

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: June 11, 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 – APPROVAL OF THE MAY 14, 2013 BOARD OF EXAMINERS’ MEETING MINUTES**

***3. 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 Corrections | 2 | \$7,156.50 |
| Total: | 2 | \$7,156.50 |

***4. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A FORMER EMPLOYEE**

A. Office of the Controller

Pursuant to NRS 284.1729, Section 1, Subsection 1-2, the Controller’s Office requests authority to contract with a former employee, on a part-time basis through the use of a temporary service, so this individual, who retired on May 24, 2013, may train the new employee on their debt collection duties in an effort to transfer knowledge without an additional loss in debt collection productivity. The contract period is upon Board of Examiner’s approval through September 30, 2013.

***5. FOR POSSIBLE ACTION – AUTHORITY TO PAY MINING CLAIM REFUNDS**

A. Department of Taxation – \$43,875

Pursuant to Senate Bill 493, Section 16.7 of the 2011 Legislature, the Department of Taxation must submit mining claim refund requests to the Board of Examiners for approval. The Department of Taxation is requesting authority to pay three refund requests totaling \$43,875. This results in a remaining balance of \$647,068 in mining claim funds eligible for reimbursement.

***6. FOR POSSIBLE ACTION – SALARY ADJUSTMENTS**

The 2011 Legislative Session made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet certain salary deficiencies for fiscal year 2013 that might be created between the appropriated money of the respective departments, commissions, and agencies and the actual cost of the personnel of those departments, commissions, and agencies that are necessary to pay for salaries. Under this legislation, the following amounts from the General Fund and/or Highway Fund are recommended:

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT | HWY FUND ADJUSTMENT |
|------|---|-------------------------|---------------------|
| 2600 | Nevada Indian Commission | \$697 | |
| 4600 | Agriculture – Predatory Animal/Rodent Control | \$2,078 | |
| | Total | \$2,775 | |

***7. FOR POSSIBLE ACTION – APPROVAL TO PAY A CASH SETTLEMENT**

Pursuant to NRS 41.037, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

A. Department of Transportation – Administration – \$400,000

The department requests settlement approval in the amount of \$400,000 to resolve a threatened inverse condemnation claim pertaining to property owned by Iovino Leasing Enterprises I, LLC. and Frank and Carmen Iovino (collectively the “Iovinos”). The Iovinos’ claim that their access at Arden Road was taken when NDOT reconstructed and widened Blue Diamond Road from Decatur Boulevard to Rainbow Boulevard.

***8. FOR POSSIBLE ACTION – NOTIFICATION OF INTENT TO FILE FOR A GRANT OR LOAN FROM THE DISASTER RELIEF ACCOUNT WHICH REQUIRES AN EXTENSION TO COLLECT DATA**

A. Department of Public Safety – Division of Emergency Management – Caughtlin Fire

Pursuant to NRS 353.2755, the City of Reno, Sierra Fire Protection District, Truckee Meadows Fire Protection District, and Washoe County are requesting additional time to allow Taxation and the Department of Administration to complete the financial review. Emergency Management respectfully requests an extension from June 1, 2013 to September 30, 2013 to allow sufficient time for the completion of the financial review for final submittal to the Board of Examiners and Interim Finance Committee.

B. Department of Public Safety – Division of Emergency Management – Washoe Drive Fire

Pursuant to NRS 353.2755, Sierra Fire Protection District and Truckee Meadows Fire Protection District are requesting additional time to allow the Division of Emergency Management, the Department of Administration, and Taxation to review the complete application and the financial review. Emergency Management respectfully requests an extension from August 1, 2013 to November 30, 2013 to allow sufficient time for the completion of the financial review for final submittal to the Board of Examiners and Interim Finance Committee.

***9. FOR POSSIBLE ACTION – REQUEST FOR GENERAL FUND ALLOCATION FROM THE INTERIM FINANCE COMMITTEE CONTINGENCY FUND**

A. Department of Health and Human Services – Director’s Office – Public Defender Office – \$46,400

Pursuant to NRS 353.268, the Public Defender Office requests an allocation of \$46,400 from the Interim Finance Contingency Fund for a salary shortfall due to leave payoffs at the end of the fiscal year.

B. Department of Education – Nutrition Education Programs - \$23,000

Pursuant to NRS 353.268, the Department of Education – Nutrition Education Programs, requests an allocation of \$23,000 from the Interim Finance Contingency Fund for a fiscal year 2012 repayment of federal Child Nutrition funds in excess of eligible expenditures that were drawn.

C. Department of Agriculture – Predatory Animal/Rodent Control - \$51,557

Pursuant to NRS 353.268, the Department of Agriculture – Predatory Animal/Rodent Control, requests an allocation of \$51,557 from the Interim Finance Contingency Fund for a salary shortfall due to a leave payoff. Additionally salaries projected to be paid with a transfer from the Department of Wildlife were not fully achieved because the projected work to be done did not occur.

***10. FOR POSSIBLE ACTION – LEASES**

| BOE # | LESSEE | LESSOR | AMOUNT |
|-------|---|---------------------------------|--------------|
| 1. | Department of Health and Human Services – Health Division – Bureau of Health Care Quality and Compliance – Radiation Control Program (Carson City) | Bowers Family Investments, LLC. | \$164,137.53 |
| | 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 Health and Human Services – Health Division – Bureau of Health Care Quality and Compliance – Radiation Control Program. Term of Lease: 07/01/2013 – 07/31/2016 | | |
| 2. | Department of Health and Human Services – Division of Welfare and Supportive Services (Las Vegas) | Capital Asset Management | \$4,375,620 |
| | Lease Description: This is a new location that has been negotiated to house the Department of Health and Human Services – Division of Welfare and Supportive Services. Term of Lease: 09/01/2013 – 10/01/2023 | | |
| 3. | Nevada Board for the Regulation of Liquefied Petroleum Gas (Carson City) | Darrell R. Warner | \$48,533.81 |
| | Lease Description: This is an extension of an existing lease and an addition to current facilities which has been negotiated to house the Nevada Board for the Regulation of Liquefied Petroleum Gas. Term of Lease: 07/01/2013 – 04/30/2017 | | |

***11. FOR POSSIBLE ACTION – CONTRACTS**

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|---|-------------------------|-----------|---|
| 1. | 010 | GOVERNOR'S OFFICE - GOVERNOR'S WASHINGTON DC OFFICE | MCGINNESS, RYAN DBA DISTRICT STRATEGIES, LLC. | OTHER: AGENCY TRANSFERS | \$772,122 | |
| | Contract Description: | This is the first amendment to the original contract which continues ongoing service to the Governor as an advocate and representative for the State of Nevada in his Washington, D.C. Office, responsible for identifying, monitoring, and providing information on selected federal issue of priority. This amendment extends the termination date from June 30, 2013 to June 30, 2016 and increases the maximum amount from \$432,388.16 to \$1,204,510.28 due to the extended termination date. | | | | |
| | | Term of Contract: | 10/01/2011 - 06/30/2016 | Contract # 12578 | | |
| 2. | 030 | ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE FUND | LEGAL WINGS, INC. | GENERAL | \$20,000 | |
| | Contract Description: | This is the first amendment to the original contract, which continues ongoing messenger service in the Southern Nevada area. The contract provides for the delivery of legal documents to courts, law offices, etc. and files legal documents in the various courts. The vendor will also serve summons, subpoenas and other documents. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$20,000 to \$40,000 due to a continued need for these services. | | | | |
| | | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 12308 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|--------------------------------|---|-----------|---|
| 3. | 030 | ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE FUND | PACER SERVICE CENTER | GENERAL 54% OTHER: CHARGES FOR SERVICES 46% | \$40,000 | |
| | Contract Description: | This is a new provider agreement that continues an ongoing direct link to on-line Federal electronic court documents. The documents are used in the daily activities of the Office of the Attorney General. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14389 | | |
| 4. | 030 | ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE FUND | RENO CARSON MESSENGER SERVICE | GENERAL | \$30,000 | |
| | Contract Description: | This is the first amendment to the original contract, which continues ongoing legal messenger services. The vendor will deliver legal documents to courts, law offices, etc. and file legal documents in the various courts. They will also serve summons, subpoenas and other documents. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$40,000 to \$70,000 due to a continued need for these services. | | | | |
| | | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 12300 | | |
| 5. | 030 | ATTORNEY GENERAL'S OFFICE - SPECIAL FUND | JOHN SWAIN | GENERAL | \$25,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide the services of an expert witness testimony in a lawsuit filed against the State of Nevada; specifically, Southern California Edison v The Nevada Department of Taxation. | | | | |
| | | Term of Contract: | 04/22/2013 - 12/31/2013 | Contract # 14384 | | |
| 6. | 030 | ATTORNEY GENERAL'S OFFICE - SPECIAL FUND | KLEIN & ASSOCIATES, LLC. | GENERAL | \$10,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is the second amendment to the original contract, which continues ongoing expert witness services to review and analyze documents, consult with prosecutors in preparation of an upcoming trial and appear at the trial. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$9,999 to \$19,999 due to the continued need for these services. | | | | |
| | | Term of Contract: | 08/24/2011 - 06/30/2014 | Contract # 12746 | | |
| 7. | 030 | ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE | CARSON CITY SHERIFF'S OFFICE | FEE: REVENUE CONTRACT FOR COST SHARING OF THE VINE SYSTEM | \$10,000 | |
| | Contract Description: | This is a new revenue interlocal contract to provide for the newly implemented Automated Victim Information and Notification System. The public safety entities that utilize this system will cost share with the Office of the Attorney General. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14399 | | |
| 8. | 030 | ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE | WASHOE COUNTY SHERIFF'S OFFICE | FEE: REVENUE CONTRACT FOR COST SHARING OF VINE SYSTEM | \$100,000 | |
| | Contract Description: | This is a new revenue interlocal contract to provide for the newly implemented Automated Victim Information and Notification System. The public safety entities that utilize this system will cost share with the Office of the Attorney General. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14395 | | |
| 9. | 030 | ATTORNEY GENERAL'S OFFICE - TORT CLAIM FUND | CASEY, NEILON & ASSOCIATES | OTHER: INSURANCE PREMIUM TRUST FUND | \$50,000 | |
| | Contract Description: | This is the first amendment to the original contract, which continues ongoing completion of the annual financial statement audit of the Insurance Premium Trust Fund. The audit incorporates planning, fieldwork, completion and evaluation, and financial statement preparation and review phases. These phases include an evaluation of risk assessment procedures, document review, legal response evaluation, and finalizing financial statements. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$50,000 to \$100,000. | | | | |
| | | Term of Contract: | 07/12/2011 - 06/30/2015 | Contract # 12329 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|--------------------------------|------------------------------|-----------|---|
| 10. | 040 | SECRETARY OF STATE'S OFFICE | HIGH DESERT MICROIMAGING, INC. | GENERAL | \$43,718 | |
| | Contract Description: | This is a new contract to provide maintenance for thirty scanners owned by the Secretary of State for use with the eSOS Corporate Filing System. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14397 | | |
| 11. | 040 | SECRETARY OF STATE'S OFFICE | SUMMIT GROUP SOFTWARE, INC. | GENERAL | \$13,300 | |
| | Contract Description: | This is a new contract to provide remote and onsite support and training for the Microsoft Dynamics Great Plains System used as the accounting and business management software. The contractor will install the upgraded version, which includes backup data, update databases, reports dictionary, integrations and customizations plus up to 5 days of onsite training. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2013 | Contract # 14377 | | |
| 12. | 040 | SECRETARY OF STATE - STATE BUSINESS PORTAL | PAUL CHALEKIAN | GENERAL | \$8,700 | |
| | Contract Description: | This is the first amendment to the original contract, which provides consultation to prospective local government agencies who are interested in participating in the Nevada State Portal online system. This amendment increases the maximum dollar amount from \$9,950 to \$18,650 due to an increase of 174 hours in needed services. | | | | |
| | | Term of Contract: | 04/25/2013 - 06/30/2013 | Contract # 14328 | | |
| 13. | 050 | TREASURER'S OFFICE - BOND INTEREST & REDEMPTION | ARBITRAGE COMPLIANCE | OTHER: RESERVES | \$96,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is the third amendment to the original contract, which provides arbitrage compliance services to assist the state in complying with the Internal Revenue Service's rules and regulations regarding arbitrage. This amendment transfers and assigns the contract to the Nevada State Treasurer's Office, extends the termination date from June 30, 2013 to June 30, 2014, revises Attachment AA - Scope of Work, and increases the maximum amount from \$41,390 to \$137,390 due to the revised scope of work and extension. | | | | |
| | | Term of Contract: | 09/14/2012 - 06/30/2014 | Contract # 13684 | | |
| 14. | 051 | TREASURER'S OFFICE - COLLEGE SAVINGS TRUST | ERNST & YOUNG, LLP. | OTHER: ENDOWMENT ACCOUNT | \$118,125 | EXEMPT |
| | Contract Description: | This is a new contract to perform services to conduct an audit of certain financial information and a review of agreed upon procedures of Upromise Investments. The College Savings Board's program management agreement with Upromise allows the State to audit Upromise upon notification to Upromise. Upromise administers over \$8 billion in assets for three of Nevada's college savings plans. This review is the first in many years. The scope of the review will allow the State to verify that Upromise is complying with industry and regulatory standards in the processing and accounting of college savings account owners' monies, preparing proper invoicing to the State of various expenses, documenting financial transfers and proper cost reimbursement by Upromise in the administration of these programs among a number of items. A periodic review of this kind is important in the course of the College Savings Boards' fiduciary responsibilities. | | | | |
| | | Term of Contract: | 06/11/2013 - 06/30/2014 | Contract # 14444 | | |
| 15. | 070 | DEPARTMENT OF ADMINISTRATION - DIVISION OF HUMAN RESOURCE MANAGEMENT | OASIS CONSULTING SERVICES | OTHER: PERSONNEL ASSESSMENTS | \$116,618 | SOLE SOURCE |
| | Contract Description: | This is the second amendment to the original contract, which continues ongoing delivery of classroom instruction for the Nevada Certified Public Manager Program for Levels I-IV including Capstone Project Coaching and Evaluation. This amendment extends the termination date from June 30, 2013 to December 31, 2014 and increases the maximum amount from \$231,660 to \$345,278 due to the continued need for these services. | | | | |
| | | Term of Contract: | 01/12/2010 - 12/31/2014 | Contract # 10332 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|--|----------------------------------|--------------------------------|----------|---|
| 16. | 082 | DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS | AMERICAN SIGN & CRANE SRVC, INC. | FEE: BUILDING RENT INCOME FEES | \$20,000 | |
| | | Contract Description: This is a new contract that continues ongoing crane services for Northern Nevada, for use on an as needed basis and at the request and approval of a Buildings and Grounds designee. | | | | |
| | | Term of Contract: | Upon Approval - 02/28/2017 | Contract # 14284 | | |
| 17. | 082 | DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS | BOMBARD ELECTRICAL, LLC. | FEE: BUILDING RENT INCOME FEES | \$50,000 | |
| | | Contract Description: This is a new contract that continues ongoing electrical services, maintenance and repair of various state buildings in the Las Vegas area, on an as needed basis and at the written request of a Buildings and Grounds designee. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2014 | Contract # 14180 | | |
| 18. | 082 | DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS | CARSON VALLEY TREE CARE | FEE: BUILDING RENT INCOME FEES | \$20,000 | |
| | | Contract Description: This is a new contract which continues ongoing arborist services and associated heavy equipment operations for various state buildings in Northern Nevada on an as needed basis and at the written request and approval of a Buildings and Grounds designee. | | | | |
| | | Term of Contract: | Upon Approval - 03/31/2017 | Contract # 14199 | | |
| 19. | 082 | DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS | FULLERTON'S FLOOR COVERING | FEE: BUILDING RENT INCOME FEES | \$90,000 | |
| | | Contract Description: This is a new contract to provide ongoing floor covering service for large flooring and carpeting projects in the Las Vegas area on an as needed basis. | | | | |
| | | Term of Contract: | Upon Approval - 07/31/2017 | Contract # 14359 | | |
| 20. | 082 | DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS | NEVADA YAMAS CONTROLS, INC. | FEE: BUILDING RENT INCOME FEES | \$25,000 | EXEMPT |
| | | Contract Description: This is a new contract to provide ongoing maintenance and repair of electronic digital controls for the heating and air conditioning support systems for various state buildings in Northern Nevada, for use as needed and at the written request and approval of a Buildings and Grounds designee. | | | | |
| | | Term of Contract: | Upon Approval - 04/30/2017 | Contract # 14290 | | |

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|-------|--------|---|--|--|-------------|---|
| 21. | 082 | DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS | PIERROTT, ANA | FEE: BUILDING RENT INCOME FEES | \$18,432 | |
| | | Contract Description: | This is the third amendment to the original contract, which continues ongoing janitorial services for the Department of Motor Vehicles, 305 Galletti Way, Reno, Nevada. This amendment extends the termination date from June 30, 2013 to October 31, 2013 and increases the maximum amount from \$28,758.83 to \$47,190.83 due to additional time needed for a formal solicitation. | | | |
| | | Term of Contract: | 02/11/2013 - 10/31/2013 | Contract # 14040 | | |
| 22. | 082 | DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS - MARLETTE LAKE WATER SYS-Non-Exec | BLACK EAGLE CONSULTING, INC. | GENERAL | (\$32,845) | PROFESSIONAL SERVICE |
| | | Contract Description: | This is the first amendment to the original contract, which provides materials testing and special inspection services for the Sawmill Canyon Pipeline Project, Marlette-Hobart Water System; Project No. 11-A010; Contract No. 28415. This amendment decreases the maximum amount from \$44,300 to \$11,455 due to credit for time and construction material testing and inspection services that were not utilized. | | | |
| | | Term of Contract: | 05/08/2012 - 06/30/2015 | Contract # 13323 | | |
| 23. | 082 | DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION - DEPT OF CORRECTIONS 2011 CIP PROJECTS | HARRIS CONSULTING ENGINEERS | OTHER: TRANSFER FROM CAPITAL PROJECTS FUND | \$16,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to ongoing provide professional architectural/engineering services for the heating system renovation - Prison Industries Building and Warehouse, Southern Desert Correctional Center, Project No. 11-C01; Contract No. 76721. | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14446 | | |
| 24. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - 2005 MILITARY CIP PROJECTS - LVRC-NON-EXEC | GANTHNER MELBY, LLC. | BONDS 31% FEDERAL 69% | (\$168,546) | PROFESSIONAL SERVICE |
| | | Contract Description: | This is the fifth amendment to the original contract, which provides professional architectural/engineering services for the Civil Support Teams/Weapons of Mass Destruction Readiness Center; Project No. 07-C27; Contract No. 4505. This amendment decreases the maximum amount from \$753,254.25 to \$584,708.49 in order to receive credit toward the remaining fees from the original executed professional services agreement. The project is being cancelled in the 2013 Capital Improvement Program because of non-availability of federal funding at this time. | | | |
| | | Term of Contract: | 07/14/2009 - 06/30/2013 | Contract # CONV6563 | | |

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|-------|------------------------------|--|-------------------------------|--|-----------|---|
| 25. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - 2005 MILITARY CIP PROJECTS - LVRC-NON-EXEC | TERRACON CONSULTANTS, INC. | BONDS 4% OTHER: TRANSFER FROM CAPITAL PROJECTS FUND 5% FEDERAL 91% | \$11,775 | PROFESSIONAL SERVICE |
| | Contract Description: | This is the second amendment to the original contract, which provides professional miscellaneous services for the Nevada Army National Guard Field Maintenance shop and the Civil Support Team/Weapons of Mass Destruction Readiness Center Civil site improvements; Project no. 09-C13; Contract No. 15935. This amendment increases the maximum amount from \$88,065 to \$99,840 due to the consultant's request for an increase of the authorized budget for materials testing and inspection services. | | | | |
| | | Term of Contract: | 01/10/2012 - 06/30/2013 | Contract # 12892 | | |
| 26. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | BLACK EAGLE CONSULTING, INC. | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide ongoing professional geotechnical investigation services as required. SPWD Contract No. 74271. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14320 | | |
| 27. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | BLAKELY JOHNSON & GHUSN, INC. | OTHER: VARIES DEPENDING ON PROJECT | \$50,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide ongoing structural plan checking services as required. SPWD Contract No. 73025. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14311 | | |
| 28. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | CONSTRUCTION MATERIALS | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide ongoing professional geotechnical investigation services as required. SPWD Contract No. 74275. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14439 | | |
| 29. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | CONSTRUCTION MATERIALS | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide ongoing professional materials testing and inspection services as required. SPWD Contract No. 72696. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14440 | | |
| 30. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | DG KOCH ASSOCIATES, LLC. | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide ongoing professional mechanical plan checking services as required. SPWD Contract No. 75638. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14447 | | |

