locksmith services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 01/15/2013 Anticipated re-bid date: 01/15/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2008-2013, Buildings and Grounds, Service Satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wsalisp1	02/21/2013 07:21:56 AM
Division Approval	wsalisp1	02/21/2013 07:22:02 AM
Department Approval	wsalisp1	02/21/2013 07:22:07 AM
Contract Manager Approval	csweeney	02/21/2013 16:05:09 PM
Budget Analyst Approval	jrodrig9	02/26/2013 18:20:11 PM
BOE Agenda Approval	cwatson	03/11/2013 14:43:12 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: CONV6178	Amendment Number: 4
Agency Name: BUILDINGS AND GROUNDS DIVISION	Legal Entity Name: Automated Temperature Controls
Agency Code: 082	Contractor Name: Automated Temperature Controls
Appropriation Unit: 1349-12	Address: , Inc. 8535 Double R Blvd
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: null7758267700
	Vendor No.: T80934610
	NV Business ID: NV19781039226

To what State Fiscal Year(s) will the contract be charged? **2009-2017**

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

General Funds	0.00 %	X	Fees	100.00 % building rent income fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2009**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/13/2013**

Contract term: **8 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Industrial Equipment Maintenance and Repair Servic**

5. Purpose of contract:

This is the fourth amendment to the original contract, which continues ongoing maintenance, repair, and parts for temperature control systems located in various state buildings in Northern Nevada. This contractor is the only controls company that can work on Delta systems allowing for repair of Direct Digital Control system failure due to parts or Logic issues. Not repairing Delta systems failure would have detrimental effects on server room equipment and personnel. This amendment extends the termination date from April 13, 2013 to April 13, 2017 and increases the maximum amount from \$89,900 to \$164,900 for extra services, only to be used upon the written request and approval of a Buildings and Grounds designee.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$20,000.00
2. Total amount of any previous contract amendments:	\$69,900.00
3. Amount of current contract amendment:	\$75,000.00
4. New maximum contract amount:	\$164,900.00
and/or the termination date of the original contract has changed to:	04/13/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

The automated temperature control equipment must be kept in first-class working condition.

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

Lack of manpower and 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 #: 090111 E
Approval Date: 02/22/2013

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

This is a sole source contractor.

d. Last bid date: 04/14/2009 Anticipated re-bid date: 01/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wsalisp1	03/05/2013 07:21:17 AM
Division Approval	wsalisp1	03/05/2013 07:21:20 AM
Department Approval	wsalisp1	03/05/2013 07:21:23 AM
Contract Manager Approval	csweeney	03/05/2013 07:52:22 AM
Budget Analyst Approval	jrodrig9	03/06/2013 20:29:57 PM
BOE Agenda Approval	cwatson	03/12/2013 14:36:51 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14132**

Agency Name:	STATE PUBLIC WORKS DIVISION	Legal Entity Name:	CARRIER CORPORATION
Agency Code:	082	Contractor Name:	CARRIER CORPORATION
Appropriation Unit:	1349-12	Address:	4444 West Russell Road, Ste E
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89118
If "No" please explain:	Not Applicable	Contact/Phone:	Steve Robledo 702-368-4338
		Vendor No.:	PUR0002775A
		NV Business ID:	NV19791006562
To what State Fiscal Year(s) will the contract be charged?	2013-2017		

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

General Funds	0.00 %	X	Fees	100.00 % Building rent income fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP #2038**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2013**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **HVAC Services**

5. Purpose of contract:

This is a new contract that continues ongoing heating, ventilation, and air conditioning maintenance services for the Grant Sawyer Building in Las Vegas, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

Other basis for payment: \$3,800.00 per month for HVAC preventative maintenance, service, and repair and the following rates for extra services that may be required: Regular Hourly Rate \$115, Overtime Rate \$133.50, Weekend Rate \$159.50, Holiday Rate \$190, Parts Mark-up 25%

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC equipment must be serviced, maintained, and repaired on a regular basis to remain in first-class operating condition.

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

Lack of manpower and expertise.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 #2038, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2008-2013, Buildings and Grounds, Service Satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wsalisp1	03/01/2013 07:16:43 AM
Division Approval	wsalisp1	03/01/2013 07:16:45 AM
Department Approval	wsalisp1	03/01/2013 07:16:47 AM
Contract Manager Approval	csweeney	03/01/2013 07:50:03 AM
Budget Analyst Approval	jrodrig9	03/08/2013 18:18:30 PM
BOE Agenda Approval	cwatson	03/11/2013 14:39:39 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14111**

Agency Name: STATE PUBLIC WORKS DIVISION	Legal Entity Name: Intermountain Electric, Inc.
Agency Code: 082	Contractor Name: Intermountain Electric, Inc.
Appropriation Unit: 1349-12	Address: 4750 Longley Lane, Suite 105
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: null775-850-3600
	Vendor No.:
	NV Business ID: NV20041478167
To what State Fiscal Year(s) will the contract be charged?	2013-2017

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

General Funds	0.00 %	X	Fees	100.00 % building rent income fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/28/2017**Contract term: **3 years and 334 days**4. Type of contract: **Contract**Contract description: **Electrical Services**

5. Purpose of contract:

This is a new contract that continues ongoing electrical services for various state buildings in Northern Nevada, only to be used upon the written request and approval of a Buildings and Grounds designee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: See Schedule One.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical improvements are necessary in State buildings for the safety of the public and employees.

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

Lack of manpower.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contracts for electrical services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 01/01/2013 Anticipated re-bid date: 01/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2009-2013, Buildings and Grounds, Service Satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wsalisp1	03/05/2013 07:17:42 AM
Division Approval	wsalisp1	03/05/2013 07:17:44 AM
Department Approval	wsalisp1	03/05/2013 07:17:46 AM
Contract Manager Approval	csweeney	03/05/2013 07:57:46 AM
Budget Analyst Approval	jrodrig9	03/06/2013 20:33:09 PM
BOE Agenda Approval	cwatson	03/12/2013 14:28:15 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: 14112

Agency Name: STATE PUBLIC WORKS DIVISION	Legal Entity Name: NK ENTERPRISES INC DBA
Agency Code: 082	Contractor Name: NK ENTERPRISES INC DBA
Appropriation Unit: 1349-12	Address: ABC LOCKSMITHS
Is budget authority available?: Yes	3981 E SUNSET RD STE E
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89120
	Contact/Phone: null702/598-1630
	Vendor No.: T32000882
	NV Business ID: NV20081153775

To what State Fiscal Year(s) will the contract be charged? 2013-2017

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

General Funds	0.00 %	X	Fees	100.00 % building rent income fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 04/2013

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: 02/28/2017

Contract term: 3 years and 334 days

4. Type of contract: Contract

Contract description: Locksmith Service

5. Purpose of contract:

This is a new contract that continues ongoing locksmith services for various state buildings in the Las Vegas area, for use on an as needed basis and at the written request and approval of a Buildings and Grounds designee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$20,000.00

Other basis for payment: See Schedule One.

II. JUSTIFICATION

7. What conditions require that this work be done?

To maintain building locks, security systems and door closure systems, and other locksmith related services.

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

Lack of manpower.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: Not Applicable

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

This is one of multiple contracts for locksmith services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 01/01/2013 Anticipated re-bid date: 01/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wsalisp1	03/05/2013 07:19:05 AM
Division Approval	wsalisp1	03/05/2013 07:19:16 AM
Department Approval	wsalisp1	03/05/2013 07:19:26 AM
Contract Manager Approval	csweeney	03/05/2013 07:55:45 AM
Budget Analyst Approval	jrodrig9	03/06/2013 20:31:52 PM
BOE Agenda Approval	cwatson	03/12/2013 14:29:18 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 CONTRACT1. Contract Number: **14085**

Agency Name: STATE PUBLIC WORKS DIVISION	Legal Entity Name: ORKIN PEST CONTROL
Agency Code: 082	Contractor Name: ORKIN PEST CONTROL
Appropriation Unit: 1349-12	Address: 8390 S FOURTH ST
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89015
If "No" please explain: Not Applicable	Contact/Phone: Benn Wiebors 702/565-1570
	Vendor No.: T81001514D
	NV Business ID: NV19641001385
To what State Fiscal Year(s) will the contract be charged?	2013-2017

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Pest Control Service**

5. Purpose of contract:

This is a new contract that continues ongoing pest spraying of various state buildings in the Las Vegas area. Extra services will be provided on an as needed basis and upon the written request and approval of a Buildings and Grounds designee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Other basis for payment: See Schedule One

II. JUSTIFICATION

7. What conditions require that this work be done?

Pest Control services are necessary for the safety of employees and clients.

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

Lack of manpower and 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):

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contractors eligible for bidding jobs per SAM 0338.0 and Orkin was the lowest bidder for the monthly services.

d. Last bid date: 01/30/2013 Anticipated re-bid date: 01/30/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2009-2013, Buildings and Grounds, Service Satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wsalisp1	03/04/2013 10:16:25 AM
Division Approval	wsalisp1	03/04/2013 10:16:29 AM
Department Approval	wsalisp1	03/04/2013 10:16:31 AM
Contract Manager Approval	csweeney	03/04/2013 10:32:53 AM
Budget Analyst Approval	jrodrig9	03/06/2013 20:10:27 PM
BOE Agenda Approval	cwatson	03/12/2013 13:02:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14040	Amendment Number: 2
Agency Name: STATE PUBLIC WORKS DIVISION	Legal Entity Name: PIERROTT, ANA L
Agency Code: 082	Contractor Name: PIERROTT, ANA L
Appropriation Unit: 1349-12	Address: ENTERPRISE JANITORIAL SERVICES PO BOX 19913
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: null775/691-2939
	Vendor No.: T29025484A
	NV Business ID: NV20101308826

To what State Fiscal Year(s) will the contract be charged? **2013**

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

General Funds	0.00 %	X	Fees	100.00 %	Building rent income fees
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 **02/11/2013**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**

Contract term: **138 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the second amendment to the original contract, which continues ongoing janitorial services for the Department of Motor Vehicles, 305 Galletti Way, Reno, Nevada. This amendment increases the maximum amount from \$9,916 to \$28,758.83 to fund the term of the contract.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$9,916.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$18,842.83
4. New maximum contract amount:	\$28,758.83

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be kept clean and sanitary for the safety of the public and employees.

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

Lack of manpower.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **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: 01/16/2013 Anticipated re-bid date: 03/31/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

2011-2013, Buildings and Grounds, Service Satisfactory.

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

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

Not Applicable

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

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

Not Applicable

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

Sole Proprietor

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wsalisp1	03/05/2013 07:23:07 AM
Division Approval	wsalisp1	03/05/2013 07:23:10 AM
Department Approval	wsalisp1	03/05/2013 07:23:14 AM
Contract Manager Approval	csweeney	03/05/2013 07:40:52 AM
Budget Analyst Approval	jrodrig9	03/06/2013 20:36:38 PM
BOE Agenda Approval	cwatson	03/15/2013 09:17:32 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: **14147**

Agency Name: STATE PUBLIC WORKS DIVISION	Legal Entity Name: SOUTHWEST ELECTRITECH SERVICES
Agency Code: 082	Contractor Name: SOUTHWEST ELECTRITECH SERVICES
Appropriation Unit: 1349-14	Address: LLC
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102-8346
If "No" please explain: Not Applicable	Contact/Phone: null702/685-5510
	Vendor No.: T29030016
	NV Business ID: NV20081607937

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

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

Agency Reference #: **68490**

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **4 years and 91 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Servs**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for a coordination study and testing for the Office of the Attorney General; Project No. 13-A017; Contract No. 68490. The vendor will perform maintenance testing and inspection of the agency's equipment as listed in the scope of work. The testing will provide the agency with unbiased information that can be used to evaluate the equipment installed. The results of the report and testing can also be used to establish the baseline data for future reference and/or to implement a recommended preventative maintenance program for the overall system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,600.00**

Other basis for payment: **monthly progress payments on services provided**

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	03/05/2013 14:08:42 PM
Division Approval	dgrimm	03/05/2013 14:08:45 PM
Department Approval	dgrimm	03/05/2013 14:08:48 PM
Contract Manager Approval	dgrimm	03/05/2013 16:04:07 PM
Budget Analyst Approval	cwatson	03/15/2013 09:20:41 AM
BOE Agenda Approval	cwatson	03/15/2013 09:20:45 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12478**

Amendment Number: **1**

Agency Name: **STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **1349-12**

Is budget authority available?: **Yes**

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

Legal Entity Name: **SUMMIT PLUMBING CO LLC**

Contractor Name: **SUMMIT PLUMBING CO LLC**

Address: **1579 SHIRLEY ST**

City/State/Zip: **MINDEN, NV 89423**

Contact/Phone: **null775/588-5996**

Vendor No.: **T29008376**

NV Business ID: **NV19991021762**

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

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

General Funds	0.00 %	X	Fees	100.00 % building rent income fees
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 **09/13/2011**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **08/31/2015**Contract term: **3 years and 353 days**4. Type of contract: **Contract**Contract description: **plumbing services**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing plumbing services to include pumping, heating, drain cleaning, air conditioning, wet well pumping, backflow testing, grease trap pumping, Hydro Vac services, T.V. camera work, and pipe inspections on an as needed basis and at the request and approval of a Buildings and Grounds designee for various state buildings in Carson City and Reno. This amendment increases the maximum amount from \$20,000 to \$33,241.57 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$20,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$13,241.57
4. New maximum contract amount:	\$33,241.57

II. JUSTIFICATION

7. What conditions require that this work be done?

Services necessary for the repair and safety of State buildings.

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

Lack of manpower and equipment.9. Were quotes or proposals solicited? **No**

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

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

Not Applicable

b. Solicitation Waiver: Not Applicable

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

This is one of multiple contracts for plumbing and back flow services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 06/06/2011 Anticipated re-bid date: 06/06/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2007-2011, Buildings & Grounds, service satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tgalvan	03/04/2013 08:42:11 AM
Division Approval	tgalvan	03/04/2013 08:42:14 AM
Department Approval	tgalvan	03/04/2013 08:42:25 AM
Contract Manager Approval	csweeney	03/04/2013 09:07:19 AM
Budget Analyst Approval	jrodrig9	03/06/2013 20:12:39 PM
BOE Agenda Approval	cwatson	03/12/2013 13:00:43 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: **13945** Amendment Number: **1**

Agency Name: **STATE PUBLIC WORKS DIVISION** Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS**

Agency Code: **082** Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS**

Appropriation Unit: **1349-14** Address: **LTD**

Is budget authority available?: **Yes** City/State/Zip: **HENDERSON, NV 89014-2329**

If "No" please explain: **Not Applicable** Contact/Phone: **null702/456-3000**

Vendor No.: **T80883470**

NV Business ID: **NV19821003232**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

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

Agency Reference #: **TBD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/08/2013**

Anticipated BOE meeting date **03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2017**

Termination Date:

Contract term: **4 years and 173 days**

4. Type of contract: **Contract**

Contract description: **Prof Arch/Eng Servs**

5. Purpose of contract:

This is the first amendment to the original contract, which provides professional architectural/engineering services for the Bradley Building Renovation; Project No. 13-A009; Contract No. 65140. This amendment increase the maximum amount from \$48,000 to \$68,000 for exterior renovation not included in the original scope of work.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$48,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$20,000.00
4. New maximum contract amount:	\$68,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	03/05/2013 09:49:37 AM
Division Approval	dgrimm	03/05/2013 09:49:40 AM
Department Approval	dgrimm	03/05/2013 09:49:44 AM
Contract Manager Approval	dgrimm	03/05/2013 16:07:44 PM
Budget Analyst Approval	jrodrig9	03/08/2013 18:25:32 PM
BOE Agenda Approval	cwatson	03/15/2013 09:19:34 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14135**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1585-13**Is budget authority available? **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **CDC Curtainwall Design Consulting**Contractor Name: **CDC Curtainwall Design Consulting**Address: **2400 South Cimarron Rd., Suite**City/State/Zip: **Las Vegas, NV 89117**Contact/Phone: **null702-222-9349**

Vendor No.:

NV Business ID: **NV20051436120**To what State Fiscal Year(s) will the contract be charged? **2013-2015**

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

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % **X** Bonds **100.00 %**

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **68144**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 90 days**4. Type of contract: **Contract**Contract description: **ARCH/ENG SERV**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for roof assessments and performance standards for the roofing membrane applied to the buildings at various locations in Nevada (in these case the JP Stevens Roofing Membrane/Cover); Project No. 11-S01(8J); Contract No. 68144.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**Other basis for payment: **monthly progress payments on services provided****II. JUSTIFICATION**

7. What conditions require that this work be done?

2011 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 Applicableb. 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	03/04/2013 16:04:25 PM
Division Approval	dgrimm	03/04/2013 16:04:31 PM
Department Approval	dgrimm	03/04/2013 16:04:35 PM
Contract Manager Approval	dgrimm	03/05/2013 16:06:49 PM
Budget Analyst Approval	jrodrig9	03/13/2013 09:41:06 AM
BOE Agenda Approval	cwatson	03/15/2013 09:21:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14149**

Agency Name: **STATE PUBLIC WORKS DIVISION**
Agency Code: **082**
Appropriation Unit: **1592-15**

Is budget authority available? **No**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will be Account 2944, Expenditure Category 15.