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|-------|--------|--|--|------------------------------------|-----------|---|
| 31. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | FERRARI SHIELDS & ASSOCIATES | OTHER: VARIES DEPENDING ON PROJECT | \$50,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing structural plan checking services as required. SPWD Contract No. 73026. | | | |
| 32. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | GEOTECHNICAL & ENVIRONMENTAL | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional materials testing and inspection plan checking services as required. SPWD Contract No. 72690. | | | |
| 33. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | GEOTECHNICAL & ENVIRONMENTAL | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing geotechnical investigation services as required. SPWD Contract No. 74270. | | | |
| 34. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | JBA CONSULTING ENGINEERS, INC. | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing mechanical/electrical plan checking services as required. SPWD Contract No. 75635. | | | |
| 35. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | JOHN A. MARTIN & ASSOCIATES OF | OTHER: VARIES DEPENDING ON PROJECT | \$50,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional structural plan checking services as required. SPWD Contract No. 73022. | | | |
| 36. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | LUMOS & ASSOCIATES | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing materials testing and inspection plan checking services as required. SPWD Contract No. 72691. | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14317 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|--|---|------------------------------------|-----------|---|
| 37. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | LUMOS & ASSOCIATES | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing geotechnical investigation services as required. SPWD Contract No. 74272. | | | |
| 38. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | MELROY ENGINEERING, INC. DBA MSA ENGINEERING CONSULTANTS | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing electrical plan checking services as required. SPWD Contract No. 75641. | | | |
| 39. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | NINYO & MOORE | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | EXEMPT |
| | | Contract Description: | This is a new contract to provide ongoing materials testing and inspection plan checking services as required. SPWD Contract No. 72692. | | | |
| 40. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | NINYO & MOORE | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional geotechnical investigation services as required. SPWD Contract No. 74273. | | | |
| 41. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | PETTY & ASSOCIATES, INC. | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional mechanical plan checking services as required. SPWD Contract No. 75639. | | | |
| 42. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | PURCELL KROB ELECTRICAL PROF | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing electrical plan checking services as required. SPWD Contract No. 756450. | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14450 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|--|---|------------------------------------|-----------|---|
| 43. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | R2H ENGINEERING, INC. | OTHER: VARIES DEPENDING ON PROJECT | \$50,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional structural plan checking services as required. SPWD Contract No. 73027. | | | |
| 44. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | ROUNDS ENGINEERING LTD. DBA CR ENGINEERING | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional mechanical plan checking services as required. SPWD Contract No. 75637. | | | |
| 45. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | TERRACON CONSULTANTS, INC. | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional materials testing and inspection services as required. SPWD Contract No. 74277. | | | |
| 46. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | WESTERN TECHNOLOGIES, INC. | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional materials testing and inspection services as required. SPWD Contract No. 72694. | | | |
| 47. | 082 | DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts | WESTERN TECHNOLOGIES, INC. | OTHER: VARIES DEPENDING ON PROJECT | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: | This is a new contract to provide ongoing professional geotechnical investigation services as required. SPWD Contract No. 74274. | | | |
| 48. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | AVIAREPS TOURISM GMBH | OTHER: LODGING TAX | \$120,000 | EXEMPT |
| | | Contract Description: | This is the third amendment to the original contract, which provides international representation for the Nevada Commission on Tourism in Germany and France. Service in both countries includes market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$270,000 to \$390,000 to extend both Germany and France representation for another year. | | | |
| | | Term of Contract: | 07/13/2010 - 06/30/2014 | Contract # | 11290 | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---------------------------------|---|-------------|---|
| 49. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | ADNOVA COMUNICACION ESTRATEGICA | OTHER: LODGING TAX | \$60,000 | EXEMPT |
| | Contract Description: | This is the third amendment to the original contract, which provides international representation for the Nevada Commission on Tourism in Mexico. The services include placing stories with the media, maintaining a foreign website, conducting sales missions, organizing familiarization tours, expanding tour product to tour operators, media planning and buying, developing foreign brochures, and providing quarterly progress reports. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$180,000 to \$240,000 to continue the international representation in Mexico for an additional year. | | | | |
| | | Term of Contract: | 07/13/2010 - 06/30/2014 | Contract # 11287 | | |
| 50. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | GATE 7 PTY LTD. | OTHER: LODGING TAX | \$60,000 | EXEMPT |
| | Contract Description: | This is the first amendment to the original contract to provide international representation for the Nevada Commission on Tourism in Australia. The services include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$90,000 to \$150,000 to continue the international representation in Australia for an additional year. | | | | |
| | | Term of Contract: | 02/14/2012 - 06/30/2014 | Contract # 13013 | | |
| 51. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | HILLS BALFOUR SYNERGY | OTHER: LODGING TAX | \$60,000 | EXEMPT |
| | Contract Description: | This is the third amendment to the original contract, which provides international representation for the Nevada Commission on Tourism in the United Kingdom. The services include placing stories with the media; maintaining a foreign website; conducting sales missions; organizing familiarization tours; expanding tour product to tour operators; media planning and buying; developing foreign brochures; and providing quarterly progress reports. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$180,000 to \$240,000 to continue the international representation in the United Kingdom for an additional year. | | | | |
| | | Term of Contract: | 07/13/2010 - 06/30/2014 | Contract # 11288 | | |
| 52. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | INTERAMERICAN NETWORK | OTHER: LODGING TAX | \$60,000 | EXEMPT |
| | Contract Description: | This is the first amendment to the original contract to provide international representation for the Nevada Commission on Tourism in Brazil. The services include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$90,000 to \$150,000 to continue the international representation in Brazil for an additional year. | | | | |
| | | Term of Contract: | 02/14/2012 - 06/30/2014 | Contract # 13014 | | |
| 53. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | MAILING SYSTEMS, INC. | OTHER: TOURISM LODGING TAX & NEVADA MAGAZINE EARNED REVENUE | \$1,515,231 | |
| | Contract Description: | This is a new contract to provide 24 hour 7 days a week call center to receive inbound domestic and Canadian phone calls, including Live Chat online and to process and ship domestic and Canadian requests for literature (including Nevada Visitors Guide, State Highway map, Nevada State Parks brochure) from potential Nevada visitors. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14353 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|---|-----------------------|-----------|---|
| 54. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | NCOT BEIJING OFF/CHEN, HONGXIA | OTHER: LODGING TAX | \$446,000 | SOLE SOURCE |
| | Contract Description: | This is the second amendment to the original contract to maintain operation of a representative office for the State of Nevada, Nevada Commission on Tourism in the People's Republic of China, which helps increase the Chinese visitor volume to Nevada. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$342,575 to \$788,575 for continued representation in China. | | | | |
| | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 12224 | | | |
| 55. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | RUF CORPORATION DBA RUF STRATEGIC SOLUTIONS | OTHER: LODGING TAX | \$783,200 | |
| | Contract Description: | This is a new contract to provide marketing campaign effectiveness, manage ongoing communications with consumers, provide insights to consumer demographics and lifestyles, track collateral fulfillment operations and combine metrics from marketing, fulfillment and third party sources into a comprehensive portal. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14327 | | | |
| 56. | 101 | COMMISSION ON TOURISM - TOURISM DEVELOPMENT FUND | TAMS, INC. (CONNECT-WORLDWIDE KOREA) | OTHER: LODGING TAX | \$60,000 | EXEMPT |
| | Contract Description: | This is the first amendment to the original contract, which provides international representation for the Nevada Commission on Tourism in South Korea. The services include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$90,000 to \$150,000 to continue the international representation in South Korea for an additional year. | | | | |
| | Term of Contract: | 02/14/2012 - 06/30/2014 | Contract # 13015 | | | |
| 57. | 101 | COMMISSION ON TOURISM - NEVADA MAGAZINE | LUCA, JOE | OTHER: EARNED REVENUE | \$16,800 | |
| | Contract Description: | This is the first amendment to the original contract, which provides services for magazine newsstand placement and sales nationwide. Services provided include research and reporting of industry trends; regular visits to national wholesalers to develop and maintain personal contacts and awareness; analyze sales with wholesalers and selling outlets to determine appropriate draw per issue; negotiate special rack space trade outs; inform Nevada Magazine of special promotions with various selling outlets and negotiate promotion fees; inform Nevada Magazine of new distribution options and negotiate wholesaler discounts. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$10,800 to \$27,600 due to the continued need for newsstand placement. The amendment also revises the scope of work to include Nevada's Historical Calendar placement in statewide Costco stores with a commission payment of \$0.50 per calendar sold. | | | | |
| | Term of Contract: | 07/12/2011 - 06/30/2015 | Contract # 12295 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---|---|-----------|---|
| 58. | 102 | COMMISSION ON ECONOMIC DEVELOPMENT - NEVADA SSBCI PROGRAM | BOARD OF REGENTS-UNR | OTHER: US TREASURY'S STATE SMALL BUSINESS CREDIT INITIATIVE GRANT | \$460,000 | SOLE SOURCE |
| | Contract Description: | This is a new contract to create a partnership with the Nevada System of Higher Education's Nevada Small Business Development Center (NSBDC/UNR) to administer one component of the U.S. Treasury Department's State Small Business Credit Initiative (SSBCI) program. Nevada has been allocated \$13.8 million for the SSBCI, which provides micro-loans, collateral support, and upon approval of Nevada's application by the Treasury; the program will provide venture capital to Nevada entrepreneurs and small businesses. The Treasury is currently reviewing Nevada's venture capital proposal. This contract is for the day-to-day administration of the venture capital program component, known as "Battle Born Growth Escalator", which the state has requested to receive \$5 million of the SSBCI award. NSBDC/UNR will be paid \$460,000 to manage, using a contractor, the day-to-day operations of the Battle Born Growth Escalator. | | | | |
| | Term of Contract: | Upon Approval - 05/13/2017 | Contract # 14278 | | | |
| 59. | 102 | GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | FERRARO GROUP, THE | GENERAL | \$201,600 | |
| | Contract Description: | This contract is a new contract to provide public relations services to the Governor's Office of Economic Development (GOED) by studying GOED's mission, executing approved public relations tactics, providing direction & consultation and identifying trends and advising on public relations strategies. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14448 | | | |
| 60. | 130 | DEPARTMENT OF TAXATION | BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION | GENERAL 42% FEE: JUSTICE COURT FEES 58% | \$372,372 | EXEMPT |
| | Contract Description: | This is a new interlocal agreement to provide population estimates of each town, township, city and county in this State using the services of demographer pursuant to Nevada Revised Statute 360.283. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14354 | | | |
| 61. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - COMPUTER FACILITY | INTERNATIONAL BUSINESS MCHNS | FEE: FACILITY FEES | \$25,000 | |
| | Contract Description: | This is a new contract to provide up to 100 hours of service for project assistance. IBM requires services on IBM equipment be performed by IBM personnel. | | | | |
| | Term of Contract: | Upon Approval - 05/31/2015 | Contract # 14296 | | | |
| 62. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - COMPUTER FACILITY | NEVADA ENERGY SYSTEMS, INC. | FEE: USER FEES | \$25,000 | |
| | Contract Description: | This is a new contract that continues ongoing service and repair on an as-needed basis for the Generator Set at the EITS Computer Facility. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14370 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|---|--|----------------|-----------|---|
| 63. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | BOARD OF REGENTS-UNR | OTHER: REVENUE | \$24,398 | |
| | | Contract Description: This is a new revenue contract for continuing 3 rack space rentals at Angel Peak (Clark Co), Fairview Peak (Churchill Co) and Sober Peak (Nye Co) for the UNR Seismology Department. Term of Contract: 07/01/2013 - 06/30/2017 Contract # 14362 | | | | |
| 64. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | COMMNET OF NEVADA, LLC. | OTHER: REVENUE | \$82,572 | |
| | | Contract Description: This is a new contract for continuing services with Commnet of Nevada, LLC for 3 rack spaces and 2 DS1 circuits at Prospect Peak in Eureka County. Term of Contract: 07/01/2013 - 06/30/2017 Contract # 14298 | | | | |
| 65. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | COMMNET OF NEVADA, LLC. | OTHER: REVENUE | \$82,572 | |
| | | Contract Description: This is a new revenue contract for continuing services for Commnet of Nevada, LLC. for 3 rack spaces and 2 DS1 circuits at Austin Summit in Lander County. Term of Contract: 07/01/2013 - 06/30/2017 Contract # 14299 | | | | |
| 66. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | FSI ENERGY SERVICES | OTHER: REVENUE | \$313,305 | |
| | | Contract Description: This is a new contract to continue to provide new rectifiers to replace end of life units at all the mountain top microwave sites throughout the State of Nevada. Phase 1 of the project was completed last year and this contract will cover Phase II and Phase III, which will bring all rectifiers up to standards needed for Public Safety communications. Term of Contract: 06/11/2013 - 06/30/2014 Contract # 14403 | | | | |
| 67. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | NAVAL FACILITIES ENGINEERING COMMAND SOUTHWEST | OTHER: REVENUE | \$17,000 | |
| | | Contract Description: This is the second amendment to the original revenue contract, which provides for continued 7 rack space rentals at Austin Summit in Lander County. This amendment increases the maximum amount from \$27,158.74 to \$41,390.65 and extends the termination date from June 30, 2013, to June 30, 2014, to continue public safety communications at the EITS microwave site. Term of Contract: 07/01/2011 - 06/30/2014 Contract # 12715 | | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|---|---------------------|----------|---|
| 68. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | NEW CINGULAR WIRELESS PCS, LLC. | OTHER: REVENUE | \$24,398 | |
| | Contract Description: | This is the first amendment to the original revenue contract, which provides continued rack space rental at Penn Hill in Elko County for New Cingular Wireless. This amendment extends the contract termination date from June 30, 2013, to June 30, 2015, and increases the maximum amount from \$22,652.28 to \$47,049.84 to continue rack space rental for New Cingular Wireless. | | | | |
| | | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 11955 | | |
| 69. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | SOUTHERN NEVADA AREA COMMUNICATIONS COUNCIL (SNACC) | OTHER: REVENUE | \$24,398 | |
| | Contract Description: | This is a new interlocal revenue contract that continues rack space services at Apex Peak in Clark County for the Southern Nevada Area Communications Council. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14391 | | |
| 70. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | SPRINT COMMUNICATIONS | OTHER: REVENUE | \$4,066 | |
| | Contract Description: | This is the second amendment to the original revenue contract which provides for one rack space at Winnemucca Mountain with Sprint. This amendment extends the termination from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$7,537.11 to \$11,603.37. | | | | |
| | | Term of Contract: | 07/01/2009 - 06/30/2015 | Contract # CONV6629 | | |
| 71. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES | WESTNET NEVADA, LLC. | OTHER: REVENUE | \$24,398 | |
| | Contract Description: | This is a new revenue contract for continuing services for Westnet Nevada, LLC. for 3 rack spaces at McClellan Peak in Washoe County. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14297 | | |
| 72. | 182 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - FACILITY MANAGEMENT - COMPUTING | CPS NEVADA, LLC. | FEE: | \$20,000 | |
| | Contract Description: | This is the third amendment to the original contract, which continues ongoing maintenance service at the Enterprise Information Technology Service's Uninterruptable Power Supply (UPS) system located at the Computer Facility. This amendment increases the maximum amount from \$19,990 to \$39,990 due to a continued need for this service. | | | | |
| | | Term of Contract: | 07/01/2010 - 06/30/2014 | Contract # 11178 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|------------------------------|--|-----------|---|
| 73. | 182 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - COMPUTER FACILITY | FAAD JANITORIAL, INC. | FEE: COMPUTER FACILITY FEES | \$10,977 | |
| | Contract Description: | This is the third amendment to the original contract, which continues ongoing full-time janitorial services for the Computer Facility located at 575 East Third Street, Carson City, Nevada. This amendment extends the termination date from June 30, 2013, to November 30, 2013, and increases the maximum amount of the contract from \$108,862.05 to \$119,838.65 to allow time for a formal solicitation to be completed. | | | | |
| | | Term of Contract: | 07/01/2009 - 11/30/2013 | Contract # CONV6369 | | |
| 74. | 187 | DEPARTMENT OF INFORMATION TECHNOLOGY - NETWORK TRANSPORT SERVICES | SOUTHWEST GAS CORP. | OTHER: REVENUE | \$12,199 | |
| | Contract Description: | This is the second amendment to the original revenue contract, which provides for rack spaces at Pennsylvania Hill, Toulon Peak and Fairview Peak. This amendment extends the termination date from June 30, 2013, to June 30, 2015, and increases the maximum amount of the contract from \$22,611.33 to \$34,810.11 to cover the entire contract term. | | | | |
| | | Term of Contract: | 07/01/2009 - 06/30/2015 | Contract # 10020 | | |
| 75. | 240 | OFFICE OF VETERANS SERVICES - VETERANS' HOME ACCOUNT | JOHNSON CONTROLS, INC. | OTHER: 50% VA REIMBURSEMENTS - 50% PATIENT COLLECTIONS | \$26,705 | |
| | Contract Description: | This is the first amendment to the original contract to provide ongoing maintenance service on air conditioning equipment and vacuum systems for the Nevada State Veterans Home. This amendment extends termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$24,999 to \$51,704 to cover the cost of needed services over the extended period. | | | | |
| | | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 12156 | | |
| 76. | 300 | DEPARTMENT OF EDUCATION - PROFICIENCY TESTING | HARLAND TECHNOLOGY SERVICES | GENERAL | \$50,066 | SOLE SOURCE |
| | Contract Description: | This is a new contract with Harland Technology Services to renew the 5000i scanner maintenance agreement. This is to maintain in good condition the scanning and computer related equipment described in the agreement and any additional supplemental equipment schedules in the event of equipment failure. | | | | |
| | | Term of Contract: | 10/14/2012 - 06/30/2015 | Contract # 14282 | | |
| 77. | 300 | DEPARTMENT OF EDUCATION - ELEMENTARY & SECONDARY EDUCATION - TITLE I | UNIVERSITY OF WISCONSIN WIDA | FEDERAL | \$426,308 | |
| | Contract Description: | This is the first amendment to the original contract for testing year and fiscal year 2013 and specifies: (A) the Nevada Department of Education (NDE) cost share is \$5.00 per student for each student tested with the English language proficiency assessment ACCESS for English Language Learners (ELL), not to exceed 75,000 students; (B) technical assistance for a Bridge Study; and (C) technical assistance for the Determination of Annual Measurable Achievement Objectives. This amendment increases the maximum from \$0 to \$426,308 to update the entity paying the cost per test to the Department of Education and add funding for technical assistance. | | | | |
| | | Term of Contract: | 05/10/2013 - 06/20/2015 | Contract # 14460 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|---|---------------------------------|-------------|---|
| 78. | 331 | TOURISM - MUSEUMS AND HISTORY - STATE RAILROAD MUSEUMS | WHITE PINE HISTORICAL RAILROAD | OTHER: ADMISSION CHARGES | \$10,000 | |
| | Contract Description: | This is a new revenue contract between the Nevada State Railroad Museum in East Ely, the White Pine Historical Railroad Foundation, and the City of Ely to share revenue earned through general admission charges at the Nevada Northern Railway Historical Railroad Museum. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14455 | | |
| 79. | 400 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - PROBLEM GAMBLING | BOARD OF REGENTS, NSHE | OTHER: SLOT TAX | \$100,000 | SOLE SOURCE |
| | Contract Description: | This is an amendment to the original interlocal agreement to conduct research and collect and report on data relating to state-funded problem gambling treatment programs. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$66,172 to \$166,172. In addition, this amendment increases the scope of work to reinstate long-term evaluation activities that were suspended during periods of funding reductions. | | | | |
| | | Term of Contract: | 07/01/2012 - 06/30/2014 | Contract # 13558 | | |
| 80. | 400 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - PROBLEM GAMBLING | PROBLEM GAMBLING SOLUTIONS | OTHER: SLOT TAX | \$40,000 | SOLE SOURCE |
| | Contract Description: | This is an amendment to the original contract, which provides technical assistance in the continued development of tools and procedures needed to administer the implementation of the strategic plan for problem gambling. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$33,487 to \$73,487. In addition, the scope of work has been revised to include the reintroduction of a prevention strategic plan. | | | | |
| | | Term of Contract: | 07/01/2012 - 06/30/2014 | Contract # 13557 | | |
| 81. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING SERVICES - COMMUNITY BASED SERVICES | PCG PUBLIC PARTNERS, LLC. | OTHER: TOBACCO SETTLEMENT FUNDS | \$8,500,000 | |
| | Contract Description: | This is a new contract that continues ongoing financial management services in support of the Autism program. The program provides in-home behavioral therapy which helps to minimize the symptoms of Autism. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2016 | Contract # 14468 | | |
| 82. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM | WASHOE COUNTY FOR/ON BEHALF OF WASHOE COUNTY JUVENILE SERVICE | OTHER: COUNTY/FEDERAL MATCH | \$160,000 | |
| | Contract Description: | This is the first amendment to the original interlocal agreement to obtain and pass through new Title XIX and Title XXI federal funding for Targeted Case Management (TCM) to Washoe County Juvenile Services. This amendment revises language in Attachment A for TCM, incorporates new language for administrative services, and increases the maximum amount \$.01 to \$160,000 due to new administrative claims. Administrative services shall be effective retroactively to July 1, 2012. | | | | |
| | | Term of Contract: | 10/01/2009 - 09/30/2014 | Contract # 10257 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES | |
|-------|--------|---|--|--|--------------|---|--|
| 83. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION | CLARK COUNTY ON BEHALF OF CLARK COUNTY JUVENILE JUSTICE SERVICES | FEDERAL | \$400,000 | | |
| | | Contract Description: | This is the first amendment to the original contract, which provides Targeted Case Management (TCM) services for the juvenile justice population pursuant to recommendations from the Centers for Medicare and Medicaid Services (CMS). This amendment revises language in Attachment A for TCM and incorporates new language for administrative services. It also increases the maximum amount from \$.01 to \$400,000 due to the new administrative claims that will be paid. | | | | |
| | | Term of Contract: | 01/01/2010 - 06/30/2015 | Contract # 11478 | | | |
| 84. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION | DEPARTMENT OF ADMINISTRATION | GENERAL 50% FEDERAL 50% | \$41,162 | | |
| | | Contract Description: | This is a new interlocal agreement to continue ongoing services that ensure those entitled are afforded the right to an appeals process when refused Medicaid benefits. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14079 | | | |
| 85. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION | MYERS & STAUFFER LC | GENERAL 50% FEDERAL 50% | \$5,257,105 | EXEMPT | |
| | | Contract Description: | This is a new contract to continue ongoing accounting services to audit Managed Care Organizations, Patient Trust Funds and Cost Reports of Nursing Facilities. These audits are in conjunction with Nursing Facility Rate setting support services including case mix indexes, acuity updates and health care medians, fair rental value and minimum data set audits as requested, Hospital Compliance Audits and Disproportionate Share Hospital audits in compliance with Nevada Administrative Code, Nevada Revised Statutes and Centers for Medicare and Medicaid Services. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14275 | | | |
| 86. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | CLARK COUNTY SOCIAL SERVICES | OTHER: COUNTY PROVIDES NON-FEDERAL SHARE | \$38,440,124 | | |
| | | Contract Description: | This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14165 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|-------------------------------|--|-------------|---|
| 87. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | CLARK COUNTY SCHOOL DISTRICT | OTHER: IGT FROM COUNTY FOR STATE SHARE | \$8,937,267 | |
| | Contract Description: | This is the first amendment to the original revenue contract, which provides the non-federal share for school-based Medicaid services, medical screening and diagnostic services for children who are Nevada Medicaid/Check Up eligible. This amendment increases the maximum amount from \$7,847,486.40 to \$16,784,753.62 for the contract term due to increased anticipated revenue from the Intergovernmental Transfer Program. | | | | |
| | | Term of Contract: | 07/01/2009 - 06/30/2014 | Contract # 11237 | | |
| 88. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | ELKO COUNTY | OTHER: COUNTY PROVIDES NON FEDERAL SHARE | \$1,295,735 | |
| | Contract Description: | This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14167 | | |
| 89. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | ESMERALDA COUNTY TREASURER | OTHER: COUNTY PROVIDES NON FEDERAL SHARE | \$43,191 | |
| | Contract Description: | This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14190 | | |
| 90. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | EUREKA COUNTY SCHOOL DISTRICT | OTHER: COUNTY PROVIDES NON FEDERAL SHARE | \$108,842 | |
| | Contract Description: | This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14189 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|-------------------------------|--|-----------|---|
| 91. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | HUMBOLDT COUNTY INDIGENT | OTHER: COUNTY PROVIDES NON FEDERAL SHARE | \$829,270 | |
| | Contract Description: | This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14188 | | | |
| 92. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | LANDER, COUNTY OF | OTHER: COUNTY PROVIDES NON FEDERAL MATCH | \$198,679 | |
| | Contract Description: | This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14187 | | | |
| 93. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | LINCOLN COUNTY HEALTH & HUMAN | OTHER: COUNTY PROVIDES NON FEDERAL SHARE | \$122,663 | |
| | Contract Description: | This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14186 | | | |
| 94. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | NV DIVISION OF MENTAL HEALTH | FEDERAL | \$684,964 | |
| | Contract Description: | This is the second amendment to the original contract, which provides ongoing Medicaid eligible clients (mental retardation and related conditions) access to the Home and Community Based Waiver program and to ensure claims were coded correctly and data is evaluated to assess the effectiveness of the program. This amendment adds language to include behavioral health services and language and authority to include administrative services cost recovery. This amendment also increases the maximum amount from \$0 to 684,964 due to increased administrative services claiming. | | | | |
| | Term of Contract: | 03/23/2009 - 09/30/2013 | Contract # CONV7131 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|----------------------------|--|-------------|---|
| 95. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX | PERSHING COUNTY TREASURER | OTHER: COUNTY PROVIDES NON FEDERAL SHARE | \$110,569 | |
| | Contract Description: | This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14182 | | | |
| 96. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH - CANCER CONTROL REGISTRY | WESTAT | FEDERAL | \$1,500,000 | |
| | Contract Description: | This is a new contract to continue ongoing cancer registry services for the Nevada Cancer Registry, to collect and maintain incidences of cancer in the State of Nevada, and to report annually to national agencies. | | | | |
| | Term of Contract: | 06/12/2013 - 06/30/2017 | Contract # 14295 | | | |
| 97. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY | GNOMON, INC. | FEDERAL | \$99,445 | |
| | Contract Description: | This is a new contract, with the same vendor, that continues ongoing technical assistance for the update/upgrade of the Nevada Electronic Review Database System (NERDS). NERDS allows users to review and verify electronic (encrypted) laboratory messages for HIV/AIDS cases and import them into the Centers for Disease Control (CDC) supported surveillance system (eHARS) for HIV. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2017 | Contract # 14333 | | | |
| 98. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - TANF | CLARK, COUNTY OF | FEDERAL | \$2,080,000 | |
| | Contract Description: | This is a new interlocal agreement that continues providing bus passes to Temporary Assistance for Needy Families (TANF) eligible participants, who must participate in work activities as a condition of receiving cash benefits. 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 NEON program provides work-eligible individuals with job preparation, work opportunities and support services to enable them to become self-sufficient. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14173 | | | |
| 99. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - TANF | JOHN J. GRAVES JR. ESQ. PC | FEDERAL | \$30,000 | |
| | Contract Description: | This is a new contract, which continues to provide legal services for Temporary Assistance for Needy Families (TANF) eligible participants to attain assistance obtaining legal guardianship of qualified children they provide care for, through the TANF Block Grant from the U.S. Office of the Administration for Children and Families. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14283 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---|-------------------------|-------------|---|
| 100. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - FIELD SERVICES | MARSH, TAMRA J. DBA ALL TOGETHER CLEANING | GENERAL 34% FEDERAL 66% | \$33,600 | |
| | Contract Description: | This is a new contract that continues ongoing janitorial services for the Division of Welfare and Supportive Services District Office in Fallon, and includes the cleaning of the building's occupied spaces and common areas. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14244 | | |
| 101. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM | RHODE ISLAND, STATE OF | FEDERAL | \$200,000 | |
| | Contract Description: | This is a new interlocal agreement to join the State of Rhode Island Child Support Lien Network (CSLN), a multistate consortium of state child support agencies that provides a data matching process comparing child support debtors to insurance industry claimants. This agreement will increase child support collections by giving the Child Support Enforcement Program (CSEP) a way to identify and intercept insurance claims settlements before insurers send payments to claimants who owe past due child support. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14240 | | |
| 102. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | CHILDREN'S CABINET INC, THE | FEDERAL | \$1,819,620 | |
| | Contract Description: | This is a new contract, which continues to provide child care quality services associated with the Nevada Child Care and Development Fund. These services include improving the quality of licensed child care programs, providing professional development for child care providers, strengthening the infrastructure for early childhood systems and providing parent support and are funded through a grant from the U.S. Department of Health and Human Services. This contract contains an option to extend the term for an additional two year period. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14307 | | |
| 103. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | CHILDREN'S CABINET INC, THE | FEDERAL | \$2,378,294 | |
| | Contract Description: | This is a new contract, which continues to provide child care subsidy services for low income families associated with the Nevada Child Care and Development Fund in Northern and rural Nevada. These services include program development and management, enrollment and case management. Through a grant from the U.S. Department of Health and Human Services, Division of Welfare and Supportive Services collaborates with various private and non-profit agencies to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work or be involved in job search activities. This contract contains an option to extend the term for an additional two year period. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14334 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|------------------------------|------------------|-------------|---|
| 104. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | CHILDREN'S CABINET INC, THE | FEDERAL | \$638,080 | |
| | Contract Description: | This is a new contract, which continues to provide child care resource and referral services associated with the Nevada Child Care and Development Fund in Northern and rural Nevada. A child care resource and referral network will help families find affordable, quality child care and help providers and communities provide affordable quality child care by providing resources, evaluating community needs, and creating solutions. This contract contains an option to extend the term for an additional two year period. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14350 | | |
| 105. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | EARLY INTERVENTION SERVICES | FEDERAL | \$585,072 | |
| | Contract Description: | This is a new interlocal agreement, which continues to provide services through the Nevada Early Intervention Services (NEIS) as federally mandated by the Individuals with Disabilities Education Act. NEIS identifies children age birth to three who are at-risk for, or who have developmental delays; provides services and support for families to meet the individualized developmental needs of their child; and facilitates the child's learning and participation in family and community life. NEIS will provide two services under this contract: training and technical assistance to child care providers so children with disabilities can attend licensed child care centers with their peers; and support so that qualified licensed child care facilities will become competent to include children with disabilities in the child care program and will be able to collaborate with early intervention consultants on the child's Individual Family Service Plan outcomes during daily routines. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14289 | | |
| 106. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | LAS VEGAS CLARK COUNTY URBAN | FEDERAL | \$5,577,600 | |
| | Contract Description: | This is a new contract, which continues to provide child care subsidy services for low income families associated with the Nevada Child Care and Development Fund in Clark and Nye counties. These services include program development and management, enrollment and case management. Through a grant from the U.S. Department of Health and Human Services, Division of Welfare and Supportive Services collaborates with various private and non-profit agencies to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work or be involved in job search activities. This contract contains an option to extend the term for an additional two year period. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14348 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|-------------------------------|---------------------|-------------|---|
| 107. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | LAS VEGAS CLARK COUNTY URBAN | FEDERAL | \$702,000 | |
| | Contract Description: | This is a new contract, which continues to provide child care resource and referral services associated with the Nevada Child Care and Development Fund in Clark and Nye counties. A child care resource and referral network will help families find affordable, quality child care and help providers and communities provide affordable quality child care by providing resources, evaluating community needs, and creating solutions. This contract contains an option to extend the term for an additional two year period. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14356 | | |
| 108. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | THE CHILDREN'S CABINET | FEDERAL | \$4,264,170 | SOLE SOURCE |
| | Contract Description: | This is the third amendment to the original contract, which continues to provide fiscal intermediary services associated with the Nevada Child Care and Development Fund in Northern and rural Nevada. These services include the disbursement of child care provider payments electronically and through printed checks. Through a grant from the U.S. Department of Health and Human Services, the Division of Welfare and Support Services collaborates with various private and non-profit agencies to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work or be involved in job search activities. This amendment extends the scope of work specific to fiscal intermediary services, increases the maximum amount from \$59,911,043 to \$64,175,213 and extends the termination date from June 30, 2013 to December 31, 2013 to allow sufficient time for the Request for Proposal process. | | | | |
| | | Term of Contract: | 07/01/2009 - 12/31/2013 | Contract # CONV6448 | | |
| 109. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | UNITED WAY OF SOUTHERN NEVADA | FEDERAL | \$9,127,200 | SOLE SOURCE |
| | Contract Description: | This is the third amendment to the original contract, which continues to provide fiscal intermediary services associated with the Nevada Child Care and Development Fund in Southern Nevada, including Clark and Nye Counties. These services include the disbursement of child care provider payments electronically and through printed checks. Through a grant from the U.S. Department of Health and Human Services, the Division of Welfare and Support Services collaborates with various private and non-profit agencies to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work or be involved in job search activities. This amendment increases the maximum amount from \$88,464,920 to \$97,592,120 and extends the termination date from June 30, 2013 to December 31, 2013 to allow sufficient time for the Request for Proposal process. | | | | |
| | | Term of Contract: | 07/01/2009 - 12/31/2013 | Contract # CONV6449 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|-------------------------------|----------------|-------------|---|
| 110. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD ASSISTANCE AND DEVELOPMENT | WASHOE COUNTY SCHOOL DISTRICT | FEDERAL | \$2,624,940 | |
| | Contract Description: | This is a new interlocal agreement, which continues the Nevada Registry and the Nevada Early Learning Standards services for the Child Care and Development Program, through the use of federal Child Care and Development Funds. The Nevada Registry is a professional development system for early childhood professionals who work in child care programs. The Nevada Early Learning Standards provides training on Nevada's Revised Pre-K Standards and Infant Toddler Guidelines to help teachers further understand and use the standards within a variety of child care environments. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14145 | | | |
| 111. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES | CATAMARAN | GENERAL | \$380,000 | |
| | Contract Description: | This is a new contract that continues ongoing Pharmacy Benefit Manager services to review and process retail point of sale, mail order services and formulary management pharmacy billings for Southern Nevada Adult Mental Health Services, Northern Nevada Adult Mental Health Services and Rural Clinics. | | | | |
| | Term of Contract: | 07/01/2013 - 12/31/2016 | Contract # 13845 | | | |
| 112. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES | WELL CARE PHARMACY, LLC. | GENERAL | \$49,200 | |
| | Contract Description: | This is a new contract to provide fulfillment and delivery of prescribed injectable psychiatric medications to Southern Nevada Adult Mental Health Services' four urban clinics for the agency's patients who have medical insurance. Currently Southern Nevada Adult Mental Health Services has no formal process available to pick up injectable psychiatric medications from outside pharmacies and utilizes administrative assistants to pick up injectable medications at various community pharmacies. The administrative assistants utilize State issued procurement cards to pay our patient's co-pays and/or deductibles at the time of pick up. This contract provides for a local pharmacy to deliver these prescriptions directly to any clinic and invoice the agency monthly for our patient's co-pays and deductibles. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14338 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---|----------------------|-----------|---|
| 113. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES | ENVIRONMENTAL RESOURCES, INC. | GENERAL | \$30,000 | |
| | Contract Description: | This is a new contract that continues ongoing emergency response services on a 24/7 basis (including weekends and holidays) to clear sewer line blockages on the Northern Nevada Adult Mental Health Services and Lake's Crossing Center property for which the vendor must have heavy duty equipment. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14322 | | |
| 114. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES | KRISTIE WALKER | GENERAL | \$19,900 | |
| | Contract Description: | This is a new contract that continues ongoing interpreter services for Northern Nevada Adult Mental Health Services (NNAMHS) and Lake's Crossing Center (LCC). The contractor is an expert in the field of American Sign Language and will use this knowledge to aid NNAMHS and LCC staff in assisting consumers and/or their families. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14358 | | |
| 115. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES | NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES (NNCAS) | OTHER: RENTAL INCOME | \$184,116 | |
| | Contract Description: | This is a new revenue interlocal agreement to provide ongoing rental space to Northern Nevada Child and Adolescent Services for their residential consumers located in two buildings on the Northern Nevada Adult Mental Health Services campus. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14339 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|--|-------------------------------|--------------------------------|----------|---|
| 116. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - ADMINISTRATION | PUBLIC CONSULTING GROUP, INC. | FEDERAL | \$49,900 | |
| | | Contract Description: This is a new contract that continues ongoing cost allocation development, maintenance, support and reporting services for Mental Health and Developmental Services. The vendor supports the efficient and proper use of the AlloCap software and approved cost allocation plans by agency staff, responds to inquiries on the system and cost allocation plans, resolves technical issues as necessary, develops additional reports as requested and assists with single state and/or federal audits on cost allocation issues. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14329 | | |
| 117. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - DESERT REGIONAL CENTER | LOFTIN EQUIPMENT COMPANY | GENERAL 49.8% FEDERAL 50.2% | \$10,000 | |
| | | Contract Description: This is the first amendment to the original contract, which continues ongoing semi-annual inspections and preventative maintenance service on two (2) natural gas, and one (1) diesel fired emergency back-up power generators. This amendment increases the maximum amount from \$9,642 to \$19,642 due to necessary unanticipated repairs. | | | | |