Legal Entity Name: **CARPENTER SELLERS ASSOC DBA**
Contractor Name: **CARPENTER SELLERS ASSOC DBA**
Address: **CARPENTER SELLERS ARCHITECTS
1919 S JONES BLVD STE C
LAS VEGAS, NV 89146**

City/State/Zip: **LAS VEGAS, NV 89146**
Contact/Phone: **null702/251-8896**

Vendor No.: **T80997582**
NV Business ID: **NV19871041301**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Agency funds

Agency Reference #: **68526**

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**
Contract term: **4 years and 91 days**

4. Type of contract: **Contract**
Contract description: **Arch/Eng Servs**

5. Purpose of contract:
This is a new contract to provide professional architectural/engineering services for the Cultural Affairs springs preserve generator and various upgrades; Project No. 12-A022; Contract No. 68526.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$41,800.00**
Other basis for payment: **monthly progress payments on services provided**

II. JUSTIFICATION

7. What conditions require that this work be done?
2012 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	03/05/2013 15:38:20 PM
Division Approval	dgrimm	03/05/2013 15:38:22 PM
Department Approval	dgrimm	03/05/2013 15:38:25 PM
Contract Manager Approval	dgrimm	03/05/2013 16:03:33 PM
Budget Analyst Approval	jrodrig9	03/06/2013 20:37:13 PM
BOE Agenda Approval	cwatson	03/12/2013 14:27:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **10153** Amendment Number: **2**

Agency Name: **PUBLIC WORKS BOARD** Legal Entity Name: **CARPENTER SELLERS ARCHITECTS**

Agency Code: **190** Contractor Name: **CARPENTER SELLERS ARCHITECTS**

Appropriation Unit: **1516-09** Address: **1919 S JONES BLVD STE C**

Is budget authority available? **Yes** City/State/Zip: **LAS VEGAS, NV 89146**

If "No" please explain: **Not Applicable** Contact/Phone: **null702/251-8896**

Vendor No.: **T80997582**

NV Business ID: **NV19871041301**

To what State Fiscal Year(s) will the contract be charged? **2010-2013**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	50.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	50.00 % Transfer University funds

Agency Reference #: **4877**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2010**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2013**

Termination Date:

Contract term: **3 years and 169 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is the second amendment to the original contract, which provides professional architectural/engineering services for the Hotel College Academic Building, UNLV Main Campus, Las Vegas; SPWB Project No. 09-P02(a); SPWB Contract No. 4877. This amendment decreases the maximum amount from \$3,112,335 to \$326,079 because the project has been suspended due to site changes and reallocation requests by the agency under a new CIP request. Note: this action eliminates the contract for design and does not terminate the CIP project. The project is recommended for termination in the 2013 CIP and under consideration by the 2013 Legislature.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$167,335.00
2. Total amount of any previous contract amendments:	\$2,945,000.00
3. Amount of current contract amendment:	-\$2,786,255.86
4. New maximum contract amount:	\$326,079.14

II. JUSTIFICATION

7. What conditions require that this work be done?

2009 CIP

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

Professional architectural/engineering services are provided by SPWB 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWB, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	03/05/2013 13:42:12 PM
Division Approval	dgrimm	03/05/2013 13:42:15 PM
Department Approval	dgrimm	03/05/2013 13:42:40 PM
Contract Manager Approval	dgrimm	03/05/2013 16:04:51 PM
Budget Analyst Approval	jrodrig9	03/08/2013 18:15:26 PM
BOE Agenda Approval	cwatson	03/12/2013 13:59:29 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: **10430**

Amendment Number: **1**

Agency Name: **PUBLIC WORKS BOARD**

Legal Entity Name: **MCCARTHY BUILDING COMPANIES**

Agency Code: **190**

Contractor Name: **MCCARTHY BUILDING COMPANIES**

Appropriation Unit: **1516-09**

Address: **INC**

Is budget authority available?: **Yes**

2340 CORPORATE CIR STE 125

City/State/Zip: **HENDERSON, NV 89074**

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

Contact/Phone: **null702/990-6707**

Vendor No.: **T29016037**

NV Business ID: **NV19731000534**

To what State Fiscal Year(s) will the contract be charged? **2010-2014**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	50.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Transfer from University Funds

Agency Reference #: **5100**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2010**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2014**

Contract term: **4 years and 141 days**

4. Type of contract: **Contract**

Contract description: **CMAR Pre-Const**

5. Purpose of contract:

This is the first amendment to the original contract, which provides Construction Manager at Risk pre-construction services for the Hotel College Academic Building Construction Improvement Project (CIP) located at the University of Las Vegas Main Campus, Las Vegas, Nevada, SPWB CIP Project No. 09-P02a; Contract No. 5100. This amendment decreases the maximum amount from \$119,000 to zero because all work has been suspended due to a re-allocation request by the agency. Note: this action eliminates the contract for design and management and does not terminate the CIP project. The project is recommended for termination in the 2013 CIP and under consideration by the 2013 Legislature.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$119,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	-\$119,000.00
4. New maximum contract amount:	\$0.00

II. JUSTIFICATION

7. What conditions require that this work be done?

2009 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 SPWB 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? 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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWB, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

- 15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

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

Yes

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

Yes

- 18. Agency Field Contract Monitor:

- 19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	03/05/2013 10:25:01 AM
Division Approval	dgrimm	03/05/2013 10:25:03 AM
Department Approval	dgrimm	03/05/2013 10:25:06 AM
Contract Manager Approval	dgrimm	03/05/2013 16:06:02 PM
Budget Analyst Approval	jrodrig9	03/08/2013 18:14:45 PM
BOE Agenda Approval	cwatson	03/12/2013 14:02:47 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: **13493**

Amendment Number: **1**

Legal Entity Name: **S.A. Piazza & Associates**

Agency Name: **PURCHASING DIVISION**

Contractor Name: **S.A. Piazza & Associates**

Agency Code: **083**

Address: **15815 SE Piazza Ave**

Appropriation Unit: **1362-21**

Is budget authority available? **Yes**

City/State/Zip: **Clackamas, OR 97015**

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

Contact/Phone: **Mike Piazza 503-706-4349**

Vendor No.:

NV Business ID: **NV20121289124**

To what State Fiscal Year(s) will the contract be charged? **2013-2014**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various program funds - pass through costs to recipient agencies

Agency Reference #: **RFQ 1920**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/10/2012**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2014**

Contract term: **1 year and 355 days**

4. Type of contract: **Contract**

Contract description: **USDA Commodity Food**

5. Purpose of contract:

This is the first amendment to the original contract to produce breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$3,000,000.00 to \$7,500,000.00 due to an increased volume of product usage.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$3,000,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$4,500,000.00
4. New maximum contract amount:	\$7,500,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their school lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

This was a multiple award to various vendors who met the qualifications of the RFQ.

d. Last bid date: 04/02/2012 Anticipated re-bid date: 04/04/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	02/27/2013 13:18:00 PM
Division Approval	kperondi	02/27/2013 13:18:18 PM
Department Approval	ktarter	02/27/2013 13:38:13 PM
Contract Manager Approval	jgimlin	02/27/2013 15:36:17 PM
Budget Analyst Approval	knielsen	03/18/2013 16:15:26 PM
BOE Agenda Approval	sbrown	03/18/2013 16:52:07 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14046**

Agency Name: ADMINISTRATIVE SERVICES DIV	Legal Entity Name: INTERACTIVE VOICE APPLICATIONS
Agency Code: 086	Contractor Name: INTERACTIVE VOICE APPLICATIONS
Appropriation Unit: 1371-26	Address: INCORPORATED
Is budget authority available?: Yes	PO BOX 670991
If "No" please explain: Not Applicable	City/State/Zip: DALLAS, TX 75367
	Contact/Phone: null214/369-2486
	Vendor No.: T81072762
	NV Business ID: NV20101688706

To what State Fiscal Year(s) will the contract be charged? **2014-2017**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date **03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Rate Modeling Sftwr**

5. Purpose of contract:

This is a new contract that continues ongoing software licensing for CAP 95 and CapPlus rate modeling software, maintenance and consulting services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Payment for services will be made at the rate of \$4,500.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

This software product was implemented in June 2004 to assist the Department of Information Technology (now know as Enterprise Information Technology Services (EITS)) manage the different cost pools associated with this operation. After the merger in 2011, the Department of Administration, Administrative Services Division has assumed management of this service.

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

This software is proprietary. Having maintenance on the software allows Administrative Services to receive updates as they become available as well as providing for software.

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

Was the solicitation (RFP) done 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 #: **090319**

Approval Date: **03/16/2009**

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

This vendor was the original sole source. As this new contract provides for maintenance and support of the original software product, a new sole source is not necessary.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Department of Information Technology, 2004-2010 - satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	02/05/2013 07:40:21 AM
Division Approval	csweeney	02/05/2013 07:40:24 AM
Department Approval	csweeney	02/05/2013 07:40:27 AM
Contract Manager Approval	csweeney	02/25/2013 11:01:34 AM
Budget Analyst Approval	csawaya	02/28/2013 16:29:11 PM
BOE Agenda Approval	sbrown	03/05/2013 09:42:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13753**

Amendment Number: **1**

Agency Name: **GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT**

Legal Entity Name: **KPS 3 INC**

Agency Code: **102**

Contractor Name: **KPS 3 INC**

Appropriation Unit: **1526-11**

Address: **50 W LIBERTY ST STE 640**

Is budget authority available?: **Yes**

City/State/Zip: **RENO, NV 89501-1946**

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

Contact/Phone: **null775/686-7439**

Vendor No.: **PUR0004720**

NV Business ID: **NV19941094961**

To what State Fiscal Year(s) will the contract be charged? **2013-2016**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/11/2012**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**

Contract term: **3 years and 293 days**

4. Type of contract: **Contract**

Contract description: **Marketing**

5. Purpose of contract:

This is the first amendment to the original contract, which provides full-service marketing of Nevada and the Governor's Office on Economic Development to local, national, and international decision-makers. Additionally, the agency will handle strategy, branding, advertising, web design/development, collateral, and other marketing duties as assigned. This amendment extends the contract for an additional three years through June 30, 2016, and increases contract authority by \$99,000 for a new not to exceed amount of \$198,000.00.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$99,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$99,000.00
4. New maximum contract amount:	\$198,000.00
and/or the termination date of the original contract has changed to:	06/30/2016

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes (NRS) 231

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

GOED does not have the expertise to provide this type of service

9. Were quotes or proposals solicited? Yes

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Contracts were solicited through agency RFP#01-13. Upon thorough review and evaluation, contractor clearly indicated an understanding of the deliverables.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ckiser	03/04/2013 15:29:47 PM
Division Approval	ckiser	03/04/2013 15:29:50 PM
Department Approval	ckiser	03/04/2013 15:29:54 PM
Contract Manager Approval	ckiser	03/04/2013 16:21:21 PM
Budget Analyst Approval	ekin4	03/14/2013 07:55:59 AM
BOE Agenda Approval	jborrowm	03/18/2013 09:38:58 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14127**

Agency Name: ENTERPRISE IT SERVICES	Legal Entity Name: Clark County
Agency Code: 180	Contractor Name: Clark County
Appropriation Unit: 1388-00	Address: Information Technology Dpt 500 S GRAND CENTRAL PKWY LAS VEGAS, NV 89155-1220
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89155-1220
If "No" please explain: Not Applicable	Contact/Phone: Al Conant 702/455-4326
	Vendor No.: T40087800
	NV Business ID: Not Applicable
To what State Fiscal Year(s) will the contract be charged?	2014-2017

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

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

Agency Reference #: **5545**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space rental**

5. Purpose of contract:

This is a new Intra-state Interlocal contract for the state to provide ongoing services for rack space at Apex Peak in Clark County for the Clark County IT Department.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: FY14, \$4,066.26; FY15, \$4,066.26; FY16, \$4,066.26; FY17, \$4,066.26

II. JUSTIFICATION

7. What conditions require that this work be done?

Sharing space in common mountain peak facilities is beneficial to all agencies and minimizes the environmental impact.

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

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under Interlocal agreement with EITS for rack space rental with satisfactory results.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	03/05/2013 09:03:41 AM
Division Approval	capple	03/05/2013 09:45:29 AM
Department Approval	capple	03/05/2013 09:45:31 AM
Contract Manager Approval	bbohm	03/05/2013 14:29:01 PM
Budget Analyst Approval	ekin4	03/12/2013 10:14:25 AM
BOE Agenda Approval	jborrowm	03/18/2013 11:02:46 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14084**

Agency Name: ENTERPRISE IT SERVICES	Legal Entity Name: KNPR - NEVADA PUBLIC RADIO
Agency Code: 180	Contractor Name: KNPR - NEVADA PUBLIC RADIO
Appropriation Unit: 1388-00	Address: 1289 S TORREY PINES DR
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146-1004
If "No" please explain: Not Applicable	Contact/Phone: Phil Burger 702/258-9895
	Vendor No.: T80246880
	NV Business ID: NV19751006169

To what State Fiscal Year(s) will the contract be charged? **2014-2017**

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

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

Agency Reference #: **5543**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**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 for the state to provide ongoing services for rack space at Mount Brock in Nye County and Highland Peak in Lincoln County for KNPR - Nevada Public Radio.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,265.04**

Other basis for payment: FY14, 2 x \$2,033.13 = \$4,066.26; FY15, 2 x \$2,033.13 = \$4,066.26; FY16, 2 x \$2,033.13 = \$4,066.26; FY17, 2 x \$2,033.13 = \$4,066.26

II. JUSTIFICATION

7. What conditions require that this work be done?

Sharing space in common mountain peak facilities is beneficial to all agencies and minimizes the environmental impact.

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

This is a revenue generating contract9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

Not Applicable

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under revenue contract with EITS with satisfactory results

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

16. Not Applicable

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	02/27/2013 07:56:10 AM
Division Approval	capple	02/27/2013 13:04:34 PM
Department Approval	capple	02/27/2013 13:04:37 PM
Contract Manager Approval	bbohm	02/27/2013 14:33:56 PM
Budget Analyst Approval	ekin4	03/12/2013 08:10:21 AM
BOE Agenda Approval	jborrowm	03/18/2013 11:08:52 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14113

Agency Name: OFFICE OF VETERAN'S SERVICES	Legal Entity Name: Perennial Land Care
Agency Code: 240	Contractor Name: Perennial Land Care
Appropriation Unit: 2561-07	Address: 3085 S. Valley View Blvd.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: Don Teal 702-258-1056
	Vendor No.: T27019281
	NV Business ID: NV20021371533

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % 50% private funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2013**

Anticipated BOE meeting date **03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Landscape Service**

5. Purpose of contract:

This is a new contract to provide ongoing landscape services for the Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$140,000.00**

Payment for services will be made at the rate of \$2,490.00 per month

Other basis for payment: plus costs of additional plants, trees, and special projects.

II. JUSTIFICATION

7. What conditions require that this work be done?

In order to maintain a safe, sanitary, and comfortable environment for the residents of the facility, the Home landscaping must be maintained in a suitable manner.