| | | Term of Contract: | 01/01/2012 - 12/31/2013 | Contract # 12928 | | |
| 118. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - DESERT REGIONAL CENTER | PHARMERICA CORPORATION | GENERAL 54.3% FEDERAL 45.7% | \$10,738 | |
| | | Contract Description: This is the first amendment to the original contract, which continues ongoing pharmaceutical services, the planning and implementation of in-service education, and monitoring and evaluation of pharmaceutical inventory and control systems. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$10,737.60 to \$21,475.20 due to the continued need for the service. | | | | |
| | | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 12927 | | |
| 119. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - DESERT REGIONAL CENTER | UNLV-SCHOOL OF MEDICINE | GENERAL 50.2% FEDERAL 49.8% | \$96,060 | |
| | | Contract Description: This is the first amendment to the original interlocal agreement, which continues ongoing Medical Director services for Desert Regional Center (DRC). The contractor oversees and monitors general health care and safety needs of all individuals; provides professional consultation to physicians, psychiatrists, and nursing services; participates in the development of applicable policies and procedures; attends meetings as needed for administrative and clinical issues; and actively participates in staff development. The Contractor also provides pre-employment medical examinations requested by DRC. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$96,060 to \$192,120 for continuation of the services. | | | | |
| | | Term of Contract: | 08/15/2011 - 06/30/2015 | Contract # 12387 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---------------------------------|--------------------------------|-------------|---|
| 120. | 408 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - MENTAL HEALTH AND DEVELOPMENTAL SERVICES - DESERT REGIONAL CENTER | WESTERN EXTERMINATOR COMPANY | GENERAL 50.2% FEDERAL 49.8% | \$14,190 | |
| | Contract Description: | This is the first amendment to the original contract, which continues ongoing pest control services at the Jones Blvd. campus of Desert Regional Center. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$14,190 to \$28,380 due to the need for continuing services. | | | | |
| | | Term of Contract: | 08/15/2011 - 06/30/2015 | Contract # 12367 | | |
| 121. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH ALTERNATIVE PLACEMENT | CLARK, COUNTY OF | GENERAL | \$974,500 | |
| | Contract Description: | This is a new interlocal agreement that continues ongoing funding for residential living care for boys and girls who have been adjudicated delinquent and committed by the Juvenile Division of the District Court to Spring Mountain Youth Camp. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14344 | | |
| 122. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH ALTERNATIVE PLACEMENT | DOUGLAS, COUNTY OF | GENERAL 46% OTHER: COUNTY 54% | \$6,089,698 | |
| | Contract Description: | This is a new interlocal agreement that continues ongoing services to provide residential living care for boys and girls who have been adjudicated as delinquent and committed to China Springs Youth Camp or Aurora Pines Girls Facility as space is available. China Springs Youth Camp and Aurora Pines facilities are regional juvenile detention facilities as defined in NRS 62A.280 and are administered by county entities. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14400 | | |
| 123. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CALIENTE YOUTH CENTER | ANALISA JACKSON & BRYAN JACKSON | GENERAL | \$36,288 | |
| | Contract Description: | This is a new contract that continues ongoing barber services for youth at the Caliente Youth Center. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14343 | | |
| 124. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CALIENTE YOUTH CENTER | LINCOLN COUNTY SCHOOL DISTRICT | GENERAL | \$643,520 | |
| | Contract Description: | This is a new interlocal agreement that continues ongoing educational services for youth residing at Caliente Youth Center. The superintendent of Caliente Youth Center is mandated by NRS 63.210 to provide for the educational needs of the youth in residence. There is only one school district in Lincoln County and it is the only state run accredited educational entity within the geographical location of Caliente Youth Center. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14251 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---|--|-----------|---|
| 125. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE | AUSTIN'S HOUSE | GENERAL 43% OTHER: ELKS FUND 28% FEDERAL 29% | \$249,480 | |
| | Contract Description: | This is a new contract that continues ongoing services to provide a list of qualified providers of Emergency Shelter Care services for children or youth in the care or custody of the Division of Child and Family Services rural region within the State of Nevada. Emergency Shelter Care is defined as emergent, transitional, or short term care, usually not to exceed 30 days. Emergency Shelter Care is provided until long-range plans can be made for a child that cannot be maintained in his/her own home because he/she is in clear and present danger of abuse, neglect, or exploitation due to disruption of a subsequent out-of-home placement. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14376 | | | |
| 126. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE | SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF NEVADA, INC. | GENERAL 43% OTHER: ELKS FUND 28% FEDERAL 29% | \$27,720 | |
| | Contract Description: | This is a new contract that continues ongoing services to provide a list of qualified providers of Emergency Shelter Care services for children or youth in the care or custody of the Division of Child and Family Services rural region within the State of Nevada. Emergency Shelter Care is defined as emergent, transitional, or short term care, usually not to exceed 30 days. Emergency Shelter Care is provided until long-range plans can be made for a child that cannot be maintained in his/her own home because he/she is in clear and present danger of abuse, neglect, or exploitation due to disruption of a subsequent out-of-home placement. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14375 | | | |
| 127. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER | GREAT BASIN ENGINEERING CONTRACTORS, LLC. | GENERAL | \$50,000 | |
| | Contract Description: | This is a new contract to provide emergency plumbing services at Nevada Youth Training Center. There is a hot water heat line leak that could be in one or two places which the vendor will need to determine and repair. | | | | |
| | Term of Contract: | Upon Approval - 12/31/2013 | Contract # 14380 | | | |
| 128. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER | JILL LESLIE OSWALT | GENERAL | \$143,550 | |
| | Contract Description: | This is a new contract to provide medical services for the wards of the Nevada Youth Training Center (NYTC). Dr. Oswalt is a Board Certified Emergency Physician who travels to Nevada Youth Training Center once per week to see youth in person, is on-call 24/7, and will make visits to Nevada Youth Training Center as needed for urgent care emergencies. Nevada Youth Training Center nurses have 24/7 access to Dr. Oswalt for consultations. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14352 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|-------------------------------|---|-----------|---|
| 129. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD & ADOLESCENT SERVICES | BHC HEALTH SERVICES OF NEVADA | GENERAL | \$461,160 | SOLE SOURCE |
| | Contract Description: | This is the first amendment to the original contract, which provides inpatient psychiatric care services to both Northern Nevada Child and Adolescent Services and Rural Child Welfare youth. This amendment extends the termination date from June 30, 2013, to June 30, 2015, and increases the maximum amount from \$416,160 to \$877,320 due to an unexpected additional number of admissions in FY13 and to cover projections for FY14 and FY15. | | | | |
| | | Term of Contract: | 08/15/2011 - 06/30/2015 | Contract # 12381 | | |
| 130. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD & ADOLESCENT SERVICES | BONNIE VOGLER | GENERAL 43.6% FEDERAL 56.4% | \$31,200 | |
| | Contract Description: | This is a new contract that continues ongoing dietary/nutritional consultation services to children under the care of Northern Nevada Child and Adolescent Services which includes family learning homes and the adolescent treatment center. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14381 | | |
| 131. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD & ADOLESCENT SERVICES | ABM BUILDING SERVICES, LLC. | GENERAL 43.1% OTHER: 3.2% FEDERAL 53.7% | \$49,900 | |
| | Contract Description: | This is a new contract that continues ongoing heating, ventilation and air conditioning maintenance and repair services for Southern Nevada Child and Adolescent Services state owned buildings. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14392 | | |
| 132. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD & ADOLESCENT SERVICES | ALARMCO, INC. | GENERAL 43.1% OTHER: 3.2% FEDERAL 53.7% | \$21,840 | SOLE SOURCE |
| | Contract Description: | This is the first amendment to the original contract, which provides 24 hour monitoring of alarm systems located at 6171 West Charleston Boulevard and 4538 Craig Road in Las Vegas. This amendment extends the termination date from June 30, 2013, to June 30, 2015, and increases the maximum amount from \$21,840 to \$43,680. This amendment also reduces the monthly fee from \$910 to \$865 for the additional 24 months and retains the \$1,080 in savings for emergency repairs, parts, materials and/or labor as needed. | | | | |
| | | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 12056 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|---|---|-----------|---|
| 133. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD & ADOLESCENT SERVICES | PRECISION ELECTRIC, INC. | GENERAL 43.1% OTHER: 3.2% FEDERAL 53.7% | \$36,800 | |
| | Contract Description: | This is a new contract that continues ongoing electrical inspection, repair, and maintenance services for Southern Nevada Child and Adolescent Services state owned buildings. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2017 | Contract # 14379 | | |
| 134. | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD & ADOLESCENT SERVICES | SCHNEIDER ELECTRIC BUILDINGS AMERICAS, INC. | GENERAL 43.1% OTHER: 3.2% FEDERAL 53.7% | \$41,880 | |
| | Contract Description: | This is a new contract that continues ongoing routine and preventative maintenance for heating, ventilation and air conditioning system controls for Southern Nevada Child and Adolescent Services, Desert Willow Treatment Center. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14388 | | |
| 135. | 440 | DEPARTMENT OF CORRECTIONS - ELY CONSERVATION CAMP | WATERS SEPTIC TANK SERVICES | GENERAL | \$83,556 | |
| | Contract Description: | This is a new contract that continues ongoing regularly scheduled septic and grease trap pumping services at Ely Conservation Camp, Ely State Prison and Pioche Conservation Camp. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14310 | | |
| 136. | 440 | DEPARTMENT OF CORRECTIONS - CARLIN CONSERVATION CAMP | PROTOKLEEN, INC. | GENERAL | \$66,450 | |
| | Contract Description: | This is a new contract that continues ongoing semi-annual steam cleaning of the kitchen exhaust systems at multiple correctional facilities. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14316 | | |
| 137. | 440 | DEPARTMENT OF CORRECTIONS - LOVELOCK CORRECTIONAL CENTER | S.P.B. UTILITIES SERVICES, INC. | GENERAL | \$571,652 | |
| | Contract Description: | This is a new contract that continues ongoing monitoring and management of water distribution systems and waste water distribution systems, alert and advise on issues, perform testing and reporting in accordance with all operational standards and guidelines mandated by the Nevada Division of Environmental Protection at the following correctional facilities: Lovelock Correctional Center, Humboldt Conservation Camp, Carlin Conservation Camp, Wells Conservation Camp, Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp, Jean Conservation Camp, Southern Nevada Correctional Center, High Desert State Prison, Southern Desert Correctional Center, Three Lakes Valley Conservation Camp, and Tonopah Conservation Camp. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14306 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|-----------------------------------|---|-----------|---|
| 138. | 440 | DEPARTMENT OF CORRECTIONS - CASA GRANDE TRANSITIONAL HOUSING | WESTERN COMMERCIAL SERVICES, LLC. | GENERAL | \$45,000 | |
| | Contract Description: | This is a new contract that continues ongoing regularly scheduled steam cleaning of the kitchen exhaust systems at the following correctional facilities: Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14304 | | |
| 139. | 550 | DEPARTMENT OF AGRICULTURE - ADMINISTRATION | AMERICAN CHILLER SERVICE, INC. | OTHER: COST ALLOCATION | \$19,276 | |
| | Contract Description: | This contract is a service agreement for preventative maintenance of the chiller system to the HVAC in the main Agriculture building in Sparks. | | | | |
| | | Term of Contract: | 06/11/2013 - 04/30/2015 | Contract # 14274 | | |
| 140. | 654 | DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT | ESI ACQUISITION, INC. | FEDERAL | \$54,736 | |
| | Contract Description: | This is a new contract to continue ongoing software support and license renewal for the division's Crisis Information Management Software. This program is web-based and allows emergency management agencies throughout the state to share information in real time. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14383 | | |
| 141. | 654 | DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT | X-TEC, INCORPORATED | FEDERAL | \$298,264 | |
| | Contract Description: | This is a new contract to provide for credentialing of first responders as a part of emergency management. Credentialing is essential to the emergency management community in that it ensures and validates the identity and attributes (e.g., affiliations, skills, or privileges) of individuals or members of response teams through specific standards. | | | | |
| | | Term of Contract: | 06/11/2013 - 09/30/2013 | Contract # 14349 | | |
| 142. | 660 | DEPARTMENT OF PUBLIC SAFETY - PAROLE BOARD | BOARD OF REGENTS-SCS | GENERAL | \$38,666 | |
| | Contract Description: | This is a new interlocal agreement that continues ongoing services to connect the Nevada Board of Parole Commissioners to the Nevada System of Higher Education network to gain access to the wide area video capabilities of NevadaNet for educational and public agency purposes. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14332 | | |
| 143. | 690 | COLORADO RIVER COMMISSION | FENNEMORE CRAIG, P.C. | OTHER: WATER AND POWER ADMINISTRATIVE CHARGES | \$300,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide legal services to the agency for the purpose of resolving the water rights claims of the Navajo Nation and the Hopi Tribe in the case before the Superior Court of Arizona involving the Little Colorado River System, and to provide legal representation in the Navajo Nation v. United States Department of the Interior et al., case relating to the Colorado River water rights, and to provide legal services for any future action related to these issues. This contract includes an amendment requested by the Attorney General to add the Attorney General as a party and language to provide the contractor with special designation from the Attorney General to represent the agency and state in these matters. | | | | |
| | | Term of Contract: | Upon Approval - 05/13/2015 | Contract # 14264 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|---|-------------------------------|-----------|---|
| 144. | 700 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - Q1/AB9 BONDS-Non-Exec | DEPARTMENT OF INTERIORS | BONDS | \$102,000 | |
| | Contract Description: | This is a new interlocal agreement to provide ongoing cadastral survey services. The information collected will provide the necessary data required to acquire title to the federal land, designated in White Pine County Lands Bill, to transfer to the State of Nevada for annexation to the Cave Lake State Park. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14292 | | |
| 145. | 702 | DEPARTMENT OF WILDLIFE - OPERATIONS | SEFTON, DONALD H. DBA SYSTEMS CONSULTANTS | FEE: LICENSE AND BOATING FEES | \$57,042 | PROFESSIONAL SERVICE |
| | Contract Description: | This is the first amendment to the original contract, which provides for the maintenance and enhancement of the Nevada Wildlife Data System. An RFP for a new contract has been prepared and is about to be issued. This amendment extends the termination date from June 30, 2013 to September 30, 2013 and increases the maximum amount from \$174,084 to \$231,126 to cover three months of maintenance at the current monthly rate due to the continued need for these services during the RFP contracting process. | | | | |
| | | Term of Contract: | 01/01/2013 - 09/30/2013 | Contract # 13937 | | |
| 146. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - FORESTRY - INTER-GOVERNMENTAL AGREEMENTS | STOREY COUNTY | OTHER: FIRE DISTRICT FUNDS | \$0 | |
| | Contract Description: | This is a new interlocal agreement to dissolve the existing Storey County 473 Sierra Fire Protection District. As Storey County has submitted a request to participate in the Wildland Fire Protection Program, it is the desire of Storey County and the State of Nevada Department of Conservation and Natural Resources and Division of Forestry to dissolve the Sierra Fire Protection District and transfer day to day operations, wildland firefighting response, emergency response, firefighting training, and fiscal control of the Sierra Forest Fire Protection District's finances and budget to Storey County. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2013 | Contract # 14470 | | |
| 147. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | CHURCHILL COUNTY | OTHER: COUNTY FUNDS | \$50,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new services under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and Churchill County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wild land fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013). | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14463 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|--|-------------------------------|-----------|---|
| 148. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | CONSOLIDATED MUNICIPALITY OF CARSON CITY | OTHER: CARSON CITY FUNDS | \$300,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new services under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and the Consolidated Municipality of Carson City will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013). | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14461 | | | |
| 149. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | HUMBOLDT COUNTY | OTHER: COUNTY FUNDS | \$200,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new services under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and Humboldt County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013). | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14464 | | | |
| 150. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | LANDER COUNTY | OTHER: COUNTY FUNDS - REVENUE | \$300,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new services under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and Lander County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013). | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14459 | | | |
| 151. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | LINCOLN COUNTY FIRE PROTECTION DISTRICT | OTHER: COUNTY FUNDS | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new services under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and Lincoln County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14495 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---|---------------------------------------|-----------|---|
| 152. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | NORTH LAKE TAHOE FIRE PROTECTION DISTRICT | OTHER: FIRE PROTECTION DISTRICT FUNDS | \$120,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new services under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and North Lake Tahoe Fire Protection District will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14504 | | | |
| 153. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | PERSHING COUNTY | OTHER: COUNTY FUNDS | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new services under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and Pershing County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013). | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14458 | | | |
| 154. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | SMITH VALLEY FIRE DISTRICT | OTHER: FIRE DISTRICT FUNDS | \$20,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new service under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and Smith Valley Fire Protection District will work closely together to maintain effective wildfire management with duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14499 | | | |
| 155. | 706 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES FORESTRY DIVISION All Budget Accounts | STOREY COUNTY | OTHER: COUNTY FUNDS | \$300,000 | |
| | Contract Description: | This is a new interlocal agreement to provide new services under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and Storey County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013). | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14462 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|--------------------------|--|-----------|---|
| 156. | 707 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - STATE LANDS | WEBSOFT DEVELOPERS, INC. | GENERAL | \$14,000 | SOLE SOURCE |
| | Contract Description: | This is a new contract to provide ongoing system maintenance and support for the Nevada Division of State Lands custom Land Management System (LMS) application. Websoft Developers will provide technical support in response to specific inquiries as well as software maintenance by way of patches, updates, and upgrades as applicable. Software updates are provided only for standard hardware platforms and operating systems supported by Websoft. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2013 | Contract # 14467 | | | |
| 157. | 707 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - STATE LANDS | WEBSOFT DEVELOPERS, INC. | GENERAL | \$31,500 | SOLE SOURCE |
| | Contract Description: | This is the first amendment to the original contract, which provides ongoing system maintenance and support for the Nevada Division of State Lands custom Land Management System application. Websoft Developers will provide technical support in response to specific inquiries as well as software maintenance by way of patches, updates, and upgrades as applicable. Software updates are provided only for standard hardware platforms and operating systems supported by Websoft. This amendment extends the termination date from June 30, 2013 to June 30, 2015 due to the continued need for these services. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 13699 | | | |
| 158. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES | BOARD OF REGENTS-UNR | FEE: HAZARDOUS WASTE FEES 62% FEDERAL 38% | \$315,757 | |
| | Contract Description: | This is a new interlocal agreement to provide ongoing free and confidential technical assistance and consulting services to the business community. The services provided by the university's Small Business Development Center (SBDC) will allow a business to seek environmental regulatory assistance without threat of regulatory intervention. The services provided by the SBDC are confidential to the business and the client specific information derived from the interaction between SBDC and the business will not be made available to the division. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14098 | | | |
| 159. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES | KLEINFELDER GROUP, INC. | FEDERAL | \$300,000 | |
| | Contract Description: | This is a new contract to provide ongoing services for the Nevada Brownfields Program. Funds will be used to conduct site-specific assessment and cleanup activities along with other redevelopment activities at eligible Brownfield sites. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14371 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|-----------------------------|---------------------------|-----------|---|
| 160. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES | MCGINLEY & ASSOCIATES, INC. | FEDERAL | \$300,000 | |
| | Contract Description: | This is a new contract to provide ongoing services for the Nevada Brownfields Program. Funds will be used to conduct site-specific assessment and cleanup activities along with other redevelopment activities at eligible Brownfield sites. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14346 | | |
| 161. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES | MCGINLEY & ASSOCIATES, INC. | FEE: HAZARDOUS WASTE FUND | \$890,000 | |
| | Contract Description: | This is the first amendment to the original contract, which provides ongoing technical review services and recommendations regarding reports generated by companies responsible for the environmental cleanup at the Black Mountain Industrial Complex near Henderson, Nevada. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$1,958,529 to \$2,848,529 due to an increased volume of required tasks and oversight. | | | | |
| | | Term of Contract: | 08/15/2011 - 06/30/2014 | Contract # 12358 | | |
| 162. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES | SOUTHERN NEVADA HEALTH | FEDERAL | \$680,000 | |
| | Contract Description: | This is a new interlocal agreement to implement the Underground and Leaking Underground Storage Tank (UST/LUST) program in Southern Nevada. This includes program implementation, UST notifications, compliance and enforcement, monitoring and tracking, and quarterly reporting activities. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14378 | | |
| 163. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES | WASHOE, COUNTY OF | FEE: HAZARDOUS WASTE FEES | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement to provide ongoing Resource Conservation and Recovery Act Information inspections at small quantity and conditionally exempt hazardous waste generator sites in Washoe County on an as needed basis. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14097 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|----------------------------|-------------------------|-----------|---|
| 164. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES | WASHOE, COUNTY OF | FEDERAL | \$748,000 | |
| | Contract Description: | This is a new interlocal agreement to implement the Underground and Leaking Underground Storage Tank (UST/LUST) program in Washoe County to include program implementation, UST notifications, compliance and enforcement, monitoring and tracking, and quarterly reporting activities. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14250 | | |
| 165. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING | GREAT BASIN OUTDOOR SCHOOL | FEDERAL | \$57,912 | |
| | Contract Description: | This is a new contract to provide environmental education to youth and adults to help them better understand their local watersheds and the impacts of nonpoint source pollution on the water quality of Lake Tahoe and the adjacent watersheds. Great Basin Outdoor School will conduct 4 four-day field studies and residential camps that build academic and social skills and develop understanding of the natural world. Fifth and sixth grade classes, high school and college students, and teachers study local ecology with standards-based lessons at Camp Galilee, Lake Tahoe during spring, fall, and winter programs. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2015 | Contract # 14238 | | |
| 166. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM | GLOBAL ENVIRONMENTAL | FEDERAL | \$162,700 | EXEMPT |
| | Contract Description: | This is a new contract that continues ongoing maintenance and support for a web based data system, data migration assistance, support, and training for the Safe Drinking Water Information System (SDWIS) and proprietary add on tools used by the division. SDWIS is used to assure all public water systems are in compliance with the requirements of Nevada's public water system laws and regulations and the federal Safe Drinking Water Act. The contractor will also provide training and support for electronic data submittal from laboratories. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14341 | | |
| 167. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM | INCLINE VILLAGE GENERAL | FEE: LICENSES AND FEES | \$74,000 | |
| | Contract Description: | This is a new interlocal agreement to assist the division in re-evaluating the risk for microbial contamination to two Lake Tahoe drinking water intakes for Nevada public water systems. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2014 | Contract # 14335 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|-------------------------|----------------|-------------|---|
| 168. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM | SOUTHERN NEVADA HEALTH | FEDERAL | \$180,000 | |
| | Contract Description: | This is a new interlocal agreement that continues ongoing assistance to the division in applying Nevada laws governing public water systems. The contractor will conduct and document sanitary surveys within Clark County; review and update the Safe Drinking Water Information System with the data collected and analyzed; participate in associated training programs; assist the state in preparing relevant reports; assist the state in implementing the new U.S. Environmental Protection Agency rules that have not yet been adopted at the state level; and maintain forms and applications for the Drinking Water State Revolving Fund Grant Program. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14336 | | | |
| 169. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM | WASHOE, COUNTY OF | FEDERAL | \$180,000 | |
| | Contract Description: | This is a new interlocal agreement that continues ongoing assistance to the division in applying Nevada laws governing public water systems. The contractor will conduct and document sanitary surveys within Washoe County; review and update the Safe Drinking Water Information System with the data collected and analyzed; participate in associated training programs; assist the state in preparing relevant reports; assist the state in implementing the new U.S. Environmental Protection Agency rules that have not yet been adopted at the state level; and maintain forms and applications for the Drinking Water State Revolving Fund Grant Program. | | | | |
| | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14337 | | | |
| 170. | 741 | DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION | WAKELY CONSULTING GROUP | FEDERAL | \$1,200,000 | |
| | Contract Description: | This is a new contract with a nationally recognized actuarial consulting firm to provide the required actuarial review of rate filings for health benefit plans in the individual and small group markets of Nevada. The Affordable Care Act defines the requirements for a state to be considered an "effective review state" to which Nevada has been designated. To maintain that designation and the autonomous state rights that accompany the designation, the division must maintain an accredited actuarial review of the data that accompanies the rate filings. | | | | |
| | Term of Contract: | 07/01/2013 - 12/31/2015 | Contract # 14369 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---------------------------------|---|-------------|---|
| 171. | 742 | DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT | SCARPELLO & HUSS, LTD. | OTHER: WORKERS COMPENSATION AND SAFETY FUND | \$125,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is the third amendment to the original contract, which provides services as special counsel to the Nevada Occupational Safety and Health Review Board. This amendment extends the termination date from June 30, 2013 to June 30, 2014 due to the continued need for these services. This amendment also increases the maximum amount from \$ 720,000 to \$ 845,000 due to an increased volume of hearings. | | | | |
| | | Term of Contract: | 07/01/2009 - 06/30/2014 | Contract # CONV6619 | | |
| 172. | 810 | DEPARTMENT OF MOTOR VEHICLES - MOTOR CARRIER | AFFILIATED COMPUTER SRVCS, INC. | HIGHWAY | \$447,720 | SOLE SOURCE |
| | Contract Description: | This is the fourth amendment to the original contract, which provides the standardized services and systems support to the DMV facilitating commercial vehicle licensing and tax administration for the Motor Carrier Division operations. This amendment extends the termination from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$882,906.48 to \$1,330,626.24 due to utilizing the two-year renewal option agreed upon by both parties in the first amendment. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 10603 | | |
| 173. | 810 | DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES | AAMVA | HIGHWAY 92% OTHER: GRANT 8% | \$2,400,000 | SOLE SOURCE |
| | Contract Description: | This is the first amendment to the original contract, which provides access to data bases and other information systems to which the DMV has separately been provided authorized access. The American Association of Motor Vehicle Administrators operates as a clearing house for access to each state's data for various data bases. This amendment extends the termination date from June 30, 2013 to June 30, 2021 and increases the maximum amount from \$1,200,000 to \$3,600,000 due to the extension. | | | | |
| | | Term of Contract: | 09/08/2009 - 06/30/2021 | Contract # CONV7145 | | |
| 174. | 810 | DEPARTMENT OF MOTOR VEHICLES - CENTRAL SERVICES | COMPUTERIZED VEHICLE | HIGHWAY | \$342,753 | PROFESSIONAL SERVICE |
| | Contract Description: | This is the second amendment to the original contract which provides a product that allows selected licensed Nevada car dealers to electronically transfer certain information as required by the DMV that is contained on the Dealer's Report of Sale to the DMV. This transfer of information allows the customer to register their newly purchased vehicle over the internet and not have to physically visit a DMV office. This amendment extends the termination date from June 30, 2013 to June 30, 2021 and increases the maximum amount from \$367,424.40 to \$710,177.46 to cover the extension. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2021 | Contract # 10534 | | |
| 175. | 810 | DEPARTMENT OF MOTOR VEHICLES- MOTOR VEHICLE GENERAL REVENUE | DOUGLAS, COUNTY OF | OTHER: MOTOR VEHICLE FUND | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement for the ongoing completion of registration transactions by the Douglas County Clerk Treasurer's office on behalf of the Department of Motor Vehicles. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14441 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---------------------------------|------------------------------|-----------|---|
| 176. | 810 | DEPARTMENT OF MOTOR VEHICLES- MOTOR VEHICLE GENERAL REVENUE | ESMERALDA COUNTY ASSESSOR | OTHER: MOTOR VEHICLE FUND | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement for the ongoing completion of registration transactions by the Esmeralda County Assessor's office on behalf of the Department of Motor Vehicles. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14481 | | |
| 177. | 810 | DEPARTMENT OF MOTOR VEHICLES- MOTOR VEHICLE GENERAL REVENUE | EUREKA, COUNTY OF | OTHER: MOTOR VEHICLE FUND | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement for the ongoing completion of registration transactions by the Eureka County Assessor's office on behalf of the Department of Motor Vehicles. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14500 | | |
| 178. | 810 | DEPARTMENT OF MOTOR VEHICLES- MOTOR VEHICLE GENERAL REVENUE | LANDER, COUNTY OF | OTHER: MOTOR VEHICLE FUND | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement for the ongoing completion of registration transactions by the Lander County Recorder's office on behalf of the Department of Motor Vehicles. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14494 | | |
| 179. | 810 | DEPARTMENT OF MOTOR VEHICLES- MOTOR VEHICLE GENERAL REVENUE | LINCOLN, COUNTY OF | OTHER: MOTOR VEHICLE FUND | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement for the ongoing completion of registration transactions by the Lincoln County Assessor's office on behalf of the Department of Motor Vehicles. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14510 | | |
| 180. | 810 | DEPARTMENT OF MOTOR VEHICLES- MOTOR VEHICLE GENERAL REVENUE | PERSHING, COUNTY OF | OTHER: MOTOR VEHICLE FUND | \$100,000 | |
| | Contract Description: | This is new interlocal agreement for the ongoing completion of registration transactions by the Pershing County Assessor's office on behalf of the Department of Motor Vehicles. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14442 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---|--|-----------|---|
| 181. | 810 | DEPARTMENT OF MOTOR VEHICLES- MOTOR VEHICLE GENERAL REVENUE | STOREY, COUNTY OF | OTHER: MOTOR VEHICLE FUND | \$100,000 | |
| | Contract Description: | This is a new interlocal agreement for the ongoing completion of registration transactions by the Storey County Assessor's office on behalf of the Department of Motor Vehicles. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2015 | Contract # 14501 | | |
| 182. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM | RON'S REFRIGERATION, INC. | OTHER: BUSINESS ENTERPRISES SET ASIDE | \$15,000 | |
| | Contract Description: | This is the first amendment to the original contract, which continues to provide maintenance and repair services for commercial refrigeration units and move equipment for northern Business Enterprises of Nevada locations. This amendment extends the termination date from June 30, 2013 to March 31, 2015, and increases the maximum amount from \$30,000 to \$45,000 due to the continued need for these services. | | | | |
| | | Term of Contract: | 07/01/2011 - 03/31/2015 | Contract # 11993 | | |
| 183. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM | WESTERN COMMERCIAL SERVICES, LLC. | OTHER: BUSINESS ENTERPRISES SET- ASIDE | \$15,000 | |
| | Contract Description: | This is the first amendment to the original contract, which continues to provide on a time and material basis, cleaning and detailing of heavy duty commercial kitchen equipment and facilities; air conditioning/ventilation systems; laundry and trash chutes, back loading docks, dumpster areas, awnings, and the cleaning of rooftop grease and oil. This amendment extends the termination date from June 30, 2013 to March 31, 2015, and increases the maximum amount from \$19,560 to \$34,560 due to the continued need for these services. | | | | |
| | | Term of Contract: | 06/14/2011 - 03/31/2015 | Contract # 12019 | | |
| 184. | 901 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - DISABILITY ADJUDICATION | IRON DATA SOLUTIONS, INC. | FEDERAL | \$77,350 | SOLE SOURCE |
| | Contract Description: | This is the first amendment to the original contract, which continues to provide software support services and maintenance for the Social Security Administration Disability Determination system currently installed with the Department of Employment, Training, and Rehabilitation, Rehabilitation Division, Bureau of Disability Adjudication. This amendment changes the agency point of contact and extends the termination date from June 30, 2013 to June 30, 2015, increases the maximum amount from \$98,000 to \$175,350 due to the continued need for these services. | | | | |
| | | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 12100 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|--|--|-----------|---|
| 185. | 902 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY | COMMUNITY SERVICES AGENCY OF WASHOE COUNTY | OTHER: CAREER ENHANCEMENT PROGRAM | \$261,657 | |
| | Contract Description: | This is the second amendment to the original contract, which continues to provide training to improve the outcomes of public education, improve work opportunities, and increase college enrollment and completion rates for high-risk youth populations. This amendment extends the termination date from June 30, 2013 to September 30, 2013 and increases the maximum amount from \$598,749 to \$860,406 due to the continuation of these services. | | | | |
| | Term of Contract: | 07/13/2012 - 09/30/2013 | Contract # 13534 | | | |
| 186. | 902 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY | DEPARTMENT OF CORRECTIONS | OTHER: CAREER ENHANCEMENT PROGRAM | \$510,000 | |
| | Contract Description: | This is a new intrastate interlocal agreement that continues ongoing funding for the Purpose, Respect, Integrity, Determination, and Excellence (PRIDE) Program which will provide pre-release and post-release assistance to inmates and felons through a holistic program. The program incorporates intensive case management, transitional housing, employment training and placement, life skills training, mental health services, substance and drug abuse counseling, mentoring, and other comprehensive transitional services. The Nevada Department of Corrections (NDOC) will oversee all aspects of the project and coordinate with service providers to ensure a seamless transition, participate in coalitions and advisory groups that relate to overcoming barriers to prisoner re-entry, and refer a sufficient number of post-release individuals to selected service providers to meet the condition of program participation. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2014 | Contract # 14309 | | | |
| 187. | 902 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB EMPLOYMENT SECURITY DIVISION All Budget Accounts | NETWORK INTERPRETING SERVICE | GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% FEDERAL 69% | \$12,500 | |
| | Contract Description: | This is the second amendment to the original contract, which continues to provide American Sign Language interpreting services in compliance with the Americans With Disabilities Act, for the State of Nevada, Department of Employment, Training and Rehabilitation. This amendment extends the termination date from July 31, 2013 to July 31, 2015 due to the continued need for these services and increases the maximum amount from \$15,000 to \$27,500 due to an increased volume of services requiring certified deaf instructors. | | | | |
| | Term of Contract: | 07/15/2011 - 07/31/2015 | Contract # 12350 | | | |
| 188. | 908 | DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB DETR ADMINISTRATIVE SERVICES All Budget Accounts | ROLLINS HT INC. DBA HOME TEAM PEST DEFENSE | GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% FEDERAL 69% | \$5,500 | |
| | Contract Description: | This is the first amendment to the original contract, which continues to provide pest control services on a regular or as needed basis at various Department of Employment, Training and Rehabilitation facilities in southern Nevada. This amendment increases the maximum amount from \$9,500 to \$15,000 due to an increased need for services. | | | | |
| | Term of Contract: | 09/22/2011 - 10/31/2013 | Contract # 12601 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|----------------------------|---|--------------|---|
| 189. | 950 | PUBLIC EMPLOYEES BENEFITS PROGRAM | HEALTHSCOPE BENEFITS, INC. | OTHER: TO BE PAID VIA AUTOMATIC MONTHLY DEDUCTION FROM PARTICIPANT'S FSA ACCOUNT. FSA IS VOLUNTARY. | \$125,000 | |
| | Contract Description: | This is a new contract for an existing service to provide Flexible Spending Account administration. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14465 | | |
| 190. | 950 | PUBLIC EMPLOYEES BENEFITS PROGRAM | HOMETOWN HEALTH PROVIDERS | OTHER: 67% STATE SUBSIDY/ 33% PREMIUM REVENUE | \$796,000 | SOLE SOURCE |
| | Contract Description: | This is a new contract to provide ongoing service of the utilization management and case management for participants of the Public Employees' Benefits Program. Utilization management provides pre-certification of hospital stays, organ transplants, chemotherapy, dialysis, certain cardiac procedures, and the purchase of durable medical equipment. Case management provides PEBP participants with a case manager nurse who assists the most medically vulnerable with care coordination, navigation, and additional resources for more complex illnesses or longer inpatient stays. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2014 | Contract # 14512 | | |
| 191. | 950 | PUBLIC EMPLOYEES BENEFITS PROGRAM | LIBERTY MUTUAL GROUP | OTHER: PAID VIA AUTOMATIC PAYROLL DEDUCTIONS BY PEBP PARTICIPANTS WHO CHOOSE TO ENROLL FOR THIS SERVICE | \$75,034,788 | |
| | Contract Description: | This is a new contract to continue ongoing voluntary home/auto/property insurance for participants who choose to enroll for this service. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14406 | | |
| 192. | 950 | PUBLIC EMPLOYEES BENEFITS PROGRAM | STANDARD INSURANCE COMPANY | OTHER: PAID VIA VOLUNTARY AUTOMATIC PAYROLL DEDUCTIONS FROM PEBP PARTICIPANTS WHO CHOOSE THIS SERVICE | \$500,000 | |
| | Contract Description: | This is the second amendment to the original contract, which provides voluntary short term disability insurance to eligible participants paid via automatic payroll deduction. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$1,500,000 to \$2,000,000. This one year extension will allow staff additional time to prepare an RFP that better solicits the needs of the program. | | | | |
| | | Term of Contract: | 07/01/2007 - 06/30/2014 | Contract # 11308 | | |
| 193. | 950 | PUBLIC EMPLOYEES BENEFITS PROGRAM | STANDARD INSURANCE COMPANY | OTHER: PAID VIA AUTOMATIC PAYROLL DEDUCTIONS FROM PARTICIPANTS WHO CHOOSE TO ENROLL IN THIS SERVICE | \$2,500,000 | |
| | Contract Description: | This is the second amendment to the original contract, which provides voluntary life insurance to eligible participants. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$20,000,000 to \$22,500,000 due to the time needed to allow staff additional time to prepare an RFP that better solicits the needs of the program. | | | | |
| | | Term of Contract: | 07/01/2008 - 06/30/2014 | Contract # CONV3147 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|---------------------------------|---------------------------------------|----------|---|
| 194. | BDC | LICENSING BOARDS & COMMISSIONS - ENGINEERS & LAND SURVEYORS | EDULOKA LIMITED | OTHER: AGENCY FUNDS | \$42,500 | |
| | Contract Description: | This is a new contract to provide services related to the Board's website that will allow the Board's registrants to allow for online services such as licensure renewal and updating of personal information. | | | | |
| | | Term of Contract: | Upon Approval - 07/31/2014 | Contract # 14253 | | |
| 195. | BDC | LICENSING BOARDS & COMMISSIONS - CONTRACTORS | J. A. SOLARI AND PARTNERS, LLC. | FEE: LICENSE FEES PAID BY CONTRACTORS | \$70,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract that continues ongoing assistance to provide annual audited financial statements, semiannual cash receipt testing, accounting services as needed by the Nevada State Contractors Board and a statement that the audit was performed in accordance with Statements on Standards for Accounting and Review Service issued by the American Institute of Certified Public Accountants. | | | | |
| | | Term of Contract: | 07/01/2013 - 06/30/2015 | Contract # 14366 | | |