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 do this work.

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor was the only contractor to bid on this RFP (NSVH006). Vendor maintained their same price from the previous contract. NSVH ran the RFP process per state Purchasing release.

d. Last bid date: 02/01/2013 Anticipated re-bid date: 02/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contractor has provided landscape service to NSVH in the past. Services have been excellent.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpalm5	03/05/2013 14:47:40 PM
Division Approval	jpalm5	03/05/2013 14:47:44 PM
Department Approval	jpalm5	03/05/2013 14:47:47 PM
Contract Manager Approval	mnobles	03/06/2013 08:39:10 AM
Budget Analyst Approval	jrodrig9	03/06/2013 20:08:49 PM
BOE Agenda Approval	cwatson	03/12/2013 13:03:07 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: **14120**

Agency Name: **MUSEUMS AND HISTORY DIVISION**
Agency Code: **331**
Appropriation Unit: **2943-07**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **JOHNSON CONTROLS INC**
Contractor Name: **JOHNSON CONTROLS INC**
Address: **PO BOX 2012 MS A 33**
City/State/Zip: **MILWAUKEE, WI 53201-2012**
Contact/Phone: **null414/524-6664**
Vendor No.: **T10346500E**
NV Business ID: **NV19571000769**

To what State Fiscal Year(s) will the contract be charged? **2013-2014**

What is the source of funds that 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	43.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	57.00 %

43% Commission on Tourism Funds; 14% Admission Charge Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2013**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2014**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide Heating, Ventilation, and Air Conditioning maintenance services for the 68,000 square-foot Nevada State Museum Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,790.00**

Payment for services will be made at the rate of \$2,982.50 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

If the HVAC system is not maintained on a regular basis, it could result in catastrophic failure, endanger valuable artifact collections, and require closure of the building until costly repairs could be made.

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

The agency does not have positions approved for the maintenance and repair of HVAC equipment. These positions require certified skills and knowledge.

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

Based on the evaluation, Johnson Controls, Inc. was the most qualified to perform the service.

d. Last bid date: 01/14/2013 Anticipated re-bid date: 01/14/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 4/1/2010 - 3/31/2012
Nevada State Veteran's Home - Boulder City 7/1/2011 - Present
DETR 7/1/2011 - Present
B & G 8/8/2012 - Present

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, Budget Analyst Approval, BOE Agenda Approval, and BOE Final Approval.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14126

Agency Name: NEVADA ARTS COUNCIL	Legal Entity Name: Kunder Design Studio
Agency Code: 333	Contractor Name: Kunder Design Studio
Appropriation Unit: 2979 - All Categories	Address: 3324 Buckcreek Court
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89519-8040
If "No" please explain: Not Applicable	Contact/Phone: Lori Kunder 775-746-4121
	Vendor No.: T27022233
	NV Business ID: NV20101373283
To what State Fiscal Year(s) will the contract be charged?	2014-2017
What is the source of funds that 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 10.00 %	Fees 0.00 %
<input checked="" type="checkbox"/> Federal Funds 75.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<input checked="" type="checkbox"/> Other funding 15.00 %
Agency Reference #: 2014-2017	Transfer from Tourism and Donations/Fees

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Graphic Designs-pubs**

5. Purpose of contract:

This is a new contract that continues ongoing design of publications for the Nevada Arts Council (NAC) that have a relationship to one another and include a "branding" image for the publications to connect the varied programs and activities of the NAC. Publications to be produced include: NAC Nevada Arts Newsletter, NAC Annual Report, NAC Guide to Services, NAC Strategic Plan Update, Arts Resource Papers, Nevada Touring Initiative Promotional, Traveling Exhibition Program Education Guides, and other designs as necessary.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$40.00 per hour

Other basis for payment: Payable upon receipt of completed project and an invoice; not to exceed budgeted amount per Legislatively approved budget.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Arts Council uses both electronic and printed materials to provide information to its client base and the general public. Though we continue to utilize the website, agency evaluations note that the majority of our clients and public still rely on printed materials. Program guidelines provide clients clearer information necessary to access services and grants. The Annual Report is a compilation of services and grants provided by the NAC and the Strategic Plan outlines the agency's goals and programs with citizen input. Both are used as reporting documents for the National Endowment for the Arts and other funding sources, and as informational materials for the public and agency clients about state-funded arts activities. The quarterly newsletter, Nevada Arts News, provides existing and new clients with information about agency programs, services, and deadlines, as well as events and opportunities on both regional and national levels.

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

Although other State agencies may have expertise in graphic and publication design or have access to computer graphic output equipment, the Nevada Arts Council does not have readily available access to these resources.

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?

Kunder Design was the only contractor to apply within the budgeted range and able to provide and complete projects within the timelines.

d. Last bid date: 02/15/2013 Anticipated re-bid date: 02/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 Arts Council, satisfactory

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

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

Not Applicable

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

Sole Proprietor

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lficklin	02/27/2013 10:19:32 AM
Division Approval	lficklin	02/28/2013 14:42:29 PM
Department Approval	kwilliam	03/05/2013 14:10:02 PM
Contract Manager Approval	lficklin	03/05/2013 14:42:14 PM
Budget Analyst Approval	knielsen	03/12/2013 14:39:18 PM
BOE Agenda Approval	sbrown	03/14/2013 12:17:07 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 CONTRACT1. Contract Number: **14088**

Agency Name: HISTORIC PRESERVATION	Legal Entity Name: ABSTRACT MASONRY RESTORATION
Agency Code: 334	Contractor Name: ABSTRACT MASONRY RESTORATION
Appropriation Unit: 4205-14	Address: INC
Is budget authority available?: Yes	681 S 4050 W
If "No" please explain: Not Applicable	City/State/Zip: SALT LAKE CITY, UT 89104-4417
	Contact/Phone: null801/505-4977
	Vendor No.: T32002089
	NV Business ID: NV20001354979
To what State Fiscal Year(s) will the contract be charged?	2013-2014

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

General Funds	0.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	81.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	19.00 % Transfer from Nevada Department of Transportation

Agency Reference #: **334**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2013**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2013**Contract term: **265 days**4. Type of contract: **Contract**Contract description: **Centennial Markers**

5. Purpose of contract:

This is a new contract to provide rehabilitation services for seventeen centennial markers. These markers are made of masonry products.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$224,000.00**Payment for services will be made at the rate of **\$224,000.00 per Contract Term****II. JUSTIFICATION**

7. What conditions require that this work be done?

A complete rehabilitation of the original 17 Centennial (100th anniversary of statehood, 1964) Markers will be completed in anticipation of the 150th (sesquicentennial) anniversary of Nevada's Statehood in 2014. The originals are badly deteriorated or missing. Additional information can be found in: Existing Conditions and Guidelines for the Preservation, Restoration or Reconstruction of the Centennial Markers in the State of Nevada.

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

This office lacks the technical expertise and equipment necessary to complete this task consistent with the guidelines found in Existing Conditions and Guidelines for the Preservation, Restoration or Reconstruction of the Centennial Markers in the State of Nevada.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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Persuant to RFP 2037, and in accordance with NRS 333, the selected vendor was the only proposal received and was deemed acceptable by the using agency.

d. Last bid date: 10/25/2012 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other **Domestic Corporation**

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mwilli14	02/14/2013 10:20:57 AM
Division Approval	mwilli14	02/14/2013 10:21:01 AM
Department Approval	abrook1	03/04/2013 10:02:48 AM
Contract Manager Approval	mwilli14	03/04/2013 10:04:21 AM
Budget Analyst Approval	jrodrig9	03/06/2013 19:56:03 PM
BOE Agenda Approval	cwatson	03/12/2013 13:52:57 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14073**

Agency Name: **HISTORIC PRESERVATION**
Agency Code: **334**
Appropriation Unit: **5030-04**
Is budget authority available? **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **Sunset Cleaning**
Contractor Name: **Sunset Cleaning**
Address: **STANLEY, BARON DBA
PO BOX 22149**
City/State/Zip: **CARSON CITY, NV 89721-2149**
Contact/Phone: **null775/883-8809**
Vendor No.: **T29006421**
NV Business ID: **NV20101041709**

To what State Fiscal Year(s) will the contract be charged? **2012-2017**

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

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

Agency Reference #: **334**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date **04/2013**

Retroactive? **Yes**

If "Yes", please explain

The previous contract with Sunset Cleaning expired on July 30, 2011. The agency mistakenly thought that a new contract was not necessary to continue services and that the vendor could be retained on a month-to-month basis without a contract for service being in place. Recent discussions with the Budget Office rectified that situation and this contract is the remedy for that issue. The contract will be retroactive to July 1, 2011 and the rates and hours remain unchanged from that date.

3. Termination Date: **04/30/2017**
Contract term: **5 years and 305 days**

4. Type of contract: **Contract**
Contract description: **CHD Janitorial**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the office of the Comstock Historic District located in Virginia City, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,040.00**
Payment for services will be made at the rate of \$730.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

Being a public building, and museum, there is a need for constant cleaning.

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

Comstock Historic District Office employees do not have the time or equipment necessary to complete the required 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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Only vendor to respond to the request for proposals.

d. Last bid date: Anticipated re-bid date: 01/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Services provided from November, 2005 through today for the Comstock Historic District. Services have been satisfactory.

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

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

Not Applicable

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

Sole Proprietor

[Empty text box]

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mwilli14	02/06/2013 12:42:54 PM
Division Approval	mwilli14	02/06/2013 12:42:58 PM
Department Approval	abrook1	02/06/2013 13:05:19 PM
Contract Manager Approval	mwilli14	02/06/2013 13:07:28 PM
Budget Analyst Approval	jrodrig9	02/26/2013 16:54:27 PM
BOE Agenda Approval	cwatson	03/11/2013 14:41:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12264** Amendment Number: **1**

Agency Name: **HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Aging and Disability Services Division**

Agency Code: **403** Contractor Name: **Aging and Disability Services Division**

Appropriation Unit: **3158-11** Address: **3416 Goni Road, Suite D-132**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89706**

If "No" please explain: **Not Applicable** Contact/Phone: **null775-687-4210**

To what State Fiscal Year(s) will the contract be charged? **2012-2015** Vendor No.:

NV Business ID: **Governmental Entity**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**

Contract term: **4 years**

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

Contract description: **Waiver Program**

5. Purpose of contract:

This is the first amendment to the original contract that provides reimbursement for ongoing services for the Medicaid Community Based Waiver Program. This amendment extends the termination date from June 30, 2013 to June 30, 2015 due to the continued need for these services, and increases the maximum amount from \$8,000,000.00 to \$15,954,223.00 for this extension of time.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract: **\$8,000,000.00**

2. Total amount of any previous contract amendments: **\$0.00**

3. Amount of current contract amendment: **\$7,954,223.00**

4. New maximum contract amount: **\$15,954,223.00**

and/or the termination date of the original contract has changed to: **06/30/2015**

II. JUSTIFICATION

7. What conditions require that this work be done?

Cost of institutional care in hospitals and nursing facilities for the elderly population compared to care that can be provided in homes and in the community.

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.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Existing contract with DHCFP

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmoriart	02/15/2013 11:05:36 AM
Division Approval	llamborn	03/11/2013 08:53:17 AM
Department Approval	ecreceli	03/11/2013 09:16:10 AM
Contract Manager Approval	cmoriart	03/13/2013 15:24:15 PM
Budget Analyst Approval	nhovden	03/18/2013 11:50:25 AM
BOE Agenda Approval	nhovden	03/18/2013 11:50:31 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14115**

Agency Name: HEALTH CARE FINANCING & POLICY	Legal Entity Name: PUBLIC KNOWLEDGE LLC
Agency Code: 403	Contractor Name: PUBLIC KNOWLEDGE LLC
Appropriation Unit: 3158-04	Address: 1911 SW CAMPUS DR STE 457
Is budget authority available?: Yes	City/State/Zip: FEDERAL WAY, WA 98023-6473
If "No" please explain: Not Applicable	Contact/Phone: null208/890-0433
	Vendor No.: T27022922
	NV Business ID: NV20091086529

To what State Fiscal Year(s) will the contract be charged? **2013-2015**

What is the source of funds that 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	10.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	90.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #2034**

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2014**

Contract term: **1 year and 182 days**

4. Type of contract: **Contract**

Contract description: **Self Assessment**

5. Purpose of contract:

This is a new contract to assist the division with a federally required Medicaid Information Technology Architecture (MITA) 3.X State Self-Assessment (SS-A). MITA is intended to foster integrated business and information technology transformation across the Medicaid enterprise to improve the administration of the Medicaid program by: adopting data and industry standards; promoting reusable components through standard interfaces and modularity; supporting interoperability and integration using open architecture and data standards; and supporting the integration of clinical and administrative data to enable better decision making.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$601,391.00**

Other basis for payment: Payments will be made upon receipt of invoice for each completed and State accepted deliverable as outlined in Attachment BB (Deliverable Payment Schedule).

II. JUSTIFICATION

7. What conditions require that this work be done?

These services will enable the State Medicaid Enterprise to analyze and compare the State's business processes and IT infrastructure against the elements of the most current MITA framework, and to develop an enterprise-wide IT architecture that meets the standards and conditions in 42 CFR 433.112.

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

The State has neither the expertise nor the resources to complete this work.

9. Were quotes or proposals solicited? **Yes**

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

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

[Empty box for vendor names]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #2034, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/29/2012 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Division of Health Care Financing and Policy, July 2009 through April 2012. Vendor's services were satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmoriart	02/26/2013 08:48:30 AM
Division Approval	trooker	03/04/2013 10:22:52 AM
Department Approval	ecreceli	03/04/2013 11:25:20 AM
Contract Manager Approval	cmoriart	03/07/2013 16:25:22 PM
Budget Analyst Approval	nhovden	03/11/2013 15:26:40 PM
BOE Agenda Approval	nhovden	03/11/2013 15:26:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14014**Agency Name: **MENTAL HEALTH AND
DEVELOPMENTAL SERVICES**Agency Code: **408**Appropriation Unit: **3161-08**Is budget authority available? **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **AMERICAN CORRECTIONAL
SOLUTIONS, INC.**Contractor Name: **AMERICAN CORRECTIONAL
SOLUTIONS, INC.**Address: **1588 N BATAVIA STREET
SUITE 1**City/State/Zip: **ORANGE, CA 92867**Contact/Phone: **CHRISTINA ATWATER 714-538-0200**Vendor No.: **T32002118**NV Business ID: **NV20121617963**To what State Fiscal Year(s) will the contract be charged? **2013-2018**

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

Agency Reference #: **RFP 3005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **03/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2017**Contract term: **4 years and 306 days**4. Type of contract: **Contract**Contract description: **Locum Tenens Service**

5. Purpose of contract:

This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**Other basis for payment: **Receipt of Invoice****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, agencies are authorized to contract with qualified professionals for delivery of services. SNAMHS, NNAMHS, Lake's Crossing and Rural Clinics operate both inpatient and outpatient programs requiring the services of Advanced Practitioner of Nursing (APN), Behavioral Aide, Certified Nursing Assistant (CNA), Child Development and/or Family Specialist, Licensed Practical Nurse (LPN), Medical technologist, Mental Health Counselor/Technician, Microbiologist, Occupational/Physical Therapist, Pharmacist/Tech, Physician, Psychologist, Psychiatrist, Radiologist, Registered Dietician/Nutritionist and Registered Nurse(Specializing in Psychiatry) when vacancies occur.

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

Staff typically perform these services, however, when vacancies occur, adequate coverage is required by the Joint Commission until other staff are hired or return to work from leave or other time off.

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?

Multiple contracts were awarded to ten vendors as a result of this RFP 3005.

d. Last bid date: 09/10/2012 Anticipated re-bid date: 09/10/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	03/01/2013 10:44:28 AM
Division Approval	valpers	03/01/2013 10:44:30 AM
Department Approval	ecrecli	03/01/2013 14:50:12 PM
Contract Manager Approval	jpruneau	03/01/2013 15:05:12 PM
Budget Analyst Approval	bberry	03/08/2013 09:11:51 AM
BOE Agenda Approval	nhovden	03/11/2013 14:05:29 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14011**

Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES	Legal Entity Name: JACKSON & COKER LOCUM TENENS
Agency Code: 408	Contractor Name: JACKSON & COKER LOCUM TENENS
Appropriation Unit: 3161-08	Address: INC
Is budget authority available?: Yes	City/State/Zip: 3000 OLD ALABAMA RD #119-608 ALPHARETTA, GA 30022-5860
If "No" please explain: Not Applicable	Contact/Phone: null800/272-2707
	Vendor No.: T27018312
	NV Business ID: NV20101531718

To what State Fiscal Year(s) will the contract be charged? **2013-2018**

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

Agency Reference #: **RFP 3005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **03/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2017**Contract term: **4 years and 306 days**4. Type of contract: **Contract**Contract description: **Locum Tenens Service**

5. Purpose of contract:

This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**Other basis for payment: **Receipt of Invoice****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, agencies are authorized to contract with qualified professionals for delivery of services. SNAMHS, NNAMHS, Lake's Crossing and Rural Clinics operate both inpatient and outpatient programs requiring the services of Advanced Practitioner of Nursing (APN), Behavioral Aide, Certified Nursing Assistant (CNA), Child Development and/or Family Specialist, Licensed Practical Nurse (LPN), Medical technologist, Mental Health Counselor/Technician, Microbiologist, Occupational/Physical Therapist, Pharmacist/Tech, Physician, Psychologist, Psychiatrist, Radiologist, Registered Dietician/Nutritionist and Registered Nurse(Specializing in Psychiatry) when vacancies occur.

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

Staff typically perform these services, however, when vacancies occur, adequate coverage is required by the Joint Commission until other staff are hired or return to work from leave or other time off.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Multiple contracts were awarded to ten vendors as a result of this RFP 3005.

d. Last bid date: 09/10/2012 Anticipated re-bid date: 09/10/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

MHDS-2012 Satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	03/01/2013 10:42:23 AM
Division Approval	valpers	03/01/2013 10:42:26 AM
Department Approval	ecreceli	03/01/2013 15:17:34 PM
Contract Manager Approval	jpruneau	03/01/2013 15:21:51 PM
Budget Analyst Approval	bberry	03/08/2013 09:15:50 AM
BOE Agenda Approval	nhovden	03/11/2013 14:12:52 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14012**

Agency Name:	MENTAL HEALTH AND DEVELOPMENTAL SERVICES	Legal Entity Name:	JPE HEALTHCARE STAFFING INC
Agency Code:	408	Contractor Name:	JPE HEALTHCARE STAFFING INC
Appropriation Unit:	3161-08	Address:	5665 ATLANTA HWY STE 103
Is budget authority available?:	Yes	City/State/Zip:	ALPHARETTA, GA 30004-3932
If "No" please explain:	Not Applicable	Contact/Phone:	null800/980-6511
		Vendor No.:	T29019070
		NV Business ID:	NV20111016796
To what State Fiscal Year(s) will the contract be charged?	2013-2018		

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

Agency Reference #: **RFP 3005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **03/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2017**Contract term: **4 years and 306 days**4. Type of contract: **Contract**Contract description: **Locum Tenens Service**

5. Purpose of contract:

This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**Other basis for payment: **Receipt of Invoice****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, agencies are authorized to contract with qualified professionals for delivery of services. SNAMHS, NNAMHS, Lake's Crossing and Rural Clinics operate both inpatient and outpatient programs requiring the services of Advanced Practitioner of Nursing (APN), Behavioral Aide, Certified Nursing Assistant (CNA), Child Development and/or Family Specialist, Licensed Practical Nurse (LPN), Medical technologist, Mental Health Counselor/Technician, Microbiologist, Occupational/Physical Therapist, Pharmacist/Tech, Physician, Psychologist, Psychiatrist, Radiologist, Registered Dietician/Nutritionist and Registered Nurse(Specializing in Psychiatry) when vacancies occur

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

Staff typically perform these services, however, when vacancies occur, adequate coverage is required by the Joint Commission until other staff are hired or return to work from leave or other time off.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Multiple contracts were awarded to ten vendors as a result of this RFP 3005.

d. Last bid date: 09/10/2012 Anticipated re-bid date: 09/10/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	03/01/2013 10:42:46 AM
Division Approval	valpers	03/01/2013 10:42:49 AM
Department Approval	ecrecli	03/04/2013 10:08:16 AM
Contract Manager Approval	cschmid2	03/04/2013 12:22:30 PM
Budget Analyst Approval	bberry	03/08/2013 11:02:41 AM
BOE Agenda Approval	nhovden	03/11/2013 14:04:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14013**

Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES	Legal Entity Name: LOCUMTENENS.COM LLC
Agency Code: 408	Contractor Name: LOCUMTENENS.COM LLC
Appropriation Unit: 3161-08	Address: 2655 NORTHWINDS PARKWAY
Is budget authority available?: Yes	City/State/Zip: ALPHARETTA, GA 30009
If "No" please explain: Not Applicable	Contact/Phone: CHRIS JONES 678-992-1247
	Vendor No.:
	NV Business ID: NV20101420211
To what State Fiscal Year(s) will the contract be charged?	2013-2018
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 100.00 %	Fees 0.00 %
<input type="checkbox"/> Federal Funds 0.00 %	Bonds 0.00 %
<input type="checkbox"/> Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: RFP 3005	

2. Contract start date:

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

Anticipated BOE meeting date **03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2017**

Contract term: **4 years and 306 days**

4. Type of contract: **Contract**

Contract description: **Locum Tenens Service**

5. Purpose of contract:

This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**

Other basis for payment: **Receipt of Invoice**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, agencies are authorized to contract with qualified professionals for delivery of services. SNAMHS, NNAMHS, Lake's Crossing and Rural Clinics operate both inpatient and outpatient programs requiring the services of Advanced Practitioner of Nursing (APN), Behavioral Aide, Certified Nursing Assistant (CNA), Child Development and/or Family Specialist, Licensed Practical Nurse (LPN), Medical technologist, Mental Health Counselor/Technician, Microbiologist, Occupational/Physical Therapist, Pharmacist/Tech, Physician, Psychologist, Psychiatrist, Radiologist, Registered Dietician/Nutritionist and Registered Nurse(Specializing in Psychiatry) when vacancies occur.

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

Staff typically perform these services, however, when vacancies occur, adequate coverage is required by the Joint Commission until other staff are hired or return to work from leave or other time off.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Multiple contracts were awarded to ten vendors as a result of this RFP 3005.

d. Last bid date: 09/10/2012 Anticipated re-bid date: 09/01/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

MHDS 2012 Satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	03/01/2013 10:43:55 AM
Division Approval	valpers	03/01/2013 10:44:00 AM
Department Approval	ecreceli	03/01/2013 15:04:32 PM
Contract Manager Approval	jpruneau	03/01/2013 15:07:09 PM
Budget Analyst Approval	bberry	03/08/2013 09:17:20 AM
BOE Agenda Approval	awilli10	03/27/2013 09:56:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14010**

Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES	Legal Entity Name: MEDICAL DOCTOR ASSOCIATES INC
Agency Code: 408	Contractor Name: MEDICAL DOCTOR ASSOCIATES INC
Appropriation Unit: 3161-08	Address: 145 TECHNOLOGY PKWY
Is budget authority available?: Yes	City/State/Zip: NORCROSS, GA 30092-2913
If "No" please explain: Not Applicable	Contact/Phone: null800/780-3500
	Vendor No.: T80960656
	NV Business ID: NV20081672330

To what State Fiscal Year(s) will the contract be charged? **2013-2018**

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

Agency Reference #: **RFP 3005**

2. Contract start date:

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

Anticipated BOE meeting date **03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2017**

Contract term: **4 years and 306 days**

4. Type of contract: **Contract**

Contract description: **Locum Tenens service**

5. Purpose of contract:

This is a new contract that continues ongoing locum tenens services, providing various temporarily assigned individuals for professional medical related positions to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**

Other basis for payment: **Receipt of Invoice**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, agencies are authorized to contract with qualified professionals for delivery of services. SNAMHS, NNAMHS, Lake's Crossing and Rural Clinics operate both inpatient and outpatient programs requiring the services of Advanced Practitioner of Nursing (APN), Behavioral Aide, Certified Nursing Assistant (CNA), Child Development and/or Family Specialist, Licensed Practical Nurse (LPN), Medical technologist, Mental Health Counselor/Technician, Microbiologist, Occupational/Physical Therapist, Pharmacist/Tech, Physician, Psychologist, Psychiatrist, Radiologist, Registered Dietician/Nutritionist and Registered Nurse(Specializing in Psychiatry) when vacancies occur.

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

Staff typically perform these services, however, when vacancies occur, adequate coverage is required by the Joint Commission until other staff are hired or return to work from leave or other time off.

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?
 Multiple contracts were awarded to ten vendors as a result of this RFP 3005.

d. Last bid date: 09/10/2012 Anticipated re-bid date: 09/30/2016

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

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

MHDS Current-Satisfactory

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

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

Not Applicable

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

15. a. Is the Contractor Name the same as the legal Entity Name?
Yes

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

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

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	03/01/2013 10:41:06 AM
Division Approval	valpers	03/01/2013 10:41:10 AM
Department Approval	ecrecli	03/04/2013 10:06:38 AM
Contract Manager Approval	cschmid2	03/04/2013 12:22:15 PM
Budget Analyst Approval	bberry	03/08/2013 09:16:36 AM
BOE Agenda Approval	nhovden	03/11/2013 14:15:09 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14015**

Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES	Legal Entity Name: TALENT FRAMEWORK, LLC
Agency Code: 408	Contractor Name: TALENT FRAMEWORK, LLC
Appropriation Unit: 3161-08	Address: 5596 LONGLEY LANE
Is budget authority available? Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: STEVE CONINE 775-322-6836
	Vendor No.: T32002120
	NV Business ID: NV20101592488
To what State Fiscal Year(s) will the contract be charged?	2013-2018

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

Agency Reference #: **RFP #3005**

2. Contract start date:

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

Anticipated BOE meeting date **03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2017**

Contract term: **4 years and 306 days**

4. Type of contract: **Contract**

Contract description: **LocumTenens Service**

5. Purpose of contract:

This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**

Other basis for payment: **Receipt of Invoice**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, agencies are authorized to contract with qualified professionals for delivery of services. SNAMHS, NNAMHS, Lake's Crossing and Rural Clinics operate both inpatient and outpatient programs requiring the services of Advanced Practitioner of Nursing (APN), Behavioral Aide, Certified Nursing Assistant (CNA), Child Development and/or Family Specialist, Licensed Practical Nurse (LPN), Medical technologist, Mental Health Counselor/Technician, Microbiologist, Occupational/Physical Therapist, Pharmacist/Tech, Physician, Psychologist, Psychiatrist, Radiologist, Registered Dietician/Nutritionist and Registered Nurse(Specializing in Psychiatry) when vacancies occur.

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

Staff typically perform these services, however, when vacancies occur, adequate coverage is required by the Joint Commission until other staff are hired or return to work from leave or other time off.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Multiple contracts were awarded to ten vendors as a result of this RFP 3005.

d. Last bid date: 09/10/2012 Anticipated re-bid date: 09/10/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other Domestic Limited-Liability Company

[Empty text box]

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	03/01/2013 10:44:52 AM
Division Approval	valpers	03/01/2013 10:44:55 AM
Department Approval	ecreceli	03/01/2013 15:22:18 PM
Contract Manager Approval	jpruneau	03/01/2013 15:22:48 PM
Budget Analyst Approval	bberry	03/08/2013 09:17:57 AM
BOE Agenda Approval	nhovden	03/11/2013 14:19:28 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14033**

Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES	Legal Entity Name: THE HEALING STAFF INC
Agency Code: 408	Contractor Name: THE HEALING STAFF INC
Appropriation Unit: 3161-08	Address: 10100 REUNION PLACE SUITE 750
Is budget authority available?: Yes	City/State/Zip: SAN ANTONIO, TX 78216
If "No" please explain: Not Applicable	Contact/Phone: GREALD A. GREGORY 210-299-7623
	Vendor No.:
	NV Business ID: NV20131039745
To what State Fiscal Year(s) will the contract be charged?	2013-2018

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

Agency Reference #: **RFP #3005**

2. Contract start date:

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

Anticipated BOE meeting date **03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2017**

Contract term: **4 years and 306 days**

4. Type of contract: **Contract**

Contract description: **LOCUM TENENS SERVICE**

5. Purpose of contract:

This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**

Other basis for payment: **RECEIPT OF INVOICE**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, agencies are authorized to contract with qualified professionals for delivery of services. SNAMHS, NNAMHS, Lake's Crossing and Rural Clinics operate both inpatient and outpatient programs requiring the services of Advanced Practitioner of Nursing (APN), Behavioral Aide, Certified Nursing Assistant (CNA), Child Development and/or Family Specialist, Licensed Practical Nurse (LPN), Medical technologist, Mental Health Counselor/Technician, Microbiologist, Occupational/Physical Therapist, Pharmacist/Tech, Physician, Psychologist, Psychiatrist, Radiologist, Registered Dietician/Nutritionist and Registered Nurse(Specializing in Psychiatry) when vacancies occur.

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

Staff typically perform these services, however, when vacancies occur, adequate coverage is required by the Joint Commission until other staff are hired or return to work from leave or other time off.

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?

Multiple contracts were awarded to ten vendors as a result of this RFP 3005.

d. Last bid date: 09/10/2012 Anticipated re-bid date: 09/10/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	03/01/2013 10:46:35 AM
Division Approval	valpers	03/01/2013 10:46:39 AM
Department Approval	ecrecli	03/04/2013 10:05:48 AM
Contract Manager Approval	cschmid2	03/04/2013 12:23:06 PM
Budget Analyst Approval	bberry	03/08/2013 09:09:06 AM
BOE Agenda Approval	nhovden	03/11/2013 14:08:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14017

Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES	Legal Entity Name: WHITAKER MEDICAL, LLC
Agency Code: 408	Contractor Name: WHITAKER MEDICAL, LLC
Appropriation Unit: 3161-08	Address: 10375 RICHMOND AVE SUITE 1700
Is budget authority available?: Yes	City/State/Zip: HOUSTON, TX 77042
If "No" please explain: Not Applicable	Contact/Phone: KELLY WOFFORD 281-870-1000
	Vendor No.:
	NV Business ID: NV 20121564730
To what State Fiscal Year(s) will the contract be charged?	2013-2018
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 100.00 %	Fees 0.00 %
<input type="checkbox"/> Federal Funds 0.00 %	Bonds 0.00 %
<input type="checkbox"/> Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: RFP #3005	

2. Contract start date:

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

Anticipated BOE meeting date **03/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2017**

Contract term: **4 years and 306 days**

4. Type of contract: **Contract**

Contract description: **Locum Tenens Service**

5. Purpose of contract:

This is a new contract that continues ongoing locum tenens services to Southern Nevada Adult Mental Health Services (SNAMHS), Northern Nevada Adult Mental Health Services (NNAMHS), Rural Clinics and Lake's Crossing, pursuant to NRS 433.344 and NRS 436.123.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00**

Other basis for payment: **Receipt of Invoice**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, agencies are authorized to contract with qualified professionals for delivery of services. SNAMHS, NNAMHS, Lake's Crossing and Rural Clinics operate both inpatient and outpatient programs requiring the services of Advanced Practitioner of Nursing (APN), Behavioral Aide, Certified Nursing Assistant (CNA), Child Development and/or Family Specialist, Licensed Practical Nurse (LPN), Medical technologist, Mental Health Counselor/Technician, Microbiologist, Occupational/Physical Therapist, Pharmacist/Tech, Physician, Psychologist, Psychiatrist, Radiologist, Registered Dietician/Nutritionist and Registered Nurse(Specializing in Psychiatry) when vacancies occur.

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

Staff typically perform these services, however, when vacancies occur, adequate coverage is required by the Joint Commission until other staff are hired or return to work from leave or other time off.