***12. 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 | FEDERAL ENGINEERING, INC. | OTHER: VARIOUS AGENCIES | \$154,950 | |
| | Contract Description: | This is a new contract to provide a plan for the Nevada Long Term Evolution (LTE) Broadband Network. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2013 | Contract # 14364 | | |
| MSA 2. | MSA | VARIOUS STATE AGENCIES | HERMAN MILLER, INC. | OTHER: VARIOUS | \$2,000,000 | |
| | Contract Description: | This is a new contract that continues ongoing office furniture purchases for all State agencies and political subdivisions. | | | | |
| | | Term of Contract: | Upon Approval - 10/31/2015 | Contract # 14285 | | |
| MSA 3. | MSA | VARIOUS STATE AGENCIES | JPAY, INC. | OTHER: VARIOUS | \$0 | |
| | Contract Description: | This is the first amendment to the original Contract, which provides Inmate Kiosks. This amendment extends the termination date from July 31, 2015 to July 31, 2018, to allow for the proposed project to be fully implemented, tested and, upon project acceptance, rollout to the Department of Corrections to realize the projected revenue. The additional time request is due to the master contract that was facilitated as a multi-state RFP, the contract negotiations were more complicated and time consuming than anticipated in the original time line. This amendment also includes additional services that were not available upon contract award. | | | | |
| | | Term of Contract: | 09/13/2011 - 07/31/2018 | Contract # 12505 | | |
| MSA 4. | MSA | VARIOUS STATE AGENCIES | RFI ENTERPRISES, INC. DBA RFI COMMUNICATION S & SECURITY | OTHER: VARIOUS | \$500,000 | |
| | Contract Description: | This is the second amendment to the original contract to install, provide equipment and warranty/maintenance services for CCURE Security systems. This amendment extends the termination date from June 30, 2013, to June 30, 2014, or as soon as a new contract resulting from RFP 3047 is effective, and increases the maximum amount from \$1,000,000 to \$1,500,000. | | | | |
| | | Term of Contract: | 07/01/2010 - 06/30/2014 | Contract # 11057 | | |

13. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

***14. 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

June 11, 2013

1. PUBLIC COMMENTS

Comments:

*2. FOR POSSIBLE ACTION – APPROVAL OF THE MAY 14, 2013 BOARD OF EXAMINERS’ MEETING MINUTES

*3. 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 Corrections | 2 | \$7,156.50 |
| Total: | 2 | \$7,156.50 |

Clerk’s Recommendation: I recommend approval.

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

Comments:

*4. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A FORMER EMPLOYEE

A. Office of the Controller

Pursuant to NRS 284.1729, Section 1, Subsection 1-2, the Controller’s Office requests authority to contract with a former employee, on a part-time basis through the use of a temporary service, so this individual, who retired on May 24, 2013, may train the new employee on their debt collection duties in an effort to transfer knowledge without an additional loss in debt collection productivity. The contract period is upon Board of Examiner’s approval through September 30, 2013.

Clerk’s Recommendation: I recommend approval.

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

Comments:

***5. FOR POSSIBLE ACTION – AUTHORITY TO PAY MINING CLAIM REFUNDS**

A. Department of Taxation – \$43,875

Pursuant to Senate Bill 493, Section 16.7 of the 2011 Legislature, the Department of Taxation must submit mining claim refund requests to the Board of Examiners for approval. The Department of Taxation is requesting authority to pay three refund requests totaling \$43,875. This results in a remaining balance of \$647,068 in mining claim funds eligible for reimbursement.

Clerk’s Recommendation: I recommend approval.

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

***6. FOR POSSIBLE ACTION – SALARY ADJUSTMENTS**

The 2011 Legislative Session made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet certain salary deficiencies for fiscal year 2013 that might be created between the appropriated money of the respective departments, commissions, and agencies and the actual cost of the personnel of those departments, commissions, and agencies that are necessary to pay for salaries. Under this legislation, the following amounts from the General Fund and/or Highway Fund are recommended:

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT | HWY FUND ADJUSTMENT |
|------|---|-------------------------|---------------------|
| 2600 | Nevada Indian Commission | \$697 | |
| 4600 | Agriculture – Predatory Animal/Rodent Control | \$2,078 | |
| | Total | \$2,275 | |

Clerk’s Recommendation: I recommend approval.

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

***7. FOR POSSIBLE ACTION – APPROVAL TO PAY A CASH SETTLEMENT**

Pursuant to NRS 41.037, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

A. Department of Transportation – Administration – \$400,000

The department requests settlement approval in the amount of \$400,000 to resolve a threatened inverse condemnation claim pertaining to property owned by Lovino Leasing Enterprises I, LLC. and Frank and Carmen Lovino (collectively the “Lovinos”). The Lovinos’ claim that their access at Arden Road was taken when NDOT reconstructed and widened Blue Diamond Road from Decatur Boulevard to Rainbow Boulevard.

Clerk’s Recommendation: I recommend approval.

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

Comments:

***8. FOR POSSIBLE ACTION – NOTIFICATION OF INTENT TO FILE FOR A GRANT OR LOAN FROM THE DISASTER RELIEF ACCOUNT WHICH REQUIRES AN EXTENSION TO COLLECT DATA**

A. Department of Public Safety – Division of Emergency Management – Caughtlin Fire

Pursuant to NRS 353.2755, the City of Reno, Sierra Fire Protection District, Truckee Meadows Fire Protection District, and Washoe County are requesting additional time to allow Taxation and the Department of Administration to complete the financial review. Emergency Management respectfully requests an extension from June 1, 2013 to September 30, 2013 to allow sufficient time for the completion of the financial review for final submittal to the Board of Examiners and Interim Finance Committee.

B. Department of Public Safety – Division of Emergency Management – Washoe Drive Fire

Pursuant to NRS 353.2755, Sierra Fire Protection District and Truckee Meadows Fire Protection District are requesting additional time to allow the Division of Emergency Management, the Department of Administration, and Taxation to review the complete application and the financial review. Emergency Management respectfully requests an extension from August 1, 2013 to November 30, 2013 to allow sufficient time for the completion of the financial review for final submittal to the Board of Examiners and Interim Finance Committee.

***9. FOR POSSIBLE ACTION – REQUEST FOR GENERAL FUND ALLOCATION FROM THE INTERIM FINANCE COMMITTEE CONTINGENCY FUND**

A. Department of Health and Human Services – Director’s Office – Public Defender Office – \$46,400

Pursuant to NRS 353.268, the Public Defender Office requests an allocation of \$46,400 from the Interim Finance Contingency Fund for a salary shortfall due to leave payoffs at the end of the fiscal year.

B. Department of Education – Nutrition Education Programs - \$23,000

Pursuant to NRS 353.268, the Department of Education – Nutrition Education Programs, requests an allocation of \$23,000 from the Interim Finance Contingency Fund for a fiscal year 2012 repayment of federal Child Nutrition funds in excess of eligible expenditures that were drawn.

C. Department of Agriculture – Predatory Animal/Rodent Control - \$51,557

Pursuant to NRS 353.268, the Department of Agriculture – Predatory Animal/Rodent Control, requests an allocation of \$51,557 from the Interim Finance Contingency Fund for a salary shortfall due to a leave payoff. Additionally salaries projected to be paid with a transfer from the Department of Wildlife were not fully achieved because the projected work to be done did not occur.

Clerk’s Recommendation: I recommend approval.

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

***10. 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:

***11. FOR POSSIBLE ACTION – CONTRACTS**

One hundred ninety-five independent contracts were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

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

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

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

Clerk's Recommendation: I recommend approval.