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):

[Empty text box]

b. Solicitation Waiver: Not Applicable

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

Multiple contracts were awarded to ten vendors as a result of this RFP 3005.

d. Last bid date: 09/10/2012 Anticipated re-bid date: 09/10/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	03/01/2013 10:45:55 AM
Division Approval	valpers	03/01/2013 10:45:58 AM
Department Approval	ecrecli	03/04/2013 10:04:51 AM
Contract Manager Approval	cschmid2	03/04/2013 12:22:50 PM
Budget Analyst Approval	bberry	03/08/2013 09:14:54 AM
BOE Agenda Approval	nhovden	03/14/2013 09:16:26 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: **14128**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Renown Regional Medical Center
Agency Code: 440	Contractor Name: Renown Regional Medical Center
Appropriation Unit: 3706-50	Address: 1155 Mill Street, Z-7
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Dawn Ahner 775-982-4404
	Vendor No.: T41975000
	NV Business ID: nv19851012417
To what State Fiscal Year(s) will the contract be charged?	2013-2017

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2013**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **HIV/AIDS Services**

5. Purpose of contract:

This is a new contract that continues ongoing on-site HIV/AIDS specialty health clinics to prescribe and provide drugs from a 340B pharmacy for inmates at the following correctional facilities: Ely State Prison, Florence McClure Womens's Correctional Center, High Desert State Prison, Lovelock Correctional Center, Northern Nevada Correctional Center, Warm Springs Correctional Center and Southern Desert Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,600,000.00**

Other basis for payment: Monthly invoice for the costs of medication and services as incurred based on the contract personnel, 340B drug, and related service cost per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

The AIDS Assistance Program is the primary means of access to life saving treatment for individuals in the program. HIV/AIDS services provided through this clinic help to ensure individuals incarcerated in the Department of Corrections will receive the highest level of HIV/AIDS specialty care possible.

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

The Department of Corrections does not have the expertise in providing medical care and/or related prescriptions for inmates with HIV/AIDS.

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

Was the solicitation (RFP) done 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 #: 130204

Approval Date: 02/27/2013

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

Renown Regional Medical Center in Reno and University Medical Center (UMC) in Las Vegas are the only DSH (Disproportionate Share Hospitals) in Nevada. Since UMC by their charter cannot provide services outside of Clark County and this program with NDOC is statewide, Renown Regional Medical Center was chosen because UMC has indicated that they have no interest in this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

16. Not Applicable

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	02/28/2013 14:14:03 PM
Division Approval	bfarris	03/04/2013 11:05:14 AM
Department Approval	bfarris	03/04/2013 11:06:25 AM
Contract Manager Approval	jhardy	03/12/2013 10:52:09 AM
Budget Analyst Approval	cmurph3	03/14/2013 12:51:47 PM
BOE Agenda Approval	sbrown	03/15/2013 08:54:03 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14150**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Massachusetts Department of Corrections
Agency Code: 440	Contractor Name: Massachusetts Department of Corrections
Appropriation Unit: 3710-04	Address: 50 Maple St., Suite 3
Is budget authority available? Yes	City/State/Zip: Milford, MA 01757
If "No" please explain: Not Applicable	Contact/Phone: David Newmark 508/850-7752
	Vendor No.: N/A
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2013-2063**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/09/2013**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/28/2063**Contract term: **50 years**4. Type of contract: **Other (include description): Interstate Compact**Contract description: **Corrections Compact**

5. Purpose of contract:

This is a new Interstate Corrections Compact Contract to provide for the equal exchange of inmates, on a one-to-one basis, between Nevada Department of Corrections and Massachusetts Department of Corrections.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01****II. JUSTIFICATION**

7. What conditions require that this work be done?

Interstate Corrections Compact Contracts between states are required for the health and safety of staff and inmates as agreed upon by both parties pursuant to NRS 215A

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

The Interstate Corrections Compact Contract provides flexibility in dealing with matters such as witness protection, youthful offenders, and disruptive prison gangs.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

Contracts are in effect with other states.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssergent	03/06/2013 08:22:12 AM
Division Approval	dmartine	03/06/2013 09:55:59 AM
Department Approval	bfarris	03/06/2013 11:35:50 AM
Contract Manager Approval	jhardy	03/06/2013 11:38:26 AM
Budget Analyst Approval	cmurph3	03/07/2013 08:27:45 AM
BOE Agenda Approval	sbrown	03/12/2013 11:06:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14131

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Puliz Moving & Storage Co.
Agency Code: 440	Contractor Name: Puliz Moving & Storage Co.
Appropriation Unit: 3710-04	Address: DBA Puliz Records Mgmt Svcs
Is budget authority available?: Yes	1095 Standard Street
If "No" please explain: Not Applicable	City/State/Zip: Reno, NV 89506
	Contact/Phone: Ryan Puliz 775/544-5329
	Vendor No.: T80914937A
	NV Business ID: NV19771009093

To what State Fiscal Year(s) will the contract be charged? 2013-2017

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

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

Agency Reference #: RFP #3012

2. Contract start date:

a. Effective upon Board of Examiner's approval? No or b. other effective date 04/10/2013

Anticipated BOE meeting date 04/2013

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: 04/30/2017

Contract term: 4 years and 21 days

4. Type of contract: Contract

Contract description: Record storage

5. Purpose of contract:

This is a new contract to provide services for a manageable file system with a clean and accessible controlled environment for the storage of paroled and discharged inmate files.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$76,771.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Corrections (NDOC) has over 30,000 to 40,000 inmate files currently stored at the Stewart Facility in Carson City, Nevada. NDOC's inmate and parolee files have become so difficult to manage that new storage space is needed. Inmate and parolee files need to be stored in a clean and protected storage space.

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

The Department of Corrections does not have the storage space needed and/or staff to manage the inmate files. No other State agency offers these services except the Nevada State Library and Archives and they do not have the space to store volume required to store these files.

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 #3012, 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: 12/01/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 Attorney General's Office has contracted with this vender and found all services satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	03/05/2013 12:44:31 PM
Division Approval	dmartine	03/05/2013 12:44:35 PM
Department Approval	bfarris	03/05/2013 12:48:21 PM
Contract Manager Approval	jhardy	03/05/2013 13:43:51 PM
Budget Analyst Approval	cmurph3	03/06/2013 09:57:24 AM
BOE Agenda Approval	sbrown	03/14/2013 12:27:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13939**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Innovative Collaboration Support Services, LLC.
Agency Code: 440	Contractor Name: Innovative Collaboration Support Services, LLC.
Appropriation Unit: 3711-15	Address: 2820 South Jones Blvd. Ste 1
Is budget authority available? Yes	City/State/Zip: Las Vegas, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: Jamie Winford 336-848-3134
	Vendor No.:
	NV Business ID: NV20101615390

To what State Fiscal Year(s) will the contract be charged? **2013-2014**

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

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

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2014**

Contract term: **1 year and 90 days**

4. Type of contract: **Contract**

Contract description: **Vocational Training**

5. Purpose of contract:

This is a new contract to provide vocational training to inmates incarcerated within the Department for HVAC and maintenance. The intent of the Department is to provide inmates with job skills in order to successfully re-enter the workforce upon release.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The desire to address one of the missions of the Going Home Prepared program by helping to improve the Prison to Community re-entry in Nevada, as approved by the Legislature by preparing inmates for employment upon release.

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

The Department of Corrections does not have the staff and/or expertise necessary. No other State agency offers 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):

[Empty box]

b. Solicitation Waiver: **Not Applicable**

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

Multiple contract awards are being made from Solicitation #201208. Innovative Collaboration Support Services, LLC is one of the vendors that can provide NDOC with vocational training classes.

d. Last bid date: 01/30/2012 Anticipated re-bid date: 01/30/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	clyons	01/14/2013 10:47:49 AM
Division Approval	dmartine	01/14/2013 14:47:44 PM
Department Approval	bfarris	01/16/2013 08:51:53 AM
Contract Manager Approval	jhardy	03/05/2013 13:23:24 PM
Budget Analyst Approval	cmurph3	03/06/2013 09:50:52 AM
BOE Agenda Approval	sbrown	03/15/2013 08:56:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14091**

Agency Name: **DEPARTMENT OF CORRECTIONS**
Agency Code: **440**
Appropriation Unit: **3759-95**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **PAR Electrical Contractors, Inc.**
Contractor Name: **PAR Electrical Contractors, Inc.**
Address: **1465 West Fourth St.**
City/State/Zip: **Reno, NV 89503-5054**
Contact/Phone: **Shane Glenn, Division Manager 775/329-0407**
Vendor No.: **PUR0003612A**
NV Business ID: **NV19931031312**

To what State Fiscal Year(s) will the contract be charged? **2013**

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

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

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2013**

Contract term: **90 days**

4. Type of contract: **Contract**

Contract description: **Maintenance**

5. Purpose of contract:

This is a new contract to provide preventative maintenance to the high mast light poles which consists of lowering and raising each device, verifying assembly is level and that lowering device cables are in good condition and the correct length, and confirming all latching mechanisms are working correctly. This service is at Lovelock Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,217.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Lovelock Correctional Center is unable to change out inoperable ballasts and light fixtures. This condition poses a serious security problem as the masts provide lighting around the entire perimeter of the facility and the parking lot. The facility doesn't have extra man power to adequately monitor the perimeter if the lights go out.

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

The Department doesn't have employees with the proper experience or training nor the appropriate tools/equipment to make the proper adjustments to the mast mechanisms.

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?

Par Electrical Contractors, Inc. was the only bid the Department received.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	clyons	02/19/2013 10:51:21 AM
Division Approval	dmartine	02/19/2013 12:04:29 PM
Department Approval	bfarris	02/21/2013 08:26:04 AM
Contract Manager Approval	jhardy	03/04/2013 16:58:48 PM
Budget Analyst Approval	cmurph3	03/06/2013 09:01:04 AM
BOE Agenda Approval	sbrown	03/12/2013 11:34:14 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14103

Agency Name: DPS-RECORDS & TECHNOLOGY	Legal Entity Name: SRA INTERNATIONAL INC
Agency Code: 655	Contractor Name: SRA INTERNATIONAL INC
Appropriation Unit: 4733-26	Address: 4300 FAIR LAKES CT
Is budget authority available?: Yes	City/State/Zip: FAIRFAX, VA 22033-4232
If "No" please explain: Not Applicable	Contact/Phone: null703/633-2593
	Vendor No.: T29013491
	NV Business ID: NV20051645519

To what State Fiscal Year(s) will the contract be charged? **2013-2016**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Cost Allocation from DPS Divisions

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2012**

Anticipated BOE meeting date **04/2013**

Retroactive? **Yes**

If "Yes", please explain

During previous contract negotiations, it was discovered the company had changed its name. This warranted further research to ensure potential legal implications were addressed and NV business records were updated and accurate. During this process, the previous contract expired. Because these services ensure connectivity statewide for participating law enforcement agencies in the gang intelligence system, suspending services was not in the best interest of the Department and its customers.

3. Termination Date: **03/31/2016**
Contract term: **3 years and 179 days**

4. Type of contract: **Contract**
Contract description: **Software Support**

5. Purpose of contract:
This is a new contract that continues ongoing software support and annual license renewal for the GangNet software application which serves as the Nevada statewide gang intelligence information system.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$42,000.00**
Payment for services will be made at the rate of \$12,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Public Safety, Records & Technology Division maintains the Central Node, or NV State GangNet Index Pointer, for Nevada's gang intelligence system used by law enforcement agencies within Nevada as well as other state and federal law enforcement agencies. Software support and annual license renewal is required to maintain connectivity for the using agencies.

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

This software application is proprietary and trademarked by this vendor. State agencies do not have access to the code to provide support and cannot provide annual licensing.

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

Was the solicitation (RFP) done 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 contract provides for ongoing maintenance and license renewal which was anticipated in the original contract with this vendor.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 the provider of service since 2007. Services are satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jdibasil	03/05/2013 11:30:33 AM
Division Approval	mteska	03/06/2013 10:47:41 AM
Department Approval	mteska	03/06/2013 10:47:49 AM
Contract Manager Approval	jbauer	03/06/2013 11:05:16 AM
Budget Analyst Approval	jstrandb	03/07/2013 07:53:20 AM
BOE Agenda Approval	cwatson	03/11/2013 14:45:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14096

Agency Name: **DPS-FIRE MARSHAL**
Agency Code: **656**
Appropriation Unit: **4729-16**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **IDSI INTERNATIONAL INC**
Contractor Name: **IDSI INTERNATIONAL INC**
Address: **2125 CENTER AVE STE 500**
City/State/Zip: **FORT LEE, NJ 07024**
Contact/Phone: **null201/302-9494**
Vendor No.: **T29009655**
NV Business ID: **NV20131135239**

To what State Fiscal Year(s) will the contract be charged? **2013-2018**

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 %	<input checked="" type="checkbox"/>	Fees	86.00 % SERC fees
Federal Funds	0.00 %		Bonds	0.00 %
<input checked="" type="checkbox"/> Highway Funds	14.00 %		Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/02/2018**

Contract term: **4 years and 336 days**

4. Type of contract: **Contract**

Contract description: **Software support**

5. Purpose of contract:

This is a new contract to provide ongoing software support and maintenance of the Nevada Online Hazardous Materials Reporting System used by the Department of Public Safety, State Emergency Response Commission (SERC). The scope of work for this contract also includes an upgrade from ASP to ASP.NET technology.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$179,400.00**

Other basis for payment: Payment is based on acceptance of defined deliverables and annual invoices for the ongoing support.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Federal Emergency Preparedness and Community Right-to-Know Act requires facilities to report extremely hazardous materials to the SERC and NRS requires payment of permit and storage fees. This is done through the Nevada Online Hazardous Materials Reporting System maintained by SERC. This contract provides for ongoing support of this automated system as well as an upgrade to the ASP.NET framework necessary to keep the database functional beyond the end of useful life of the current platform.

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

This database is a customized, off-the-shelf solution trademarked by this vendor. For this reason, only the vendor can provide the ASP.NET conversion and ongoing support.

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

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

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

Not Applicable

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

Approval #: 130104

Approval Date: 01/22/2013

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 was previously under contract with SERC since 2006. Services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jdibasil	03/05/2013 12:07:22 PM
Division Approval	jdibasil	03/05/2013 12:10:58 PM
Department Approval	mteska	03/05/2013 12:50:09 PM
Contract Manager Approval	mteska	03/05/2013 12:50:12 PM
DoIT Approval	lmuelle1	03/06/2013 08:21:35 AM
Budget Analyst Approval	jstrandb	03/07/2013 08:28:01 AM
BOE Agenda Approval	cwatson	03/11/2013 14:46:42 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14136

Agency Name: **WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4467-14**

Is budget authority available? **Yes**

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

Legal Entity Name: **Will N. Hall**

Contractor Name: **Hall'n Hay**

Address: **525 Richards Drive**

City/State/Zip: **PARADISE VALLEY, NV 89426**

Contact/Phone: **Will Hall or Cheryl Hall 775/578-0008**

Vendor No.: **T27026573**

NV Business ID: **NV20121643566**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

General Funds	0.00 %	X	Fees	55.00 %	Habitat Conservation, Upland Game, mining assessment, Duck Stamps
Federal Funds	0.00 %	X	Bonds	20.00 %	
Highway Funds	0.00 %	X	Other funding	25.00 %	Heritage Fund, Dream Tags, Wildlife Trust Fund

Agency Reference #: **13-31**

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Rangeland Management**

5. Purpose of contract:

This is a new contract for ongoing rangeland management services. The objective is to rehabilitate approximately 500 to 10,000 acres of rangelands/wildlife habitat per year. These services will include the application of herbicide, discing (cultivating land), drill seeding and over-seeding of rangeland sites in Nevada.

6. NEW CONTRACT

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

Other basis for payment: Labor and application of herbicide at hourly rates; seeding and discing on a per acre basis; transportation per loaded mile; cost of herbicides based on quantity.

II. JUSTIFICATION

7. What conditions require that this work be done?

Rangelands/habitat degradation continues across Nevada. A rangeland management contract is needed to hinder such degradation and attempt to improve habitat for wildlife and other rangeland resource values important to 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 within our agency and with other state agencies cannot accomplish the work due to a lack of man power, equipment, training, and experience.

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):

[Empty box for vendor names]

b. Solicitation Waiver: **Not Applicable**

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

Solicitation by Purchasing Division RFP; three contracts were awarded. Criteria categories: Demonstrated competence, experience in performance of comparable engagements, conformance with terms of RFP, expertise and availability of key personnel, and cost.

d. Last bid date: 10/23/2012 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NV Dept. of Wildlife, Nov. 2009 and Nov. 2011 - seeding; work satisfactory.

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

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

Not Applicable

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

Sole Proprietor

[Empty box for legal entity type]

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

No b. If "No", please explain:

DBA name, included on Nevada business license.

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mkrumena	03/04/2013 10:52:01 AM
Division Approval	mkrumena	03/04/2013 10:52:04 AM
Department Approval	mkrumena	03/04/2013 10:52:06 AM
Contract Manager Approval	mkrumena	03/04/2013 10:52:09 AM
Budget Analyst Approval	cwatson	03/11/2013 14:47:24 PM
BOE Agenda Approval	cwatson	03/11/2013 14:47:29 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14116**

Agency Name: **WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4467-14**

Is budget authority available? **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **Warden Hawkins**
Contractor Name: **Warden Hawkins**
Address: **945 E. 4500 N.**
City/State/Zip: **Buhl, Id 83316**
Contact/Phone: **null208-308-2219**
Vendor No.: **TBA**
NV Business ID: **NV20131083242**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

General Funds	0.00 %	X	Fees	55.00 %	Habitat Conservation, Upland Game, mining assessment, Duck Stamps
Federal Funds	0.00 %	X	Bonds	20.00 %	
Highway Funds	0.00 %	X	Other funding	25.00 %	Heritage Fund, Dream Tags and Wildlife Trust Fund

Agency Reference #: **13-30**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Rangeland Management**

5. Purpose of contract:

This is a new contract for ongoing rangeland management services. The objective is to rehabilitate approximately 500 to 10,000 acres of rangelands/wildlife habitat per year. These services will include the application of herbicide, discing (cultivating land), drill seeding and over-seeding of rangeland sites in Nevada.

6. NEW CONTRACT

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

Other basis for payment: Prices set forth in contract: Labor at hourly rates; seeding, discing and herbicide application on a per acre basis; transportation per hour; welding and cutting torch per hour; cost of herbicides based on quantity.

II. JUSTIFICATION

7. What conditions require that this work be done?

Rangelands/habitat degradation continues across Nevada. A rangeland management contract is needed to hinder such degradation and attempt to improve habitat for wildlife and other rangeland resource values important to 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 within our agency and with other state agencies cannot accomplish the work due to a lack of man power, equipment, training, and experience.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Solicitation by Purchasing Division RFP; three contracts were awarded. Criteria categories: Demonstrated competence, experience in performance of comparable engagements, conformance with terms of RFP, expertise and availability of key personnel, and cost.

d. Last bid date: 10/23/2012 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Sole Proprietor

[Empty text box]

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mkrumena	03/04/2013 10:53:04 AM
Division Approval	mkrumena	03/04/2013 10:53:06 AM
Department Approval	mkrumena	03/04/2013 10:53:08 AM
Contract Manager Approval	mkrumena	03/04/2013 10:53:11 AM
Budget Analyst Approval	cwatson	03/11/2013 14:47:56 PM
BOE Agenda Approval	cwatson	03/11/2013 14:48:00 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: **14092**

Agency Name: **PARKS DIVISION**

Agency Code: **704**

Appropriation Unit: **4162-00**

Is budget authority available? **Yes**

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

Legal Entity Name: **Las Vegas Outdoor Wedding Company**

Contractor Name: **Las Vegas Outdoor Wedding Company.com**

Address:

City/State/Zip: **Las Vegas, NV 89131**

Contact/Phone: **Ralph Canete 702-580-9617**

Vendor No.:

NV Business ID: **NV20111459769**

To what State Fiscal Year(s) will the contract be charged? **2013-2015**

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

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

2. Contract start date:

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

Anticipated BOE meeting date: **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/10/2015**

Contract term: **2 years and 9 days**

4. Type of contract: **Revenue Contract**

Contract description: **Weddings VFSP**

5. Purpose of contract:

This is a new revenue contract to provide ongoing commercial wedding ceremonies and wedding photo tours at the Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To permit commercial weddings and wedding photo tours.

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

NA

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

Was the solicitation (RFP) done 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Division of State Parks-Valley of Fire. Permittee has complied with all requirements.

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

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

Not Applicable

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

Nevada Corporation

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

No b. If "No", please explain:

DBA

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	02/19/2013 10:04:06 AM
Division Approval	sdecrona	02/19/2013 10:04:09 AM
Department Approval	sdecrona	02/19/2013 10:04:13 AM
Contract Manager Approval	sdecrona	02/19/2013 10:04:16 AM
Budget Analyst Approval	jrodrig9	02/26/2013 18:03:28 PM
BOE Agenda Approval	cwatson	03/11/2013 14:42:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14144**

Agency Name: **PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **SBA**
Contractor Name: **Las Vegas Weddings**
Address: **8275 Eastern Ave Ste 200
PMB200-165**
City/State/Zip: **Las Vegas, NV 89123**
Contact/Phone: **Shawn or Bri Absher 702-914-0198**
Vendor No.:
NV Business ID: **NV20041204006**

To what State Fiscal Year(s) will the contract be charged? **2013-2015**

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

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

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/10/2015**

Contract term: **2 years and 9 days**

4. Type of contract: **Revenue Contract**

Contract description: **Commercial Weddings**

5. Purpose of contract:

This is a new revenue contract to provide ongoing commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To permit commercial weddings and photos activity at the Valley of Fire State Park.

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

NA

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

Was the solicitation (RFP) done 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Division of State Parks-Valley of Fire. Permittere has complied with all requirements and regulations.

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

DBA

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/05/2013 08:51:55 AM
Division Approval	sdecrona	03/05/2013 08:51:59 AM
Department Approval	sdecrona	03/05/2013 08:52:03 AM
Contract Manager Approval	sdecrona	03/05/2013 10:03:23 AM
Budget Analyst Approval	jrodrig9	03/08/2013 18:15:49 PM
BOE Agenda Approval	cwatson	03/11/2013 14:40:08 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: **12090** Amendment Number: **2**

Agency Name: **PARKS DIVISION** Legal Entity Name: **Outdoor Immersion, Inc**

Agency Code: **704** Contractor Name: **Outdoor Immersion, Inc**

Appropriation Unit: **4162-00** Address: **PO Box 1675**

Is budget authority available?: **Yes** City/State/Zip: **Tahoe City, CA 96145**

If "No" please explain: **Not Applicable** Contact/Phone: **null530-581-4336**

Vendor No.:

NV Business ID: **NV20111039695**

To what State Fiscal Year(s) will the contract be charged? **2011-2018**

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 %	X Other funding	100.00 % Revenue Contract

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2011**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2012**

Contract term: **7 years and 2 days**

4. Type of contract: **Revenue Contract**

Contract description: **Watersports Concess**

5. Purpose of contract:

This is the second amendment to the original revenue contract, which provides services for a watersports rental concession at Lake Tahoe Nevada State Park, Sand Harbor Unit. This amendment extends the termination date from May 10, 2013 to May 10, 2018 and increases the maximum amount from \$86,000 to \$301,000 due to the extention.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$72,030.00
2. Total amount of any previous contract amendments:	\$13,970.00
3. Amount of current contract amendment:	\$215,000.00
4. New maximum contract amount:	\$301,000.00
and/or the termination date of the original contract has changed to:	05/10/2018

II. JUSTIFICATION

7. What conditions require that this work be done?

The watersports concession will provide a much requested service to the visitors of Lake Tahoe-Nevada State Park.

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

The operation of this concession is beyond the scope and capability of the State Park System.

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

The vendor submitted a reasonable percentage offer and good operational plan.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with Lake Tahoe Nevada State Parks. The services provided is satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	02/28/2013 15:46:38 PM
Division Approval	sdecrona	02/28/2013 15:46:43 PM
Department Approval	sdecrona	02/28/2013 15:46:46 PM
Contract Manager Approval	sdecrona	02/28/2013 15:46:51 PM
Budget Analyst Approval	jrodrig9	03/06/2013 20:20:46 PM
BOE Agenda Approval	cwatson	03/12/2013 14:30:17 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14099

Agency Name: PARKS DIVISION	Legal Entity Name: Associated Chapels LLC
Agency Code: 704	Contractor Name: Special Memory Wedding Chapel
Appropriation Unit: 4162-00	Address: 800 S. 4th Street
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89101
If "No" please explain: Not Applicable	Contact/Phone: Wendy Gust 702-384-2211
	Vendor No.:
	NV Business ID: NV20051128227

To what State Fiscal Year(s) will the contract be charged? **2013-2015**

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

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

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/12/2015**

Contract term: **2 years and 11 days**

4. Type of contract: **Revenue Contract**

Contract description: **Commercial Weddings**

5. Purpose of contract:

This is a new revenue contract to provide ongoing commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To permit Special Memory Wedding Chapel to conduct commercial events at the Valley of Fire State Park.

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

NA

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

Was the solicitation (RFP) done 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. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with Valley of Fire State Parks. The have complied with all regulations.

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

DBA

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	02/20/2013 14:11:12 PM
Division Approval	sdecrona	02/20/2013 14:11:16 PM
Department Approval	sdecrona	02/20/2013 14:11:19 PM
Contract Manager Approval	sdecrona	02/20/2013 14:11:22 PM
Budget Analyst Approval	jrodrig9	02/26/2013 18:21:01 PM
BOE Agenda Approval	cwatson	03/11/2013 14:44:23 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11968**

Amendment Number: **2**

Agency Name: **PARKS DIVISION**

Legal Entity Name: **TAHOE REGIONAL PLANNING AGENCY**

Agency Code: **704**

Contractor Name: **TAHOE REGIONAL PLANNING AGENCY**

Appropriation Unit: **4162-00**

Address: **PO BOX 5310**

Is budget authority available?: **Yes**

City/State/Zip: **STATELINE, NV 89449-5310**

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

Contact/Phone: **null775/588-4547**

Vendor No.: **T80989419**

NV Business ID: **NA**

To what State Fiscal Year(s) will the contract be charged? **2011-2014**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Revenue contract

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2011**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/01/2013**

Contract term: **3 years and 20 days**

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

Contract description: **Watercraft Inspect**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which supports the personnel costs associated with the Lake Tahoe Boat Inspection program at Lake Tahoe Nevada State Park. The agreement provides for the transfer of funds from TRPA to the agency. This amendment extends the termination date from May 1, 2013 to May 1, 2014 and increases the maximum amount from \$160,990 to \$241,980 due to the extended term of the contract.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$80,989.20
2. Total amount of any previous contract amendments:	\$80,000.80
3. Amount of current contract amendment:	\$80,990.00
4. New maximum contract amount:	\$241,980.00
and/or the termination date of the original contract has changed to:	05/01/2014

II. JUSTIFICATION

7. What conditions require that this work be done?

Tahoe Regional Planning Agency requires the presence of aquatic invasive species boat inspectors at any open/operating Tahoe launch facilities.

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 manpower or funds required to staff Tahoe launch 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?

Revenue contract

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 - Nevada State Parks. Work has been satisfactory.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/04/2013 09:40:56 AM
Division Approval	sdecrona	03/04/2013 09:41:00 AM
Department Approval	sdecrona	03/04/2013 09:41:04 AM
Contract Manager Approval	sdecrona	03/04/2013 09:41:07 AM
Budget Analyst Approval	jrodrig9	03/06/2013 20:28:24 PM
BOE Agenda Approval	cwatson	03/12/2013 14:23:08 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14140**Agency Name: **FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4195-69**Is budget authority available? **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **FLIGHT CHECK LTD**Contractor Name: **FLIGHT CHECK LTD**Address: **5905 MCCART AVE**City/State/Zip: **FORT WORTH, TX 76133-2426**Contact/Phone: **null817/346-9220**Vendor No.: **T29030203**NV Business ID: **NV20111760235**To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

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

Agency Reference #: **NDF13-004**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years and 91 days**4. Type of contract: **Contract**Contract description: **Flight Training**

5. Purpose of contract:

This is a new contract to provide ongoing (annual) onsite training, both ground and flight, to pilots flying Nevada Division of Forestry's (NDF) Bell UH-1H series helicopters. The class is specific to the needs of NDF pilots so if the NDF chooses to add or customize training, i.e. mountain flying and external load operations, the instructor will accommodate the course.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,000.00**

Payment for services will be made at the rate of \$2,750.00 per day for training up to 5 days per year.

Other basis for payment: Payment will be made upon completion of training and submission and approval of contractor invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

Training for pilots is mandatory per federal and state law. The Bell UH-1H helicopters that the Division of Forestry flies have had many modifications to fit the agency's mission. This training is provided in the Division's modified helicopters rather than in a standard UH-1H.

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

No state employees are licensed to provide Bell UH-1H series specific flight and ground school training.

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):

[Empty box for vendor names]

b. Solicitation Waiver: **Not Applicable**

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

This contractor was the most cost effective and they tailor the course specific to NDF needs. Because NDF's aircraft have modifications such as fast fins and tail boom strakes, the training must be specific to NDF's helicopters. Additionally, this contract has provided this service to the NDF in the past.

d. Last bid date: 02/11/2013 Anticipated re-bid date: 01/02/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This contractor has provided this service to the Division of Forestry in SFY10 and SFY12. The services provided were verified satisfactory.

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

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

Not Applicable

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

LP

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dprather	03/05/2013 13:43:39 PM
Division Approval	dprather	03/05/2013 13:43:43 PM
Department Approval	dprather	03/05/2013 13:43:47 PM
Contract Manager Approval	ldunn	03/05/2013 13:44:35 PM
Budget Analyst Approval	jrodrig9	03/08/2013 18:15:05 PM
BOE Agenda Approval	cwatson	03/11/2013 14:38:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14122**

Agency Name: **ENVIRONMENTAL PROTECTION**
Agency Code: **709**
Appropriation Unit: **3185-04**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **Anthony and Nancy Lesperance**
Contractor Name: **Anthony and Nancy Lesperance**
Address: **P O Box 210**
City/State/Zip: **Paradise Valley , NV 89426**
Contact/Phone: **null775 578-3770**
Vendor No.: **T27012489**
NV Business ID: **Exempt**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

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

Agency Reference #: **DEP 13-032**

2. Contract start date:

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

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **MDN Site Sampling**

5. Purpose of contract:

This is a new contract to collect weekly samples from the Mercury Deposition Network site and send them for Eurofins / Frontier Global Sciences for testing of mercury in the air.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Sampling for mercury is necessary to evaluate potential impacts on public health and the environment.

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

Sheaper to contract the servies, than for state personnel to travel to sites to collect samples and a weekly basis

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

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

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

Not Applicable

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

Approval #: **121205**

Approval Date: **12/18/2012**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. 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.

Contractor is not a business. Contractor allows the state to place mercury samplers on their property they collect the samples and sends them to be analyzed. The state pays the contractor a small weekly stipend to cover the cost of gas, electric and reimburses them for postage.

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	02/27/2013 13:58:17 PM
Division Approval	vgatrell	02/27/2013 13:59:28 PM
Department Approval	rbamford	02/27/2013 15:14:06 PM
Contract Manager Approval	vgatrell	02/27/2013 15:15:27 PM
Budget Analyst Approval	jrodrig9	03/06/2013 20:04:41 PM
BOE Agenda Approval	cwatson	03/12/2013 13:04:09 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **14121**

Agency Name: ENVIRONMENTAL PROTECTION	Legal Entity Name: Bill and Lana Gibbs
Agency Code: 709	Contractor Name: Bill and Lana Gibbs
Appropriation Unit: 3185-04	Address: HC 62 Box 900
Is budget authority available?: Yes	City/State/Zip: Wells, NV 89835
If "No" please explain: Not Applicable	Contact/Phone: null775 275-0106
	Vendor No.: T27012473
	NV Business ID: Exempt

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Air Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **DEP 13-031**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **MDN Site Sampling**

5. Purpose of contract:

This is a new contract that continue ongoing services to collect weekly samples from the Mercury Deposition Network site and send them to Eurofins / Frontier Global Sciences for testing of mercury in the air.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per Month

Other basis for payment: Per month invoice, not to exceed \$30,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Sampling for mercury is necessary to evaluate potential impacts on public health and the environment

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Cheaper to contract the services, than for state personnel to travel to sites to collect samples on a weekly basis9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done 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 #: 121206

Approval Date: 12/18/2012

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

[Empty text box]

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. 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.