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

13. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

***14. FOR POSSIBLE ACTION – ADJOURNMENT**

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

MINUTES

MEETING OF THE BOARD OF EXAMINERS

May 14, 2013

The Board of Examiners met on Tuesday, May 14, 2013, in the Guinn Room on the second floor of the Capitol Building, 101 N. Carson St., Carson City, Nevada, at 10:00 a.m. Present were:

Members:

Governor Brian Sandoval
Attorney General Catherine Cortez Masto
Secretary of State Ross Miller
Mike Torvinen

Others Present:

Richard Vinyard, Department of Education
Laurie Squartsoff, Division of Health Care Financing and Policy
Bruce Shively, Planning Budget Analysis
Leah Lamborn, Department of Health and Human Services
Mike Willden, Department of Health and Human Services
John Whaley, Division of Health Care, Financing and Policy
Steve Fisher, Division of Welfare and Supportive Services
Jack Zenteno, Division of Welfare and Supportive Services
Grant Neilson, Workforce Investments Support Services at DETR
Bill Anderson, DETR
Kim Perondi, Purchasing Division
Betsy Aiello, Division of Health Care, Financing and Policy
Sheila Lambert, Division of Health Care, Financing and Policy
Scott Fincher, Nevada Office of Veteran's Services
Heidi Gansert, UNR
Karlene Johnson, DETR
Pandora Lewis, Division of Welfare and Supportive Services
Katie Armstrong, Attorney General's Office
Samantha Pivetz,
Sue Smith, Division of Welfare and Supportive Services
Michael McMahon, Division of Welfare and Supportive Services
Alan Coyner, Department of Minerals
Clark Leslie, Attorney General's Office
Megan Sloan, Public Employee Benefit Program
Donna Lopez, Public Employee Benefit Program
Dana Edberg, University of Reno, Nevada
Joanne Wendell, University of Reno, Nevada
David Gustafson, EITS
Tamara Nash, Department of Employment, Training and Rehabilitation
Brandon Taylor, Department of Employment, Training and Rehabilitation
Dawn Rosenberg, Department of Corrections
June Hunter, Health Division

Kimberly Fahey, Health Division
Julie Kidd, Buildings and Grounds

1. PUBLIC COMMENTS

Comments:

Governor: Good morning, everyone. I'll call the Board of Examiners meeting to order. Can you hear us in Las Vegas?

Attorney General: Yes, we can.

Governor: Then we'll proceed with Item 1 of the Agenda, public comment. Is there any public comment here in Carson City? Any public comment in Southern Nevada?

Rebecca Salazar: No, sir.

Governor: All right.

*2. FOR POSSIBLE ACTION – APPROVAL OF THE MARCH 12, 2013 BOARD OF EXAMINERS' MEETING MINUTES

*3. FOR POSSIBLE ACTION – APPROVAL OF THE APRIL 9, 2013 BOARD OF EXAMINERS' MEETING MINUTES

Governor: We'll move on to Agenda Items 2 and 3, which is the approval of the March 12, 2013 and the April 9, 2013 Board of Examiners' Meeting Minutes. Board members, have you had an opportunity to review the minutes and are there any changes?

Secretary of State: No, Governor, I move for approval.

Attorney General: Second the motion.

Governor: The Secretary of State has moved for approval of Agenda Items 2 and 3. The Attorney General has seconded the motion. Any questions? All in favor, please say aye.

Attorney General: Aye.

Secretary of State: Aye.

Governor: Aye. Motion passes three to zero.

*4. 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: |
|--|---------------|-----------------|
| Nevada Office of Veteran's Affairs – Veteran's Gift Account | 1 | \$27,258 |
| Total: | 1 | \$27,258 |

Clerk's Recommendation: I recommend approval.

Motion By: Secretary of State Seconded By: Attorney General Vote: 3-0

Comments:

Governor: We will move to Agenda Item No. 4, state vehicle purchase. Mr. Torvinen. Good morning.

Mike Torvinen: Thank you, Governor. For the record, Mike Torvinen. This is a request from the Nevada Office of Veteran's Affairs to purchase a 15-passenger van. It will replace the current vehicle they have, which includes a large pick-up truck and a trailer to go out into the rural areas of Nevada. They think this will be much a more cost-effective solution for them.

Governor: I have no questions regarding this Agenda item. Board members?

Attorney General: No.

Secretary of State: None.

Governor: The Chair will accept a motion.

Secretary of State: I move for approval.

Attorney General: I second the motion.

Governor: Secretary of State has moved for approval of the state vehicle purchase described in Agenda Item No. 4. The Attorney General has seconded the motion. Any questions? All in favor, please say aye.

Attorney General: Aye.

Secretary of State: Aye.

Governor: Aye. Motion passes three-zero.

***5. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A FORMER EMPLOYEE**

A. Department of Conservation and Natural Resources (DCNR) – Division of State Parks

Pursuant to Assembly Bill 240, Section 1 of the 2011 Legislature, the Division of State Parks requests authority to execute a revenue contract with a former employee to operate a “floating” food and beverage concessions operations at the Lahontan Recreation State Park.

Clerk’s Recommendation: I recommend approval.

Motion By: Secretary of State Seconded By: Attorney General Vote: 3-0

Comments:

Governor: Agenda Item No. 5, authorization to contract with a former employee. Mr. Torvinen.

Mike Torvinen: Thank you, Governor. This is a request to contract through state parks, to contract with a former state employee. And the former state employee will operate a floating food and beverage concession operation at Lahontan Recreation State Park.

Governor: Floating?

Mike Torvinen: Floating.

Governor: Do we have the water to float it?

Mike Torvinen: I hope so. I hope so. Apparently, the reservoir is pretty low right now.

Governor: All right. I have no questions regarding this. Board members?

Secretary of State: No, Governor.

Governor: Sure.

Secretary of State: I move for approval.

Attorney General: Second the motion.

Governor: The Secretary of State has moved for approval of Agenda Item No. 5. The Attorney General has seconded the motion. Any questions? All in favor, please say aye.

Attorney General: Aye.

Secretary of State: Aye.

Governor: Aye. Motion passes three-zero.

***6. FOR POSSIBLE ACTION – AUTHORIZATION TO APPROVE PROVIDER AGREEMENTS**

A. Department of Health and Human Services – Division of Child and Family Services (DCFS)

The Division of Child and Family Services is requesting Board of Examiner approval of ten Rural Child Welfare provider agreement templates for the following services:

1. Child Abuse and Neglect Forensic Medical Consultation
2. Diagnostic Mental Health Assessment
3. Fetal Alcohol Spectrum Disorders Testing and Evaluation
4. Individual and Family Therapy
5. Neuropsychological Assessments
6. Parental Capacity Assessment
7. Psychiatric Consultation for Rural Region Children
8. Psychological Testing
9. Psychosexual Assessment
10. Substance Abuse Assessment

The Division of Child and Family Services is requesting Board of Examiner approval of two Youth Parole Bureau's and Juvenile Correctional Facilities' provider agreement templates for the following services:

1. Medication Management, Psychiatric and Psychological Evaluations
2. Youth Residential, Assessment, Rehabilitative, and Treatment Services

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Secretary of State

Vote: 3-0

Comments:

Governor: Agenda Item No. 6, authorization to approve provider agreements.

Mike Torvinen: Thank you, Governor. Item 6 is a request from the Department of Health and Human Services Division of Child and Family Services to enter into -- or for approval for 12 separate provider agreements. These are not new to the Board. They're agreements for professional services to clients that they serve. And it allows the agency to turn to these agreements quickly and provide the services whereas needed. And they're formatted in a way that seeks the Board's approval so that they can be entered into without getting the Board's approval every time they enter into a contract.

Governor: And thank you. And we have seen this before and it is an efficiency measure. And I don't know what the math is, but if we were to have to approve them on an individual basis, it would be numerous.

Mike Torvinen: There'd be a very large number of contracts coming before the Board.

Governor: Yeah. Board members, do you have any questions regarding this one?

Secretary of State: No.

Attorney General: No.

Governor: The Chair will accept a motion.

Attorney General: Move for approval.

Secretary of State: Second.

Governor: The Attorney General has moved for approval of Agenda Item No. 6 to approve the provider agreements described therein. The Secretary of State has seconded the motion. Any questions? All in favor, please say aye.

Attorney General: Aye.

Secretary of State: Aye.

Governor: Aye. Motion passes three to zero.

***7. FOR POSSIBLE ACTION – AUTHORITY TO PAY MINING CLAIM REFUNDS**

A. Department of Taxation – \$173,195

Pursuant to Senate Bill 493, Section 16.7 of the 2011 Legislature, the Department of Taxation must submit mining claim refund requests to the Board of Examiners for approval. The Department of Taxation is requesting authority to pay ten refund requests totaling \$173,195. This results in a remaining balance of \$537,348 in mining claim funds eligible for reimbursement.

Clerk's Recommendation: I recommend approval.

Motion By: Secretary of State

Seconded By: Attorney General

Vote: 3-0

Comments:

Governor: We'll move on to Agenda Item No. 7, authority to pay mining claim refunds.

Mike Torvinen: Thank you, Governor. I'm not sure if there's anybody here from the Department of Taxation, but these are ongoing refunds pursuant to Senate Bill 493 from the 2011 session. I believe the bill expires at the end of next month. And this is just the current installment. I believe there's about a little over half a million dollars remaining.

Governor: Thank you. And I had a conversation with Mr. Mohlenkamp. I think it's incumbent upon the state to send some type of one last notice to those that are eligible for these refunds, to let them know that June 30 is it. And so we have this \$537,348 that is outstanding. If those refunds aren't sought, will this money revert back to the general fund?

Mike Torvinen: I believe that's correct.

Governor: Board members, do you have any questions? So if we make sure that we get those notices out as soon as possible, that'd be great. If there are no further questions, the Chair will accept a motion for the refund of \$173,195.

Secretary of State: I move to approve the refund.

Attorney General: Second the motion.

Governor: The Secretary of State has moved to approve the refund. The Attorney General has seconded the motion. Any questions? All in favor, please say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. The motion passes three-zero.

***8. FOR POSSIBLE ACTION – VICTIMS OF CRIME 2013 3RD QUARTER REPORT AND FY 2013 4TH QUARTER RECOMMENDATION**

NRS 217.260 requires the Board of Examiners to estimate available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs that claim payments must be reduced proportionately. The Victims of Crime Program Coordinator recommends paying the Priority 1 & 2 claims at 100% and Priority 3 claims at 100% of the approved amount for the 4th quarter of FY 2013.

Clerk's Recommendation: I recommend approval.

Motion By: Secretary of State

Seconded By: Attorney General

Vote: 3-0

Comments:

Governor: The next Agenda item is the Victims of Crime 2013 3rd Quarter Report and FY 2013 4th Quarter Recommendation.

Mike Torvinen: Thank you, Governor. Statute requires the Board of Examiners to estimate the available revenues and anticipated claim costs each quarter, and if revenues are insufficient the claims payments must be reduced proportionally. The Victims of Crime coordinator -- program coordinator recommends paying the Priority 1 and 2 claims at 100 percent and the Priority 3 claims at 100 percent of the approved amount for the 4th quarter of 2013. That recommendation is based on the fact that there's sufficient revenues to pay those claims at 100 percent.

Governor: I have no questions. Board members?

Attorney General: No.

Governor: All right. So do we need a motion to approve that? All right.

Attorney General: Yes.

Governor: Then the Chair will accept a motion.

Secretary of State: I'll move to approve the recommendations and report.

Attorney General: Second the motion.

Governor: The Secretary of State has moved to approve the recommendations and report as described in Agenda Item No. 8. The Attorney General has seconded the motion. Any questions? All in favor, please say aye.

Attorney General: Aye.

Secretary of State: Aye.

Governor: Aye. The motion passes three-zero.

***9. FOR POSSIBLE ACTION – SALARY ADJUSTMENTS**

The 2011 Legislative Session made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet certain salary deficiencies for fiscal year 2013 that might be created between the appropriated money of the respective departments, commissions, and agencies and the actual cost of the personnel of those departments, commissions, and agencies that are necessary to pay for salaries. Under this legislation, the following amounts from the General Fund and/or Highway Fund are recommended:

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT | HWY FUND ADJUSTMENT |
|------|------------------------------------|-------------------------|---------------------|
| 1005 | High Level Nuclear Waste | \$2,296 | |
| 4171 | DCNR – Division of Water Resources | \$24,532 | |
| | Total | \$26,828 | |

Clerk's Recommendation: I recommend approval.

Motion By: Secretary of State Seconded By: Attorney General Vote: 3-0

Comments:

Governor: We'll move on to Agenda Item No. 9, salary adjustments.

Mike Torvinen: Thank you, Governor. In accordance with the appropriations made in the 2011 Legislative Session, two agencies have come forward seeking additional money to solve salary shortfalls. One is a high-level nuclear waste project or account for \$2,296, and the other is the Department of Conservation and Natural Resources Division of Water Resources for \$24,532. Budget office staff has reviewed these claims and feel their appropriate.

Governor: And these -- we'll be seeing the end of these next month as well?

Mike Torvinen: Should be -- we should be towards the end, yes.

Governor: I have no questions. Board members?

Secretary of State: Move to approve the two salary adjustments.

Attorney General: Second the motion.

Governor: The Secretary of State has moved to approve the salary adjustments described in Agenda Item 9. The Attorney General has seconded the motion. Any questions? All in favor, please say aye.

Attorney General: Aye.

Secretary of State: Aye.

Governor: Aye. The motion passes three-zero.

***10. FOR POSSIBLE ACTION – LEASES**

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

Clerk's Recommendation: I recommend approval.

Motion By: Secretary of State Seconded By: Attorney General Vote: 3-0

Comments:

Governor: We'll move on to Agenda Item No. 10, leases. Mr. Torvinen.

Mike Torvinen: Thank you, Governor. For the Board's consideration, there are four separate leases on the Agenda; a couple in Las Vegas, one in Fallon and one in Carson City.

Governor: And I just want to compliment, I believe, in the first lease there is a savings for the term of close to \$30,000, which is always very helpful. Other than that, I have no questions or comments. Board members?

Secretary of State: Move to approve the four leases as described in Agenda Item No. 10.

Attorney General: I'll second his motion.

Governor: The Secretary of State has moved to approve the leases described in Agenda Item No. 10. The Attorney General has seconded the motion. Any questions? All in favor, please say aye.

Attorney General: Aye.

Secretary of State: Aye.

Governor: Aye. The motion passes three-zero.

***11. FOR POSSIBLE ACTION – CONTRACTS**

Seventy-Six independent contracts were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By: Secretary of State Seconded By: Attorney General Vote: 3-0

Comments: Contract#53 pulled from Agenda.

Governor: We'll move on to Agenda Item No. 11, contracts. Mr. Torvinen.

Mike Torvinen: Thank you, Governor. For the Board's consideration today, there are 76 contracts. Subsequent -- after the Agenda was published, an agency requested that one of the contracts be pulled for the Agenda, and that would be Item No. 53, Colorado River Commission.

Governor: All right. I have asked that Contracts 29, 31, 32, 34, 35, 39, 43 and 59 be held out -- oh, no, 59, 64, 67 through 71, and 72. Did you catch all of that?

Mike Torvinen: Did you have Item 72 also, Governor?

Governor: Yes, 72. And Board members, do you have any other holdouts?

Secretary of State: No, Governor.

Attorney General: Ok.

Governor: Then we'll begin with 29, which is the Department of Education. The contractor is Measured Progress. Good morning.

Richard Vinyard: Good morning. For the record, my name is Richard Vinyard. I'm the Assistant Director for Assessment at the Department of Education.

Governor: And just two general questions. There is discussion over at the legislature to move away from the proficiency exam...

Richard Vinyard: Yes.

Governor: ...and whether if that bill were to go into law what effect would that have on this contract. And I was interested, there was a comment in the purpose of the contract which was to help identify schools that may have cheated on the 2012 CRT.

Richard Vinyard: Right.

Governor: And I was a little curious about that as well.

Richard Vinyard: Okay. Well, for the -- your first question, the bill before the legislature now would deal primarily with the high school proficiency exam. And this -- we are intending, if this is approved, to build this kind of detection analysis into our contract going forward in terms of being able to identify data anomalies that are not apparent from just looking at the data. Last year, we had a situation where a school performed at a much higher rate than they had ever performed before, and that raised questions of the district and we started looking into it. We have sort of exhausted our own level of expertise within the department, and we're asking our testing contractor to help us with some additional analyses, which is what this contract would be for.

Governor: So exclusively for this detection analysis?

Richard Vinyard: Yeah, basically it's looking at a higher level of resolution for erasures and also being able to determine whether students are changing their answers from incorrect to correct, correct to incorrect, or incorrect to incorrect at a higher rate than we would normally see

in the population. So that's what that part of it is for. And I don't see that the current bill would impact that part of the contract.

Governor: Okay. Understood. Board members, do you have any further questions?

Secretary of State: No, Governor.

Governor: Thank you very much.

Richard Vinyard: You're welcome.

Governor: All right. Contract 31, which is DHHS and the Board of Regents. Good morning.

Laurie Squartsoff: Good morning.

Governor: Okay. My question here is it's not with regard to the policy of the -- of this contract. It's the amount of the administrative fee that is loaded into that, and I believe it's at...

Secretary of State: Forty-one percent.

Governor: ...41 percent. And there are other contracts that -- with the university that have an administrative fee in single digits. And I was curious about the discrepancy and what 41 percent includes.

Laurie Squartsoff: Governor, for the record, Laurie Squartsoff, Administrator for Division of Health Care Financing and Policy. The current contract that -- this contract that's before BOE includes a 41 percent administrative fee that has been approved in the past through Department of Health and Human Services with CMS. So that's the basis for that 41 percent that's in this current contract. We have recently come to find about -- to learn about these other changes. And so as part of our responsibility with -- we'll continue those conversations with the university.

Governor: So then I guess a little more specifically, what does that mean then?

Laurie Squartsoff: Okay. Well, the 41 percent was what we have in the current contracts. The specifics of how that 41 percent was derived...

Laurie Squartsoff: ...we can certainly -- we have someone from the university to answer that.

Governor: Okay.

Bruce Shively: Governor Sandoval, my name is Bruce Shively, and I'm the Associate Vice President, Planning Budget and Analysis at the university. And I'm actually standing in for our director of sponsored projects who is the subject matter expert on this. But in -- a long time ago, I was in the office of sponsored projects, so I think I can speak relatively knowledgeably to this. Indirect cost rate is a process that we go through in extensive negotiation and audit. It's

approximately about a two-year period that we engage in to develop a negotiated rate with the federal government. And what we do is -- the whole purpose of indirect cost is to identify those costs associated on your campus that relate to hosting that grant on your campus. And it involves a wide range of activities that include research materials in the library, O&M expenses associated with heating and lighting the laboratories. It's your purchasing costs, your payroll costs, all of those types of things including boards that are established and regulatory operations that we need to maintain to comply with federal regulations with regard to human subjects, animal subjects, hazardous waste. And this rate, this 41 percent, I need to -- I need to emphasize this. We're on the low end of what public universities in terms of negotiated rates; we're at 41 percent for this particular contract. Our recently negotiate rate with DHHS, who is I believe the sponsoring agency for this contract, is now 43 ½ percent. And if you look across our public institutions you'll find that that 41 percent is really on the low end. So it's to provide the administrative expenses that we incur as a -- as a result of hosting the grant on our campus.

Governor: No, and, you know, I understand about labs and those types of things, but this is for a contract to provide an assessment of the effective incentives received by Medicaid beneficiaries participating in the incentive research study, et cetera. So it doesn't really involve those things. And I don't know if it's this across the board 41 percent, but that seems high.

Bruce Shively: Governor, you're exactly right. That 41 percent is a composite rate. And we -- when we submit the proposal, we go in at a higher rate because of the research components, and that's negotiated down and is intended to cover a wide range of the types of activities that we fund on our campus. And this is, again, we apply these to federal funds and this has gone to DHHS. They have looked at that and they felt that it was appropriate.

Governor: Okay. I just -- and I think we have a contract later...

Bruce Shively: Yeah, I'm aware of that one and I don't know...

Governor: It's 59 and that one's at 8 percent.

Bruce Shively: I don't know where that one came from.

Governor: The 5 percent?

Bruce Shively: Yeah, I have no idea where that came from. We're going to be talking.

Governor: So we want to negotiate you to 5 percent.

Bruce Shively: Well, you know, I think you really want to keep it at the 41 percent because, you know, what we do with that money is, you know, about a decade ago the State of Nevada made what I think is a very wise decision. They allowed the institutions to retain their indirect costs so that we could reinvest that money for -- to stimulate additional research. And I'm sure you're aware that, you know, we -- our research enterprises \$100 million activity on our campus. It's coming largely from outside the state.

Governor: Oh, and I saw, I think it was on the news this morning or last night, that you just -- the university system got \$20 million for renewable energy research...

Bruce Shively: Yeah.

Governor: ...which is a great thing. But...

Bruce Shively: No, I understand. I do

Governor: So I wanted to bring that up today only because I'm concerned about it, I'm curious about it because of the discrepancy between the two. And, you know, what happens to that money if, let's say, you were -- that administrative fee was half of that. It was 20 ½ percent or 20 percent. Would that extra money revert back to the federal government or would it be more money that would be retained by DHHS? I'm just kind of curious about that.

Leah Lamborn: Good morning. This is Leah Lamborn, for the record. We would not retain the funds. It would revert back to the federal government.

Governor: Okay. All right. Board members, do you have any further questions?

Secretary of State: No.

Governor: All right. Thank you very much.