Contractor is not a business. Contractor allows the state to place mercury samplers on their property they collect the samples and sends them to be analyzed. The state pays the contractor a small weekly stipend to cover the cost of gas, electric and reimburses them for postage.

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	02/27/2013 13:58:01 PM
Division Approval	vgatrell	02/27/2013 13:59:15 PM
Department Approval	rbamford	02/27/2013 15:14:20 PM
Contract Manager Approval	vgatrell	02/27/2013 15:15:49 PM
Budget Analyst Approval	jrodrig9	03/06/2013 20:03:21 PM
BOE Agenda Approval	cwatson	03/12/2013 13:45:00 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **14118**

Agency Name: ENVIRONMENTAL PROTECTION	Legal Entity Name: DEPARTMENT OF INTERIORS
Agency Code: 709	Contractor Name: DEPARTMENT OF INTERIORS
Appropriation Unit: 3188-04	Address: BUREAU OF LAND MANAGEMENT
Is budget authority available?: Yes	1340 FINANCIAL BLVD
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89502-7147
	Contact/Phone: null775/861-6500
	Vendor No.: T80964941
	NV Business ID: Exempt

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Reclamation fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **DEP 13-030**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years and 91 days**4. Type of contract: **Interlocal Agreement**Contract description: **Bonding Liaison**

5. Purpose of contract:

This is a new interlocal agreement to provide a Bonding Liaison position between the Bureau of Land Management (BLM) and the Nevada Division of Environmental Protection (NDEP), Bureau of Mining Regulation and Reclamation. The individual occupying this position will spend 60% of the time at the NDEP office and 40% of the time at the BLM Nevada State Office. The position requires coordination and facilitation of bonding related activities, review of reclamation cost estimates, and provides assistance on development and use of standard reclamation cost estimate spreadsheet at the highest levels between the state agencies, the Nevada BLM State Office and BLM field offices, and with the Nevada Mining Association and individual mining companies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$375,469.29****II. JUSTIFICATION**

7. What conditions require that this work be done?

State and Federal regulations require operators of mining operations and/or exploration projects to provide updated reclamation cost estimates to ensure that operators have adequate surety filed so that reclamation activities can be completed. The current staffing level cannot keep up with the workload. The state statutes and regulations require all projects, including those whose lands are administered by the Bureau of Land Management (BLM) to obtain a reclamation permit, provide a surety and provide periodic updates to the reclamation cost estimate to ensure the project is adequately bonded. Our current workload is 247 projects, of which 196 of these projects are mixed land projects which include BLM administered land, and require review and approval from both NDEP and BLM. Therefore NDEP and BLM propose to fund a position that will perform the review for both agencies. This position will prevent duplication of effort, streamline the process for the operators and enable NDEP to meet regulatory requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The volume of work exceeds the capacity of the current staffing level.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done 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?

NAC 519A.380 2(b)

d. Last bid date: Anticipated re-bid date:

- 10. Does the contract contain any IT components? No

III. OTHER INFORMATION

- 11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of 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

Services will be provided as part of the contractor's defined job duties in Attachment "A".

- 12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2006 to present, Division of Environmental Protection, Bureau of Mining Regulation and Reclamation . Work has been satisfactory.

- 13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	randrews	02/27/2013 16:19:35 PM
Division Approval	sneudaue	03/05/2013 09:25:29 AM
Department Approval	sneudaue	03/05/2013 09:25:32 AM
Contract Manager Approval	sneudaue	03/05/2013 09:29:50 AM
Budget Analyst Approval	jrodrig9	03/08/2013 16:12:02 PM
BOE Agenda Approval	cwatson	03/12/2013 14:01:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14006**

Agency Name: ENVIRONMENTAL PROTECTION	Legal Entity Name: PROJECT WET INTERNATIONAL
Agency Code: 709	Contractor Name: PROJECT WET INTERNATIONAL
Appropriation Unit: 3193-06	Address: FOUNDATION
Is budget authority available?: Yes	1001 W OAK ST STE 210
If "No" please explain: Not Applicable	BOZEMAN, MT 59715
	Contact/Phone: null406/585-2236
	Vendor No.: T29006898
	NV Business ID: NV20131034355
To what State Fiscal Year(s) will the contract be charged?	2013-2015

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 13-026**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 90 days**

4. Type of contract: **Contract**

Contract description: **Activity booklet**

5. Purpose of contract:

This is a new contract that continues ongoing services to increase awareness of the importance of Lake Tahoe and the Lake Tahoe watershed and inspire responsible stewardship of the lake into the future. Project Water Education for Teachers (WET) staff will develop a full-color Discover the Waters of Lake Tahoe activity booklet aimed at educating children ages 8 to 12 but relevant to people of all ages. The booklet will provide science-based information through diverse education methods including content-rich text, interactive games, challenging demonstrations, experiments, maps, and other fun exercises. The booklet will focus on key watershed topics such as nonpoint source pollution prevention and the spread of aquatic invasive species, and will be distributed to schools and other environmental education programs throughout Nevada and California.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

Other basis for payment: **Quarterly, based on work complete**

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Environmental Protection Agency provides federal Clean Water Act Sections 106 and 319 funds to the State of Nevada, Division of Environmental Protection for the specific purpose of addressing nonpoint source pollution through water quality protection, 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 Sections 106 and 319 funds for the implementation of water quality protection and 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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
 Contractor was one of the proposals chosen by the RFP evaluation committee.

d. Last bid date: 09/03/2012 Anticipated re-bid date: 07/01/2013

10. Does the contract contain any IT components? **No**

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
No If "Yes", please explain
 Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?
No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:
 Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?
No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
 Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?
Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	randrews	01/22/2013 09:13:11 AM
Division Approval	ksertic	02/11/2013 14:26:27 PM
Department Approval	ksertic	02/11/2013 14:26:31 PM
Contract Manager Approval	sneudaue	02/25/2013 10:56:42 AM
Budget Analyst Approval	jrodrig9	02/26/2013 18:24:41 PM
BOE Agenda Approval	cwatson	03/11/2013 14:45:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 12054	Amendment Number: 3
Agency Name: DEPT OF MOTOR VEHICLES	Legal Entity Name: 3M COMPANY
Agency Code: 810	Contractor Name: 3M COMPANY
Appropriation Unit: 4741-43	Address: 3M CENTER BLDG 225-5S-08
Is budget authority available?: Yes	City/State/Zip: SAINT PAUL, MN 55144-1000
If "No" please explain: Not Applicable	Contact/Phone: null800/553-1380
	Vendor No.: PUR0000283
	NV Business ID: NV19721000333

To what State Fiscal Year(s) will the contract be charged? **2004-2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2004**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2013**

Contract term: **11 years and 19 days**

4. Type of contract: **Contract**

Contract description: **License Plt Sheeting**

5. Purpose of contract:

This the third amendment to the original contract, which supplies the State of Nevada with digital license plates, license plate sheeting, and equipment. This amendment extends the termination date from April 30, 2013 to April 30, 2015 and increases the maximum amount from \$10,900,000 to \$13,206,952.36.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$10,900,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$2,306,952.36
4. New maximum contract amount:	\$13,206,952.36
and/or the termination date of the original contract has changed to:	04/30/2015

II. JUSTIFICATION

7. What conditions require that this work be done?

License Plates are required per NRS 482.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized equipment and materials must be supplied to manufacture license plates.

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):

[Empty box for vendor names]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

3M was the only respondent. 3M is able to meet the needs of the State in manufacturing license plates.

d. Last bid date: 11/24/2003 Anticipated re-bid date: 11/24/2010

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 contracted with DMV-service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmunoz	03/08/2013 14:08:56 PM
Division Approval	cmunoz	03/08/2013 14:08:59 PM
Department Approval	dcook	03/08/2013 14:20:05 PM
Contract Manager Approval	hazevedo	03/08/2013 14:22:41 PM
Budget Analyst Approval	cwatson	03/11/2013 14:58:17 PM
BOE Agenda Approval	cwatson	03/11/2013 14:58:22 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12049** Amendment Number: **4**

Agency Name: **REHABILITATION DIVISION** Legal Entity Name: **BULLS EYE TECHNICAL SERVICE**

Agency Code: **901** Contractor Name: **BULLS EYE TECHNICAL SERVICE**

Appropriation Unit: **3253-10** Address: **3871 S VALLEY VIEW BLVD STE 64**

Is budget authority available? **Yes** City/State/Zip: **LAS VEGAS, NV 89103-2914**

If "No" please explain: **Not Applicable** Contact/Phone: **Brian Bresee 702/658-4454**

Vendor No.: **T29024622**

NV Business ID: **NV20031239700**

To what State Fiscal Year(s) will the contract be charged? **2011-2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside Fund

Agency Reference #: **1638-12-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2011**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2013**

Termination Date:

Contract term: **3 years and 352 days**

4. Type of contract: **Contract**

Contract description: **Appliance Service**

5. Purpose of contract:

This is the fourth amendment to the original contract, which continues to provide ongoing repair and maintenance of commercial kitchen appliances such as, hot dog rollers, deep fryers, blenders, coffee makers, dishwashers, commercial toasters, can openers, ovens, fryers, steam wells, and convection ovens at any southern Nevada Business Enterprises of Nevada location. This amendment extends the termination date from June 30, 2013 to May 31, 2015 and increases the maximum amount from \$42,500 to \$65,000 due to a continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$20,000.00
2. Total amount of any previous contract amendments:	\$22,500.00
3. Amount of current contract amendment:	\$22,500.00
4. New maximum contract amount:	\$65,000.00
and/or the termination date of the original contract has changed to:	05/31/2015

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program sites have on-going needs for kitchen equipment maintenance and repair in order to maintain the sites without interruption of services to the public and building staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the time, expertise or licensing required to service kitchen 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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

From the six vendors solicited, this contractor is one of four respondents. All four will be added to form a pool of vendors.

d. Last bid date: 01/21/2011 Anticipated re-bid date: 01/21/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor is currently performing satisfactory service for the Department of Employment, Training and Rehabilitation, Rehabilitation Division, Bureau of Services to the Blind and Visually Impaired/Business Enterprises of Nevada and has been since December 2010.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tmyler	01/25/2013 10:52:55 AM
Division Approval	mcol1	02/06/2013 11:16:02 AM
Department Approval	tnash	02/06/2013 11:45:39 AM
Contract Manager Approval	tnash	02/21/2013 16:32:21 PM
Budget Analyst Approval	knielsen	02/21/2013 16:39:31 PM
BOE Agenda Approval	sbrown	03/05/2013 09:50:11 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: **14093**

Agency Name: **REHABILITATION DIVISION**
Agency Code: **901**
Appropriation Unit: **3265-09**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **AACRES NV LLC**
Contractor Name: **AACRES NV LLC**
Address: **222 S RAINBOW BLVD,STE 113/114**
City/State/Zip: **LAS VEGAS, NV 89145**
Contact/Phone: **CHERYL BORDEN 702-227-5645**
Vendor No.: **T29013487**
NV Business ID: **NV20081362263**

To what State Fiscal Year(s) will the contract be charged? **2013-2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **1793-15-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Educational Services**

5. Purpose of contract:

This is a new contract that continues ongoing services to students that are Rehabilitation Division clients and that have been identified by the School District as eligible for services; assistance to the School District in the identification of Individuals with Disabilities Education Act students, Section 504 students and students with disabilities; presentations to the School District and students to assist identified students access to transition services; and coordinate follow-up services for disabled students to increase successful career outcomes for students with disabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$387,504.00**

Other basis for payment: \$75 Intake fee; \$200 intake fee w/referral; \$3,000 successful closure; \$4,700 successful closure requiring supported employment; \$250 CBA placement; \$23.50/hr job coaching; \$12.83/hr client wages associated with CBA; \$500 per all day event; \$250 per half day event; \$42.85/hr for pre-employment services.

II. JUSTIFICATION

7. What conditions require that this work be done?

Coordination services between Vocational Rehabilitation and School Districts is required by the Rehabilitation Services Administration, US Department of Education.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the staff to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided an excellent project plan and overall proposal.

d. Last bid date: 10/09/2012 Anticipated re-bid date: 10/09/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tmyler	02/20/2013 13:13:40 PM
Division Approval	mmason	02/20/2013 13:39:17 PM
Department Approval	tnash	02/21/2013 09:33:43 AM
Contract Manager Approval	tnash	02/21/2013 09:43:15 AM
Budget Analyst Approval	knielsen	03/12/2013 14:03:52 PM
BOE Agenda Approval	sbrown	03/13/2013 13:15:55 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **14077**

Agency Name:	REHABILITATION DIVISION	Legal Entity Name:	ASAP SERVICES INC
Agency Code:	901	Contractor Name:	ASAP SERVICES INC
Appropriation Unit:	3265-09	Address:	3175 E WARM SPRINGS RD STE 117
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89120
If "No" please explain:	Not Applicable	Contact/Phone:	null702/210-4468
		Vendor No.:	T81091328
		NV Business ID:	NV20001318071
To what State Fiscal Year(s) will the contract be charged?	2013-2015		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	1794-15-REHAB		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2015**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Educational Services**

5. Purpose of contract:

This is a new contract that continues ongoing services to students that are Rehabilitation Division clients and that have been identified by the School District as eligible for services; assistance to the School District in the identification of Individuals with Disabilities Education Act students, Section 504 students and students with disabilities; presentations to the School District and students to assist identified students access to transition services; and coordinate follow-up services for disabled students to increase successful career outcomes for students with disabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$455,184.00**

Payment for services will be made at the rate of \$1,880.00 per month

Other basis for payment: Includes job coaching services at the rate of \$23.50/hr, 20 hours per week

II. JUSTIFICATION

7. What conditions require that this work be done?

Coordination services between Vocational Rehabilitation and School Districts are required by the Rehabilitation Services Administration, US Department of Education.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the staff to perform these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty box for vendor names]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

ASAP has performed similar services in the past, provided an excellent project plan and submitted the best overall proposal.

d. Last bid date: 10/09/2012 Anticipated re-bid date: 10/09/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor has been performing satisfactory service for the Department of Employment, Training and Rehabilitation, Rehabilitation Division since September 2008.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tmyler	02/20/2013 13:12:34 PM
Division Approval	mmason	02/20/2013 13:38:58 PM
Department Approval	tnash	02/21/2013 09:32:50 AM
Contract Manager Approval	tnash	02/21/2013 09:46:54 AM
Budget Analyst Approval	knielsen	03/12/2013 14:04:53 PM
BOE Agenda Approval	sbrown	03/14/2013 12:20:52 PM
BOE Final Approval	Pending	

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CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 12912	Amendment Number: 2
Agency Name: EMPLOYMENT SECURITY DIVISION	Legal Entity Name: BOARD OF REGENTS-CSN
Agency Code: 902	Contractor Name: BOARD OF REGENTS-CSN
Appropriation Unit: 4770-19	Address: CSN CONTROLLERS OFFICE
Is budget authority available? Yes	City/State/Zip: NORTH LAS VEGAS, NV 89030
If "No" please explain: Not Applicable	Contact/Phone: null702-651-4344
	Vendor No.: D35000800
	NV Business ID: GOVERNMENTAL ENTITY

To what State Fiscal Year(s) will the contract be charged? **2012-2013**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **PY11-SESP-CSN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/14/2012**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: 06/30/2013

Contract term: **1 year and 136 days**

4. Type of contract: Interlocal Agreement

Contract description: **State Energy Sector**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement to continue to provide green and renewable energy training services to adults, dislocated workers, youth, and veterans in southern Nevada as required by the Workforce Investment Act (WIA): CFR Part 652 et al., with funding allocated under the American Recovery and Reinvestment Act of 2009. This amendment reduces the maximum amount from \$314,138 to \$275,743.20 to more accurately reflect program funding needs through June 30, 2013.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$314,138.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	-\$38,394.80
4. New maximum contract amount:	\$275,743.20

II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Investment Act (WIA) of 1998.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Employment, Training, and Rehabilitation does not have employees that are qualified to provide training for renewable energy jobs.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done 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?