Leah Lamborn: Okay.

Governor: The next contract is 32, and primarily because of the amounts involved -- we're talking about a \$90 million contract that we'd like to get some testimony on.

Leah Lamborn: I should have just stayed.

Governor: Yes. Good morning again.

Leah Lamborn: Good morning again. Again, for the record, this is Leah Lamborn, Chief Financial Officer for Medicaid. This contract is between the Division of Health Care Financing and Policy and our sister agency, the Welfare Division. It's for administrative services and it's all done -- it's salary and it's all done through a cost allocation plan. This contract, I'd like to note, is at the regular 50/50 administrative match. It does not incorporate the new approved agreement -- a newly approved agreement that we have with CMS, which was approved March 29 for us to receive -- or for the Welfare Division to receive the 75 percent match. So the contract will be amended in the future.

Governor: So will we draw back some of that money that...

Leah Lamborn: We will. The savings to state general fund is a result of that negotiation, is approximately \$6 million to the Welfare Division for '14 -- state fiscal year '14, and \$10 million for state fiscal year '15 of state general fund savings.

Governor: We like when that happens, so congratulations on that -- in that to 75 to the 25.

Leah Lamborn: Thank you.

Governor: All right. That's all I have. Thank you. And we'll call up 34 and 35 separately, but these are billion-and-a-half dollar contracts that I certainly would like to get some testimony on. So is there somebody from DHHS, excuse me? Good morning, Mr. Willden -- or Director Willden.

Mike Willden: Good morning, Governor, members of the Board. I'm Mike Willden, Director of Health and Human Services. 34 and 35 together or separate?

Governor: Let's take them together.

Mike Willden: Okay. So these are both managed care contracts. The Board may know that Medicaid delivers services two ways; medical service or through managed care organizations. We've had contracts in place with these two organizations for at least the past four years. They have been our previous managed care vendors/contractors. And so these are the contracts going forward for the next four years. We just did an RFP contract process. Very large contracts, one and a half billion dollars each. So the Board would know about -- I think today we're sitting at -- Mr. Whaley can correct me, we're sitting at about 61 percent, I think, of our Medicaid recipients get their care through managed care organizations with the Affordable Care Act and the new eligibles that are coming onboard. That percentage is expected to increase over the next couple of years to the 80 to 85 percent range; more people going into managed care/care management, less in fee-for-service, more in managed care. So in short, these are the two organizations that won the bid, won the RFP, and will be delivering services to 80, 85 percent of our Medicaid recipients.

Governor: And given that they are the incumbents, their performance has been good?

John Whaley: For the record, John Whaley, Chief of Business Lines for the Division of Health Care Financing and Policy. It has been very good, yes, sir.

Governor: Good.

John Whaley: We have done different studies by independent contractors and by the University of Nevada that has shown that managed care is better than unmanaged care, and the proof of that is in reduced costs overall and in improved health outcomes and quality of life outcomes. And both of these MCOs have been responsible for that. They also provide a lot of extras that Medicaid couldn't provide otherwise and it does not come out of any Medicaid or State of Nevada funding. It comes out of their profits; things like memberships to the Boys and Girls Club for all children that are in their plan. They have asthma camps, camps for obesity,

childhood obesity, and different things like that, that overall by doing that it ends up saving everyone money, but it's just an added bonus that they provide at no charge to us.

Governor: And can you quantify a little more the savings to the state as a result of going to managed care?

John Whaley: I believe that it was about 14 percent that would go -- the cost of the medical care itself would probably be about 14 percent higher. It's difficult to do, and even the University of Nevada has said that it's very difficult to compare this, you know, apples to apples because the way this is, is in the two urban areas, Washoe and Clark County, is where managed care is. The rest of the state is unmanaged care. We do know some things, for instance, low birth weight and premature babies are 40 percent lower among those women whose care is managed as opposed to those women that are in fee-for-service. And we do have a lot of anecdotal things like that.

Governor: And would that -- so would that, the remaining 15 percent that we don't manage, are those the patients or clients that are in the rural areas that are not managed?

John Whaley: It is the aged, blind and disabled population...

Governor: The ABD population?

John Whaley: ...and the rurals also. Some of the TANF are the young mothers and their children in the rural areas are not managed, but for the most part it is the aged, blind and disabled.

Mike Willden: But, Governor...

Governor: I'm so sorry. Go ahead.

Mike Willden: ...as you know, we've been working now for six months or so on -- well, six months in the final stages of approval, but more than six months on the 1115 waiver.

John Whaley: Yes.

Mike Willden: And so today we're talking about our formal managed care contracts, the HMOs, but we also have initiatives for care management concepts for our high utilizers. And we intend to roll out some more of those kinds of things. You know, we've been working on those with the feds now, in the final stages of getting that 1115 waiver approved. It's supposed to be approved January 1. I think I reported to the Board a couple times ago. Now the date is July 1.

Governor: Is it July 1 now?

Mike Willden: In federal terms...

Governor: Okay.

Mike Willden: In federal terms, soon.

Governor: All right. Because that -- and you anticipated my next question, is that obviously I'd been notified, as well, that that waiver was going to happen at the early part of this year, and then again assured that it was going to happen sometime in the spring, and now it's getting pushed to July. And I was curious to see if you've had any more indications from CMS with regard to the (inaudible).

Mike Willden: Laurie can explain. I know there's a weekly conference call, and we're in the final stages of the terms and conditions. But I've heard that now for 60 days, so we must be in the final-final terms and conditions.

Laurie Squartsoff: I think so, Governor. The most recent date that we have that's come from CMS, and as Mike said with the weekly conversations that we have with CMS, is that we're looking at July 1. And we've had some reasonable assurance that July 1 is our target date.

Governor: Okay. Because I want to hold their feet to the fire.

Mike Willden: We're trying hard.

Governor: Yeah. And what will that do to this 80 to 85 percent? I know managed care and care management are different, but that will -- we will be managing what -- if this -- if this waiver is approved, we will be managing what percent of the Medicaid population?

Mike Willden: I don't know that I know that percentage. Maybe Laurie can jump in. But, again, we would have 80, 85 percent informal, you know, HMO's managed care and then the waiver would allow us to, you know, pull out additional ABD clients, aged, blind and disabled clients, and provide care management overlays over there. They're not going to be in a formal HMO. They're in a care management/case manager/care management concept. And so my guess is going to be pretty much everybody can be touched except for probably those in long-term care that are in a facility, you know, those kinds of things. I mean, there can be care management principles pretty much across the board.

Governor: And that hopefully would be a win-win in terms of this care management or this waiver, is that it will improve outcomes, improve care and also save the state some money.

Mike Willden: That is the goal.

Governor: Yeah. Okay. I have no further questions. Board members, do you have any questions?

Secretary of State: No, Governor.

Governor: Very well then. Thank you.

Mike Willden: Thank you.

Governor: The next was Contract 39, DHHS and Branagh, I think that's how you pronounce that, Information Group. Good morning.

Steve Fisher: For the record, Steve Fisher, Deputy Administrator of the Division of Welfare, and I have with me Jack Zenteno, who is the Chief of the Childcare Program. And the contract you have before you is a contract with Branagh Information Group. And let me back up a little bit. Four percent of our child block grant is to be used for quality improvement of the program. So one way in doing that is we're creating a quality grading improvement system very similar to the hotel industry, a star rating. So you look at a childcare provider, and as a child provider gets better at doing childcare, their star rating would obviously increase. So it's an opportunity for parents to be able to go out there and look at.

Governor: No. And that's what caught my eye, is that it also not only aligns with restaurants, but it aligns with our K through 12 system, because we're going to a star rating on that as well. So what -- how would I know as a parent how many stars this daycare facility has?

Jack Zenteno: Again, for the record, my name is Jack Zenteno with the Division of Welfare. Essentially, we're going to set up a website that will be able to -- parents will be through our CCR&R program that's a resource and referral agency that we can use for parents, parents can use the CCR&R resource and they can direct them to the website, and the website will provide a list of childcare agencies that are in the region or in the state and will direct them to appropriate care based on their needs and star ranking and all of those things that go along with it.

Governor: And do you know off the top of your head what some of the metrics will be in terms of how you determine what -- how many stars one of those facilities are?

Jack Zenteno: Again, Jack Zenteno, for the record. There are a number of things that are based on, for example, staffing ratios. They come in and they look at the environment of the facility and to see, essentially, that the facilities are facilitated correctly. They look at the nutrition plan that they have for the agency and make sure that the children are receiving appropriate nutrition. There's a number of factors related to early childhood kinds of issues.

Governor: Okay. I have no further questions. Board members?

Attorney General: A quick question. So based on that star rating that goes to a provider, somebody's looking on the website to see how well the provider has satisfied those criteria. Are they going to be able to see the criteria themselves to know what it is that the providers are falling deficient on or not?

Steve Fisher: Good question.

Jack Zenteno: Yeah, absolutely. Jack Zenteno, for the record. Absolutely, they'll be able to see what is behind the rankings and all the facilities, when they go through the process of getting their star system, they are told the criteria that they're looking for, and they can pass that

information on to the parents. So it'll be shown on the website and then the agencies essentially can use it as kind of a flag to throw up to the parents to say that we can do all of these wonderful activities for you. So the intent is to market these kinds of -- these specific activities related to children to the parents.

Attorney General: And are all the criteria objective or any of them subjective determinations?

Jack Zenteno: The intent is to make them as quantifiable as possible. There are raters that have to go to a specific center and be qualified to be a rater and they have to achieve I believe it's a 95 percent threshold consistently to say that if one rater goes in, the next rater is going to come in and give exactly the same or pretty close to exactly the same rating to a center so that they are consistent not only within an agency but statewide.

Attorney General: And the provider will have an opportunity to improve?

Jack Zenteno: Absolutely, yeah. They go through an initial round of coaching. They get their initial star ranking and then they can continue on the coaching process and continue -- as long as they can meet those specific criteria, they can continue to improve as fast as they would like to.

Attorney General: Thank you.

Governor: I have one. The Attorney General prompted a question for me. So as a parent, how would I know where to go to look to see what the star rating is for a specific daycare facility?

Jack Zenteno: Again, Jack Zenteno. The intent is to do some advertising, is to get into the communities as best we can to go to those places where parents would be. We're going to do some flyers, handouts. We're going through our CCR&R program that's through the Children's Cabinet. The intent is to -- whenever a parent would go through the welfare system, land in the CCR&R system looking for a provider, they'll automatically be referred into the welfare system.

Governor: Okay. And I hate to ask this question, but will there be an app for that? I mean...

Jack Zenteno: That was one -- the part of this proposal was that the agency needed to have something that was a phone app and they did pass that criteria. So, yeah, absolutely.

Governor: So there will be?

Jack Zenteno: There will be an app for that system.

Governor: All right. And I have no further questions. Board members?

Secretary of State: No.

Governor: All right. Thank you.

Jack Zenteno: Thank you.

Governor: All right. The next is 43, Department of Corrections and High Sierra Trees and Landscaping. And, you know, I have no questions regarding the -- just pure curiosity with regard to where that manure goes. Just for everyone's benefit, this is a contract between Corrections and High Sierra Trees and Landscaping whereby High Sierra Trees and Landscaping will move 10,000 tons of excess manure to a company here in Douglas County for I'm not sure what. That was my question, a compost yard. But Mr. Torvinen.

Mike Torvinen: Thank you, Governor. I actually have some personal experience with where it's going. I own horses and I take advantage of their free dumping there also. There's a very large commercial composting process going on out there, and they take this and grass clippings during the summer and scrap wood and they chop it all up, mix it up and make it into organic compost.

Governor: That works well for us. I don't know what else we'd do with it. So anyway, that's all I have. We'll move on to -- this was that other university contract, Contract 59.

Mike Torvinen: I'm not sure -- this, Governor, is a contract to -- I'm not sure why there's no representative here. It's a contract with the Board of Regions between Conservation and Natural Resources and they're measuring air quality throughout the state. I think last meeting we had a couple of measuring stations on the -- on the Agenda that were approved. This contract is where they take all the data and evaluate and analyze the data.

Governor: And I'm not questioning the contract itself, just the discrepancy in the administrative fee, which was 5 percent in this one and...

Mike Torvinen: This one is -- this one's actually just under 14 percent.

Governor: Okay.

Mike Torvinen: The childcare rating contract was 5 percent, and in the study of the medicating centers was 41 percent.

Governor: Right. So we'll follow up with them.

Mike Torvinen: And we've got arrangements -- I've made arrangements with the university to do some follow up probably in July.

Governor: Okay. Thank you. Did I say 64? You could perhaps answer this question. It's just to -- was to confirm that DOT is responsible to conduct airport pavement condition surveys, which...

Mike Torvinen: Yes, Governor, thank you. That is our understanding.

Governor: So that was confirmed?

Mike Torvinen: Mm-hmm.

Governor: And for 67 through 71, DETR and Nevadaworks and Workforce Connections. Good morning.

Grant Neilson: Good morning. Grant Neilson, Chief of Workforce Investments Support Services at DETR.

Governor: And I'm not questioning, just a little bit more background in terms of what we're accomplishing here.

Grant Neilson: For 67 through 70, the state is allowed to reserve up to 25 percent of the Dislocated Worker Funds from the Workforce Investment Act contracts for rapid response activities. And these are activities to workers -- to assist workers who have been part of a mass layoff or a large layoff event. We reserve those funds. And now that the PY 11 funds, these have a three-year life, because they are coming close to the life, we revert that back to Dislocated Worker Funds. It starts out as Dislocated Workers, we reserve it as rapid response funds, and then it needs to go back in order -- in order to be expended so it's not recaptured by the fed.

Governor: So there's a bit of a silver lining here because we didn't use them all...

Grant Neilson: Correct.

Governor: ...for rapid response?

Grant Neilson: That's correct.

Governor: And my recollection of one specific was the solar manufacturer in North Las Vegas where the rapid response team...

Grant Neilson: Yeah.

Governor: ...came in. So how it works is if there's a mass layoff, you send the team in...

Grant Neilson: Correct.

Governor: ...and hopefully are able to find other employment opportunities...

Grant Neilson: Correct.

Governor: ...for the affected employees.

Grant Neilson: And the use of those funds are very limited in the rapid response area. But we want to -- we make full use of that -- of those fundings, so we wanted to put them out before they expire, back out to the -- to the boards.

Governor: So it frees it up from the rapid response and makes it available to...

Grant Neilson: Correct.

Governor: ...to Nevadaworks and Workforce Connections to continue their mission?

Grant Neilson: Correct.

Governor: All right. That's all I have.

Grant Neilson: Okay.

Governor: Questions, Board members?

Attorney General: No.

Secretary of State: No.

Governor: Thank you. And then last but not least was this Contract 72 with Oregon State. And just a simple question, is it that University UNR/UNLV isn't capable? Bill, good morning.

Bill Anderson: Good morning, Governor, members of the Board. For the record, Bill Anderson, Chief Economist with DETR. We are part of a 21-state consortium of states that have career information systems. In Nevada, we're known by -- as NCIS, the Nevada Career Information System. That offers a significant economies of scale on a number of different fronts in terms of hosting a website, in terms of content development, in terms of sharing information. If a student or an out-of-work adult is interested, just to give you one example, and going to work in Pennsylvania to take advantage of some of their emerging energy opportunities, they can get on our web -- our system and hook into Pennsylvania's and see what opportunities there are there. So in a nutshell, it just provides -- being a member of this 21-state consortium simply provides significant economies of scale on a number of different fronts.

Governor: And that's good, but why is it that it has to be Oregon State?

Bill Anderson: It's the University of Oregon, Governor.

Governor: Oregon.

Bill Anderson: And, again, for the record, Bill Anderson.

Governor: Ducks, beavers, one of the same. Same difference.

Bill Anderson: They became involved in 1971 with a grant from the U.S. Department of Labor. We have been part of the consortium since -- for the past 26 years. So they just have significant expertise in that area. I can tell you that many institutions within our higher ed system are our clients. They partner up, they use the system, so on and so forth.

Governor: Understood. Thank you very much.

Bill Anderson: Thank you.

Governor: Board members, do you have any questions? All right. All right. Before I take a motion, Board members, do you have any questions with regard to Contracts 1 through 76 with Contract 53 being excluded?

Secretary of State: No, Governor. I move for approval of the 76 contracts except Contract 53 as described in Agenda Item No. 11.

Governor: The Secretary of State has moved for approval of Contracts 1 through 76 with the exception of 53 as described in Agenda Item No. 11. Is there a second?

Attorney General: I second the motion.

Governor: The Attorney General has seconded the motion. Any questions or further discussion? All in favor, please say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. The motion passes three to zero.

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

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

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General **Seconded By: Secretary of State** **Vote: 3-0**

Comments:

Governor: We'll move on to Agenda Item No. 12, master service agreements. Mr. Torvinen.

Mike Torvinen: Thank you, Governor. For the Board's consideration today are 11 separate master service agreements consisting of agreements for office furniture, court reporting and some wireless auditing -- wireless cell phone auditing service audits.

Governor: I have no questions. Board members?

Attorney General: No. Move for approval.

Secretary of State: Second.

Governor: The Attorney General has moved for approval of the master service agreements as described in Agenda Item No. 12. The Secretary of State has seconded the motion. Any questions? All in favor, please say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. The motion passes three to zero.

13. INFORMATIONAL ITEM

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

Pursuant to NRS Chapters 111, Statutes of the Nevada, 1989 at page 263, the Division of State Lands is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. The agency reports there were no transfers of lands or interests in lands during the quarter. However, a revenue generating interlocal agreement was approved at the March Board of Examiners meeting allowing the Division of State Lands to transfer land coverage owned by the Incline Village General Improvement District for projects in Incline Village. Also, pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the fiscal quarter ending December 31, 2012 (reference NRS 321.5954).

Governor: We'll move on to Agenda Item No. 13, Division of State Lands Report.

Mike Torvinen: Thank you, Governor. Item 13 is an information item, and the agency reports there were no transfers of lands or interest in lands during the quarter.

14. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

Governor: All right. We'll move on to 14. Is there any -- are there any Board member comments?

Secretary of State: No, Governor.

Attorney General: No.

Governor: Is there any public comment here in Carson City? Is there any public comment in Southern Nevada?

***15. FOR POSSIBLE ACTION – ADJOURNMENT**

Motion By: Secretary of State

Seconded By: Attorney General

Vote: 3-0

Comments:

Governor: We'll move on to Agenda Item No. 15, adjournment. Is there a motion for adjournment?

Secretary of State: Move to adjourn.

Attorney General: Second the motion.

Governor: The Secretary of State has moved for adjournment. The Attorney General has seconded the motion. All in favor, please say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. The motion passes three to zero. This meeting is adjourned. Thank you, ladies and gentlemen.

Attorney General: Thank you.

Respectfully submitted,

JEFF MOHLENKAMP, CLERK

APPROVED:

GOVERNOR BRIAN SANDOVAL, CHAIRMAN

ATTORNEY GENERAL CATHERINE CORTEZ MASTO

SECRETARY OF STATE ROSS MILLER

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
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Date: May 20, 2013
To: Jeff Mohlenkamp, Clerk of the Board
Department of Administration
From: Colleen Murphy, Budget Analyst IV *CM*
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 OF CORRECTIONS

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Corrections is requesting approval to purchase two used vehicles in fiscal year 2013.

Additional Information:

These vehicles will replace existing vehicles at Northern Nevada Correctional Center that will be exceeded. It is no longer cost effective to repair the two vehicles being replaced. The agency is not legislatively approved funds for these replacement vehicles, but will fund the total expense of \$7,156.50 from existing savings.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

| |
|---------------------|
| REVIEWED: <i>SM</i> |
| ACTION ITEM: _____ |

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

| | | |
|--|--|--|
| Agency Name: Nevada Department of Corrections | | Budget Account #: 3717 |
| Contact Name: Betty Farris | | Telephone Number: 887 - 3346 |
| Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: | | |
| Number of vehicles requested: <u>2</u> | | Amount of the request: <u>\$7,156.50</u> |
| Is the requested vehicle(s) new or used: <u>Used</u> | | |
| Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: 1- Sedan & 1 - Expedition SUV | | |
| Mission of the requested vehicle(s): To replace existing vehicles at Northern Nevada Correctional Center that will be excessed. | | |
| Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? Through funds available in BA 3717 CAT 04. |
| Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>2</u> Replacement(s) | | |
| Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Smart way is not required for these vehicles as they were originally law enforcement vehicles. | | |
| 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: 1997 Odometer Reading: 159,165 Type of Vehicle: Crown Victoria Sedan Vehicle #2 Model Year: 1998 Odometer Reading: 82,543 Type of Vehicle: 15 Passenger Ford Van - Inoperable <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. 1997 - Yes 1998 - No (mileage) but the cost of repairs to this item will exceed the value of the replacement vehicle of \$4,000 If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. Not upgrades |
| APPOINTING AUTHORITY APPROVAL: | | |
| <u>Betty Farris</u> Agency Appointing Authority | | <u>Chief of Fiscal Services</u> Title |
| | | <u>5-21-13</u> Date |
| BOARD OF EXAMINERS' APPROVAL: | | |
| <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase | | |
| _____ Board of Examiners | | _____ Date |

Revised 7/13/10

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: May 14, 2013
To: Jeff Mohlenkamp, Clerk of the Board
Department of Administration
From: Katrina Nielsen, Budget Analyst IV
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.