Interlocal Agreement

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 Regents - CSN has been providing satisfactory service to the department since November 2011.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tmyler	02/04/2013 16:18:11 PM
Division Approval	rolso1	02/04/2013 16:30:19 PM
Department Approval	tnash	02/04/2013 16:36:41 PM
Contract Manager Approval	tnash	02/04/2013 16:41:14 PM
Budget Analyst Approval	knielsen	02/25/2013 13:55:16 PM
BOE Agenda Approval	sbrown	03/05/2013 10:02:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14100

Agency Name: DEFERRED COMPENSATION	Legal Entity Name: SEGAL ADVISORS INC DBA
Agency Code: 920	Contractor Name: SEGAL ADVISORS INC DBA
Appropriation Unit: 1017-04	Address: SEGAL ROGERCASEY
Is budget authority available?: Yes	333 W 34TH ST
If "No" please explain: Not Applicable	City/State/Zip: NEW YORK, NY 10001-2402
	Contact/Phone: null212/251-5452
	Vendor No.: T29031233
	NV Business ID: NV20121521837

To what State Fiscal Year(s) will the contract be charged? 2013-2015

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Vendor Reimbursements

2. Contract start date:

a. Effective upon Board of Examiner's approval? No or b. other effective date 04/09/2013

Anticipated BOE meeting date 04/2013

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: 03/31/2015

Contract term: 1 year and 356 days

4. Type of contract: Contract

Contract description: Investment Advisory

5. Purpose of contract:

This is a new contract that continues ongoing investment consulting services which includes, quarterly investment performance reviews, capital market research, conduct fund searches and make recommendations, education of board members and staff on economic and capital market environment, a compliance audit, assistance with plan administration, and development and advice regarding a plan provider request for proposal.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$258,000.00

Other basis for payment: See Attachment.

II. JUSTIFICATION

7. What conditions require that this work be done?

The committee oversees over \$589 million of participant defined contribution retirement funds and the adviser is a contractual co-fiduciary who provides investment and regulatory expertise to assist the committee in fulfilling its fiduciary duties

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of required level of knowledge and expertise.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

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b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor had the highest overall score during the evaluation process by the Committee.

d. Last bid date: 01/01/2013 Anticipated re-bid date: 01/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2012, Deferred Compensation, Service Satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wsalisp1	02/21/2013 16:06:47 PM
Division Approval	wsalisp1	02/21/2013 16:06:50 PM
Department Approval	wsalisp1	02/21/2013 16:06:52 PM
Contract Manager Approval	csweeney	02/21/2013 16:09:18 PM
Budget Analyst Approval	csaway	02/28/2013 16:30:12 PM
BOE Agenda Approval	sbrown	03/05/2013 09:45:59 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **14094**

Agency Name: MASTER SERVICE AGREEMENTS	Legal Entity Name: AlliedBarton Security Services
Agency Code: MSA	Contractor Name: AlliedBarton Security Services
Appropriation Unit: 9999 - All Categories	Address: 1515 E. Tropicana Ave. Ste 680
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: Steve McCoy 702-795-3317
	Vendor No.: T32002079
	NV Business ID: NV20061007127
To what State Fiscal Year(s) will the contract be charged?	2013-2015

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agency Funds

Agency Reference #: **2030 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2013**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2015**Contract term: **1 year and 364 days**4. Type of contract: **MSA**Contract description: **Security Guards**

5. Purpose of contract:

This is a new contract to provide uniformed security guards to various State agencies. This contract will also provide random patrol stops to various State agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

Other basis for payment: Various rates per required task, see contractor's cost proposal.

II. JUSTIFICATION

7. What conditions require that this work be done?

Agencies that routinely have contact with the public may have a need for the presence of uniformed security services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capitol Police does not have the resources to perform this service for all agencies needing this type of 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 2030, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/29/2012 Anticipated re-bid date: 08/15/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

College of Southern Nevada (CSN) 2004-2008 - Service was satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

They are registered with the Secretary of State's office as a Foreign Limited-Liability Company

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ideloach	02/27/2013 15:05:00 PM
Division Approval	Ideloach	02/27/2013 15:05:03 PM
Department Approval	ktarter	03/01/2013 10:41:29 AM
Contract Manager Approval	amorfin	03/01/2013 11:38:08 AM
Budget Analyst Approval	knielsen	03/18/2013 15:13:30 PM
BOE Agenda Approval	sbrown	03/18/2013 16:55:14 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: **14050**

Agency Name: MASTER SERVICE AGREEMENTS	Legal Entity Name: COMTECH BUSINESS SYSTEMS INC
Agency Code: MSA	Contractor Name: COMTECH BUSINESS SYSTEMS INC
Appropriation Unit: 9999 - All Categories	Address: DBA COMTECH COMMUNICATIONS
Is budget authority available?: Yes	4330 W DESERT INN RD STE B
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89102-7636
	Contact/Phone: null702/221-9221
	Vendor No.: PUR0004539
	NV Business ID: NV19911016899

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agency Funds

Agency Reference #: **RFP #1979**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **3 years and 275 days**

4. Type of contract: **MSA**

Contract description: **Wiring and Cabling**

5. Purpose of contract:

This is a new contract that continues ongoing provision of repairs and installations of wiring, cabling and fiber to State agency's communications infrastructure (WCCI) and/or telephone repair and installation services statewide on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: **Upon receipt of invoice, contingent upon agency approval.**

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies do not have the expertise to install communications wiring, cabling or fiber.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing capacity, technical expertise or resources to fulfill this work requirement.

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 1979, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposers for the Southern Nevada region as determined by an independently appointed evaluation committee.

d. Last bid date: 08/20/2012 Anticipated re-bid date: 08/20/2016

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 maintained a contract with the Purchasing Division, Enterprise Information Technology Division and other state agencies since the first contract was awarded in December 2007. Quality of services received has been more than satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	02/15/2013 17:59:06 PM
Division Approval	ktarter	02/20/2013 14:08:52 PM
Department Approval	ktarter	02/20/2013 14:08:55 PM
Contract Manager Approval	mmars1	02/20/2013 14:37:33 PM
DoIT Approval	lmuelle1	02/21/2013 07:28:29 AM
Budget Analyst Approval	csaway	02/28/2013 16:26:49 PM
BOE Agenda Approval	sbrown	03/05/2013 09:54:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14051**

Agency Name: **MASTER SERVICE AGREEMENTS**
Agency Code: **MSA**
Appropriation Unit: **9999 - All Categories**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **CONWAY COMMUNICATIONS INC**
Contractor Name: **CONWAY COMMUNICATIONS INC**
Address: **STE 40**
3370 EXECUTIVE POINT WAY
City/State/Zip: **CARSON CITY, NV 89706-7975**
Contact/Phone: **JOHN COMPSTON 775/883-6610**
Vendor No.: **PUR0001876**
NV Business ID: **NV19901023176**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Various Agency Funds

Agency Reference #: **RFP #1979**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **3 years and 275 days**

4. Type of contract: **MSA**

Contract description: **Wiring and Cabling**

5. Purpose of contract:

This is a new contract that continues ongoing provision of repairs and installations of wiring, cabling and fiber to State agency's communications infrastructure (WCCI) and/or telephone equipment repair and installation services statewide on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: **Upon receipt of invoice, contingent upon agency approval.**

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies do not have the expertise to install communications wiring, cabling or fiber.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing capacity, technical expertise or resources to fulfill this work requirement.

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):

[Empty box for vendor names]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 1979, and in accordance with NRS 333, the selected vendor was the highest scoring vendor for Northern Nevada as determined by an independently appointed evaluation committee.

d. Last bid date: 08/20/2012 Anticipated re-bid date: 08/20/2016

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 maintained a contract with the Purchasing Division, Enterprise Information Technology Division and other state agencies since the first contract was awarded in December 2007. Quality of services received has been more than satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	02/15/2013 17:58:34 PM
Division Approval	ktarter	02/20/2013 14:08:16 PM
Department Approval	ktarter	02/20/2013 14:08:19 PM
Contract Manager Approval	mmars1	02/20/2013 14:36:56 PM
DoIT Approval	lmuelle1	02/21/2013 07:27:52 AM
Budget Analyst Approval	csawaya	02/28/2013 16:16:47 PM
BOE Agenda Approval	sbrown	03/05/2013 09:57:31 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **13973**

Agency Name: MASTER SERVICE AGREEMENTS	Legal Entity Name: CROSS CHECK SERVICES LLC
Agency Code: MSA	Contractor Name: CROSS CHECK SERVICES LLC
Appropriation Unit: 9999 - All Categories	Address: PO BOX 3713
Is budget authority available?: Yes	City/State/Zip: OLYMPIC VALLEY, CA 96146
If "No" please explain: Not Applicable	Contact/Phone: David Mercer 530/412-0622
	Vendor No.: T27020746
	NV Business ID: NV20131054736

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: **RFP 1995**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2013**Anticipated BOE meeting date **04/2013**Retroactive? **Yes**

If "Yes", please explain

This contract was misplaced and; therefore, requires retroactive approval.3. Termination Date: **02/28/2017**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract that continues ongoing fire fuel reduction services statewide. The threat of wildfires is continuous and this contract provides for the ongoing services to reduce those threats. These services may require specialized skills, specific knowledge, special licensing/certifications, and often, specialized equipment that agencies do not have access to.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,281,250.00**Other basis for payment: **Variable by task as invoiced by contractor and approved by the State****II. JUSTIFICATION**

7. What conditions require that this work be done?

Fire fuels reduction services must be completed to reduce the risk of wildfires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fire fuel reduction services for agencies that do not have the capability to do the work and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Upon thorough review and evaluation of proposals, this vendor was accepted by the evaluation committee for award.

d. Last bid date: 08/15/2012 Anticipated re-bid date: 08/15/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Statewide March 1, 2010 through present. Quality of service is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	12/27/2012 10:34:24 AM
Division Approval	sberry	12/27/2012 10:34:27 AM
Department Approval	sberry	12/27/2012 10:34:29 AM
Contract Manager Approval	tsmit2	02/04/2013 09:53:56 AM
Budget Analyst Approval	knielsen	03/22/2013 14:04:53 PM
BOE Agenda Approval	sbrown	03/25/2013 16:13:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **14124**

Agency Name: MASTER SERVICE AGREEMENTS	Legal Entity Name: Canon USA Inc
Agency Code: MSA	Contractor Name: Canon USA Inc
Appropriation Unit: 9999 - All Categories	Address: One Canon Plaza
Is budget authority available?: Yes	City/State/Zip: Lake Success, NY 11042
If "No" please explain: Not Applicable	Contact/Phone: Mike Hurley 516-327-2613
	Vendor No.:
	NV Business ID: NV20111542654
To what State Fiscal Year(s) will the contract be charged?	2013-2015
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 % Various Agency Funds
Agency Reference #: 3031	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **04/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2014**Contract term: **1 year and 152 days**4. Type of contract: **MSA**Contract description: **Managed Print Svcs**

5. Purpose of contract:

This is a new master service agreement to provide Managed Print Services to various state agencies and political subdivisions within the State of Nevada. Managed Print Services (MPS) contracts enable efficient and cost effective use of office equipment, and provide a vehicle for a vendor to assume the management of an agency's printer and multi-function copier fleet.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

State agencies and political subdivisions may acquire the need for Print Management Services.

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 ability to provide Print Management Services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is one of six vendors chosen to provide services by the evaluation committee based on predetermined criteria and weights through a WSCA/NASPO Cooperative Solicitation process.

d. Last bid date: 03/09/2012 Anticipated re-bid date: 03/09/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	03/04/2013 07:49:39 AM
Division Approval	sberry	03/04/2013 07:49:42 AM
Department Approval	sberry	03/04/2013 08:16:15 AM
Contract Manager Approval	sberry	03/04/2013 08:16:17 AM
Budget Analyst Approval	knielsen	03/18/2013 15:03:55 PM
BOE Agenda Approval	sbrown	03/18/2013 16:54:12 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14049**

Agency Name: MASTER SERVICE AGREEMENTS	Legal Entity Name: DIVERSIFIED COMMUNICATIONS SOLUTIONS INC. LTD
Agency Code: MSA	Contractor Name: DIVERSIFIED COMMUNICATIONS SOLUTIONS INC. LTD
Appropriation Unit: 9999 - All Categories	Address: 6213 Desert Haven Rd.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89130
If "No" please explain: Not Applicable	Contact/Phone: Cheryl Hickman 7023126126
	Vendor No.: PUR0004915
	NV Business ID: NV20051671878
To what State Fiscal Year(s) will the contract be charged?	2013-2017
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 %	<input checked="" type="checkbox"/> Other funding 100.00 % Various Agency Funds
Agency Reference #: RFP #1979	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date **04/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**
 Contract term: **3 years and 275 days**

4. Type of contract: **MSA**
 Contract description: **Wiring and Cabling**

5. Purpose of contract:
This is a new contract that continues ongoing provision of repairs and installations of wiring, cabling and fiber to State agency's communications infrastructure (WCCI) and/or telephone equipment repair and installation services statewide on an as needed basis.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**
 Other basis for payment: Upon receipt of invoice, contingent upon agency approval.

II. JUSTIFICATION

7. What conditions require that this work be done?
State agencies do not have the expertise to install communications wiring, cabling or fiber.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The State does not have the staffing capacity, technical expertise or resources to fulfill this work requirement.

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 1979, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposers for the Southern Nevada region as determined by an independently appointed evaluation committee.

d. Last bid date: 08/20/2012 Anticipated re-bid date: 08/20/2016

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 maintained a contract with the Purchasing Division, Enterprise Information Technology Division and other state agencies since the first cotnrct was awarded in December 2007. Quality of services received has been more than satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	02/15/2013 17:59:37 PM
Division Approval	ktarter	02/20/2013 14:09:26 PM
Department Approval	ktarter	02/20/2013 14:09:31 PM
Contract Manager Approval	mmars1	02/20/2013 14:36:16 PM
DoIT Approval	lmuelle1	02/21/2013 07:28:48 AM
Budget Analyst Approval	knielsen	03/18/2013 14:51:08 PM
BOE Agenda Approval	sbrown	03/18/2013 16:52:39 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **14125**

Agency Name:	MASTER SERVICE AGREEMENTS	Legal Entity Name:	Xerox Corporation
Agency Code:	MSA	Contractor Name:	Xerox Corporation
Appropriation Unit:	9999 - All Categories	Address:	PO BOX 7405
Is budget authority available?:	Yes	City/State/Zip:	Pasadena, CA 91109
If "No" please explain:	Not Applicable	Contact/Phone:	Lisa Sowell 512-343-5776
		Vendor No.:	
		NV Business ID:	NV19641000454
To what State Fiscal Year(s) will the contract be charged?	2013-2015		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agency Funds

Agency Reference #: 3031

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 04/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2014**Contract term: **1 year and 152 days**4. Type of contract: **MSA**Contract description: **Managed Print Svcs**

5. Purpose of contract:

This is a new master service agreement to provide Managed Print Services to various state agencies and political subdivisions within the State of Nevada. Managed Print Services (MPS) contracts enable efficient and cost effective use of office equipment, and provide a vehicle for a vendor to assume the management of an agency's printer and multi-function copier fleet.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

State agencies and political subdivisions may acquire the need for Print Management Services.

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 ability to provide Print Management Services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is one of six vendors chosen to provide services by the evaluation committee based on predetermined criteria and weights through a WSCA/NASPO Cooperative Solicitation process.

d. Last bid date: 03/09/2012 Anticipated re-bid date: 03/09/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	03/04/2013 07:58:01 AM
Division Approval	sberry	03/04/2013 07:58:03 AM
Department Approval	sberry	03/04/2013 08:17:00 AM
Contract Manager Approval	sberry	03/04/2013 08:17:03 AM
Budget Analyst Approval	knielsen	03/18/2013 14:59:29 PM
BOE Agenda Approval	sbrown	03/18/2013 16:53:21 PM
BOE Final Approval	Pending	