OFFICE OF THE CONTROLLER

Agenda Item Write-up:


Pursuant to NRS 284.1729, Section 1, Subsection 1-2, the Controller's Office requests authority to contract with a former employee, on a part-time basis through the use of a temporary service, so this individual, who retired on May 24, 2013, may train the new employee on their debt collection duties in an effort to transfer knowledge without an additional loss in debt collection productivity. The contract period is upon Board of Examiner's approval through September 30, 2013.

Additional Information:

Existing employees are not being used to perform this function due to the impact of losing a Deputy Controller position within the department during the 2011 Legislative session. Staff workload has increased by over 234% since the loss of the position. Bringing back the former employee will ensure the employee is properly trained in the debt collection process while allowing other staff to continue their debt collection activities uninterrupted.

Statutory Authority:

NRS 284.1729

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|---|
| REVIEWED:  |
| ACTION ITEM: _____ |



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MAY 15 2013

OFFICE OF THE
STATE CONTROLLER

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

May 14, 2013

To: Board of Examiners

From: Kim R. Wallin, Controller *KRW*

Subject: Review of Contract with a Former Employee

NRS 284.1729 requires this Board's review of emergency contracts which are made with former state employees who have been separated from service for less than two years. This contract is exempt from pre-approval because the term is for less than four months.

The Controller's office will contract through Manpower for the services of Joyce Ponte, who will retire from state service on May 24, 2013. Ms. Ponte will assist in the Controller's Office Debt Collection Department in her former position as an Accountant Technician 2 until a new employee has been hired and trained to fill this position. The Controller's Office has created recruitment with the Division of Human Resource Management. The recruitment closed on May 13, 2013. It will be approximately two weeks before an unranked list is received. The process of contacting applicants, interviewing and allowing the applicant to give a two weeks notice can delay the start date of the new employee until July 1st at the earliest. Based on our recent hires it has taken up to three months to fill a position.

The Controller's Office would like to have Joyce Ponte begin on June 15, 2013 and work for no more than 20 hours per week. We are requesting to have her contract with Manpower expire by September 30, 2013.

The Controller's Office Debt Collection Department is currently short by one position due to the 2011 Legislature eliminating the Assistant Controller. Additionally, the existing staff has seen their workloads increase significantly with the volume of debts submitted to their office increase over 234%.

A work program will be submitted to move funds into CAT 04 from CAT 30 for FY 2013. We will have funds available in CAT 04 for FY 14 to fund this.

State Capitol
101 N. Carson Street, Suite 5
Carson City, Nevada 89701-4786
(775) 684-5750
Fax (775) 684-5696

www.controller.nv.gov

Grant Sawyer State Office Building
555 E. Washington Avenue, Suite 4300
Las Vegas, Nevada 89101-1071
(702) 486-3895
Fax (702) 486-3896

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MAY 07 2013

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

Authorization to Contract with a Former Employee

Former Employee Name: Joyce Ponte
Former Employee ID number: 32687
Former Job Title: Accountant Technician 2
Former Employing Agency: Controller's Office
Former Class and Grade: 07.140 / 32 (Step 4)
Employment Dates: 1-10-2005 thru 5-24-2013
Contracting Agency: Manpower

Please check which of the following applies:

- Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-i below.
- Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.

| | |
|---|---|
| a. Summarize scope of contract work. | Ms. Ponte will train a new employee in debt collection to take over her position. Ms. Ponte retired from State service on 5/24/2013. See attached work performance standards |
| b. Document former job description. | See attached work performance standards. |
| c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer? | Yes. The reason for Ms. Ponte's, being hired back temporarily is for the transfer of the knowledge only she has in the area of debt collection that she works in. |
| d. Explain why existing State employees within your agency cannot perform this function. | Short staffed due to losing one position in the department during the 2011 Legislative session. Additionally, the existing staff has seen their workloads increase significantly. The volume of debts that the department has has increased over 234% since the loss of the position in 2011. |
| e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not | There is no relationship. |

| | |
|---|---|
| affect independence and why this would not violate NAC 284.750. | |
| f. List contractor's hourly rate. | \$21.27 <i>Rate of pay is equivalent to employee's current</i> |
| g. List the range of comparable State employee rates. | Accountant Technician 2 hourly range: \$18.73 - \$27.64 (step 1 - step 10) <i>rate of pay.</i> |
| h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result? | n/a |
| i. Document justification for hiring contractor. | Transfer of knowledge from Ms. Ponte to a new employee in this position. By doing so we expect the time it will take the new employee to come up to speed will be shortened; thereby, allowing the State to collect more debt sooner. Furthermore, Ms. Ponte will be able to fill in part time until we can hire the new employee. Our recent hiring experience in this office for several positions we have found that it is taking three months or longer to find qualified applicants. |

Comments:

Kim B. Walli

5-7-13

Contracting Agency Head's Signature and Date

Katrina Jensen *5/14/13*

Budget Analyst

Clerk of the Board of Examiners



**DIVISION OF HUMAN RESOURCE
MANAGEMENT
EMPLOYEE WORK PERFORMANCE
STANDARDS FORM**

Supervisors are responsible for establishing the initial standards, but standards must be reviewed annually and amended when appropriate. The employee must be given the opportunity to provide comment when the standards are revised (NAC 284.468).

| | | | | | |
|----------------------|---|------------------------|----------|-------------------------|----------------|
| Employee Name: | Last: Ponte | First: Joyce | Initial: | Employee ID #: | 32687 |
| Class Title: | Accountant Technician II | | | Date Standards Est/Rev: | August 8, 2012 |
| Department/Division: | State Controller/ Debt Collection Section | | | | |
| Agency # (3 digits): | 060 | Home Org # (4 digits): | 1130 | Position Control #: | 50 |

I have read and understand the work performance standards for this position. I understand these standards may be modified after discussion with my immediate supervisor and with the concurrence of the appointing authority.

| | | | |
|---|-------------------------|-------|---------------|
| Employee Signature: | <i>Joyce K Ponte</i> | Date: | <i>8/8/12</i> |
| Supervisor Title & Signature: | <i>Harold D. Meeker</i> | Date: | <i>8/8/12</i> |
| Reviewing Officer Title & Signature: | | Date: | |
| Appointing Authority Title & Signature: | <i>D. V. H.</i> | Date: | <i>8-8-12</i> |

| Job Elements (Defined as principal assignments, goals, responsibilities and/or related factors.) | *Weighted Value | Performance Standards |
|--|-----------------|---|
| Job Element #1: Receiving Accounts from State Agencies A. Receive placement accounts from State Agencies. Assign debtor's numbers to the new debtors and SCO identification numbers to the debts. Identify duplicate accounts. B. Maintain and update worksheets of accounts received from Agencies which are sent to debt collection companies. C. Research and resolve any discrepancies between State Agencies and collection companies. D. Filing proof of debt documents sent by the Agencies. | 20% | A. Must be complete within twenty- four hours. B. Completed with one day of receipt the adjustments. C. Inquiries answered within twenty-four hours. D. Documents filed within one week of receipt. |
| Job Element #2: Reconciliations of Debt Collection Accounts, Worksheets and Fees A. Prepare reconciliation details of payments from debt collection companies, State Agencies and Controllers' Office. B. Ensure that the payments are applied correctly and fees calculated and charged correctly. C. Foster communication with Agencies to correct any problem with payments. D. Provide copies of the reconciliations to the State Agencies. | 15% | A. Payments reconciled within one week following receipt. Payments received on the worksheet must balance the amount recorded in the accounting system on the budget status report. B. Allocations must be accurate. C. Problems resolved within one week. D. Documents sent to the state agencies within 48 hours after the reconciliation is approved. |

| Job Element #3: Transfer Payments to Agencies and Debt Collection Companies | 15% | |
|---|-----|---|
| <p>A. Prepare Cash Receipts (CR's) for monies received from debt collection companies via ACH.</p> <p>B. Prepare Journal Vouchers (JVD's) to transfer monies collected by debt collection companies back to the Agency or Recovery fund and send documentation to the correct Agency. Prepare journal entries to record fees.</p> <p>C. Prepare Payment Vouchers (PVE's) for fees owed to the debt collection companies and refunds for overpayments.</p> | | <p>A. Cash Receipt prepared at the end of the day.</p> <p>B. Journal entries should be prepared within one week after receiving a deposit. Journal entries should have a 98% accuracy rate.</p> <p>C. Payment voucher prepared within one week after receiving the deposit from the debt collection company.</p> |
| Job Element #4: Administer the Debt Offset Program | 10% | |
| <p>A. Put vendors on hold following the instructions in the vendor manual.</p> <p>B. Maintain worksheet of vendor on hold and the amount of debt.</p> <p>C. Review the rejected PV list for rejections due to vendors on hold.</p> <p>D. Inform both the withholding and paying agency when a payment voucher is intercepted.</p> <p>E. Submit official written 10-day notice to the vendor.</p> <p>F. Prepare the journal voucher to transfer the amount intercepted to the Agency or a memo to Payroll to offset wages.</p> <p>G. Communicate information on the debt offset program to Agencies or vendors, as needed.</p> | | <p>A. Completed within one day of receipt of debt offset from agency.</p> <p>B. Completed within two days of receipt of debt offset from agency.</p> <p>C. List reviewed daily.</p> <p>D. Agency informed within one day.</p> <p>E. Letter sent within one day the holding agency is notified about the intercepted payment voucher.</p> <p>F. Journal voucher or memo prepared the day the 10 day notice expires.</p> <p>G. Inquiries answered within twenty-four hours.</p> |
| Job Element #5: Reporting, Reconciling and Adjusting Data | 15% | |
| <p>A. Reporting: Prepare quarterly receivable report and submit to LCB.</p> <p>B. Adjusting Data: Maintain spreadsheet with updates received from State Agencies and collection agencies. They may include, but are not limited to, adjustments to the accounts, closed accounts, and write offs approved by BOE, etc.</p> | | <p>A. Report should be done quarterly and submitted to LCB before the due date.</p> <p>B. Completed within one day of receipt the adjustments.</p> |
| Job Element #6: Miscellaneous Duties | | |
| <p>A. Set-up payment plans with debtors.</p> <p>B. Communicate with debtors, and supply both the debtor and debt collection companies supporting documents as requested.</p> <p>C. Accept credit card payments and adjust incorrect charges to credit card accounts.</p> | | <p>A. As needed.</p> <p>B. Must be complete within twenty-four hours.</p> <p>C. As needed.</p> |

| Job Element #7: Back Up Functions | 50% | |
|--|-----|---|
| <ul style="list-style-type: none"> A. Back up check printing functions. B. Assist with large mailings. C. Prepare daily deposit when Accounting Assistant III is absent | | <ul style="list-style-type: none"> A. Deposit prepared by the end of the day. B. Arrive 60 minutes early to assist with check printing. Checks printed accurately. C. Mailings completed within the established timeline. |
| <ul style="list-style-type: none"> A. Work adjustment and adaptability. B. Cooperativeness. C. Dependability. D. Judgment. | | <ul style="list-style-type: none"> A. Able to adapt to new situation and work under pressure. B. Able to work with others, promotes teamwork. C. Meets deadlines, follows verbal and written instructions accurately. D. Shows diplomacy and tact when dealing with others. |

*If a weighted value is not designated, each job element has an equal weight.

Distribution: Original to Agency; Copy to Employee; Copy to Supervisor

NPD-14 Est. 1/03
Revised 3/12

PAY POLICY 01
CLASSIFIED ON EMPLOYEE/EMPLOYER PAY CONTRIBUTION PLAN (EEs/ERs)
COMPENSATION SCHEDULE

EFFECTIVE DATE: **JULY 2011

Table with columns: HOURLY RATE, GRADE AND STEP, BI-WEEKLY, MONTHLY, SEMI-MONTHLY, ANNUAL. Rows list various grades and steps with corresponding salary values.

THE CONTRIBUTION RATE FOR MEMBERS OF THE RETIREMENT SYSTEM WHO ELECT EMPLOYEE/EMPLOYER PAY CONTRIBUTION PLAN IS 12.25%. MEMBERS OF THE POLICE/FIRE FUND CONTRIBUTE 20.25%.

**EFFECTIVE FIRST MONTHLY RETIREMENT REPORTING PERIOD COMMENCING ON OR AFTER JULY 1, 2011.

CONTRACTS TO PROVIDE SERVICES

NRS 284.1729 Limitations and requirements; approval by State Board of Examiners; emergencies; reports to Interim Finance Committee; applicability of state purchasing provisions; exceptions.

1. Except as otherwise provided in this section, a department, division or other agency of this State shall not enter into a contract with a person to provide services for the agency if:

- (a) The person is a current employee of an agency of this State;
- (b) The person is a former employee of an agency of this State and less than 2 years have expired since the termination of the person's employment with the State; or
- (c) The person is employed by the Department of Transportation for a transportation project that is entirely funded by federal money and the term of the contract is for more than 4 years,

↪ unless, before the contract is executed by the agency, the State Board of Examiners approves the employment of the person. The requirements of this subsection apply to any person employed by a business or other entity that enters into a contract to provide services for a department, division or agency of this State if the person will be performing or producing the services for which the business or entity is employed.

2. The provisions of paragraph (b) of subsection 1 apply to employment through a temporary employment service. A temporary employment service providing employees for a state agency shall provide the agency with the names of the employees to be provided to the agency. The State Board of Examiners shall not approve a contract pursuant to paragraph (b) of subsection 1 unless the Board determines that one or more of the following circumstances exist:

- (a) The person provides services that are not provided by any other employee of the agency or for which a critical labor shortage exists; or
- (b) A short-term need or unusual economic circumstance exists for the agency to contract with the person.

3. A department, division or other agency of this State may contract with a person pursuant to paragraph (a) or (b) of subsection 1 without obtaining the approval of the State Board of Examiners if the term of the contract is for less than 4 months and the executive head of the department, division or agency determines that an emergency exists which necessitates the contract. If a department, division or agency contracts with a person pursuant to this subsection, the department, division or agency shall submit a copy of the contract and a description of the emergency to the State Board of Examiners, which shall review the contract and the description of the emergency and notify the department, division or agency whether the State Board of Examiners would have approved the contract if it had not been entered into pursuant to this subsection.

4. Except as otherwise provided in subsection 9, a department, division or other agency of this State shall, not later than 10 days after the end of each fiscal quarter, report to the Interim Finance Committee concerning all contracts to provide services for the agency that were entered into by the agency during the fiscal quarter with a person who is a current or former employee of a department, division or other agency of this State.

5. Except as otherwise provided in subsection 9, a department, division or other agency of this State shall not contract with a temporary employment service unless the contracting process is controlled by rules of open competitive bidding.

6. Each board or commission of this State and each institution of the Nevada System of Higher Education that employs a consultant shall, at least once every 6 months, submit to the Interim Finance Committee a report setting forth:

- (a) The number of consultants employed by the board, commission or institution;
 - (b) The purpose for which the board, commission or institution employs each consultant;
 - (c) The amount of money or other remuneration received by each consultant from the board, commission or institution;
- and
- (d) The length of time each consultant has been employed by the board, commission or institution.

7. A department, division or other agency of this State, including a board or commission of this State and each institution of the Nevada System of Higher Education:

(a) Shall make every effort to limit the number of contracts it enters into with persons to provide services which have a term of more than 2 years and which are in the amount of less than \$1 million; and

(b) Shall not enter into a contract with a person to provide services without ensuring that the person is in active and good standing with the Secretary of State.

8. The provisions of chapter 333 of NRS that are not in conflict or otherwise inconsistent with this section apply to a contract entered into pursuant to this section.

9. The provisions of subsections 1 to 5, inclusive, do not apply to:

- (a) The Nevada System of Higher Education or a board or commission of this State.
- (b) The employment of professional engineers by the Department of Transportation if those engineers are employed for a transportation project that is entirely funded by federal money.
- (c) Contracts in the amount of \$1 million or more entered into:
 - (1) Pursuant to the State Plan for Medicaid established pursuant to NRS 422.271.
 - (2) For financial services.
 - (3) Pursuant to the Public Employees' Benefits Program.

(d) The employment of a person by a business or entity which is a provider of services under the State Plan for Medicaid and which provides such services on a fee-for-service basis or through managed care.

(Added to NRS by 2009, 2066; A 2011, 3101)

CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

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

Various State Agencies

Monitored By: Department of Administration
Purchasing Division

515 E Musser Street, Room 300
Carson City NV 89701

Contact: Annette Morfin, Purchasing Officer
Phone: (775) 684-0185 Fax: (775) 684-0188
Email: amorfin@admin.nv.gov

and

Manpower

1155 W 4th St #223
Reno NV 89503

Contact: Patrick Harrigan
Phone: (775) 328-6020 Fax: (775) 328-6030
Email: pharrigan@mpreno.com

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 (BOE), 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.**
 - A. "State" – means the State of Nevada and any State agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
 - B. "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.
 - C. "Fiscal Year" – is defined as the period beginning July 1st and ending June 30th of the following year.
 - D. "Current State Employee" – means a person who is an employee of an agency of the State.
 - E. "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 as noted below, unless sooner terminated by either party as specified in Section 10, Contract Termination. Contract is subject to Board of Examiners' approval (anticipated to be March 12, 2013).

| | | | |
|-----------------|---------------|-----|----------------|
| Effective from: | April 1, 2013 | To: | March 31, 2017 |
|-----------------|---------------|-----|----------------|

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, posted 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 AA: | NEGOTIATED ITEMS |
| ATTACHMENT BB: | INSURANCE SCHEDULE |
| ATTACHMENT CC: | REQUEST FOR PROPOSAL 2029 AND AMENDMENTS #1 AND #2 |
| ATTACHMENT DD: | CONTRACTOR'S RESPONSE |

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 *Section 5, Incorporated Documents* at a cost as noted below:

| | |
|--|--|
| Total Contract or installments payable at: | Invoices will be paid upon receipt of invoice and using agency's approval, invoices will be paid within 30 days. Agency Recruitment Invoices: will be paid per temporary employee hourly pay rate plus 23% Agency Recruitment Administrative Markup Fee. Contractor Recruitment Invoices: will be paid per temporary employee hourly pay rate plus 33% Contractor Recruitment Administrative Markup Fee. Both markup fees include a 13.76% Employers Tax Contribution and 6.13% for Benefit Cost consisting of liability and bonding insurance and workers compensation insurance. Temporary employees may be required to drive State vehicles and contractor must maintain the \$1,000,000.00 automobile liability on their insurance policy to cover this requirement. |
|--|--|

| | |
|-------------------------------|---------------------------------------|
| Total Contract Not to Exceed: | \$6,000,000.00 for the contract term. |
|-------------------------------|---------------------------------------|

The contractual authority, as identified by the not to exceed amount, does not obligate the State of Nevada to expend funds or purchase goods or services up to that amount; the purchase amount will be controlled by the individual using agency's purchase orders or other authorized means of requisition for services and/or goods as submitted to and accepted by the contractor.

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 appropriate 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 first Friday in August of the same calendar year. A billing submitted after the first Friday in August, 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 state claim and that this amount will be deducted from the state 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 Section.
- 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 claims(s) for damages, effective immediately upon receipt of written notice (or any date specified therein) if for any reason for 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:
 - 1) 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
 - 2) 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
 - 3) If Contractor becomes insolvent, subject to receivership, or becomes voluntarily or involuntarily subject to the jurisdiction of the bankruptcy court; or
 - 4) If the State materially breaches any material duty under this Contract and any such breach impairs Contractor's ability to perform; or
 - 5) 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

- 6) 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 declared default or breach may be exercised only after service of formal written notice as specified in *Section 4, Notice*, 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 Section survive termination.

- 1) 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;
- 2) 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;
- 3) Contractor shall execute any documents and take any actions necessary to effectuate an assignment of this Contract if so requested by the Contracting Agency;
- 4) Contractor shall preserve, protect and promptly deliver into State possession all proprietary information in accordance with *Section 21, State Ownership of Proprietary Information*.

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 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 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:

| QUESTION | CONTRACTOR'S INITIALS | |
|--|-----------------------|----|
| | YES | NO |
| 1. Does the Contracting Agency have the right to require control of when, where and how the independent contractor is to work? | PH | |
| 2. Will the Contracting Agency be providing training to the independent contractor? | PH | |
| 3. Will the Contracting Agency be furnishing the independent contractor with worker's space, equipment, tools, supplies or travel expenses? | PH | |
| 4. Are any of the workers who assist the independent contractor in performance of his/her duties employees of the State of Nevada? | | PH |
| 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)? | | PH |
| 6. Will the State of Nevada incur an employment liability if the independent contractor is terminated for failure to perform? | | PH |
| 7. Is the independent contractor restricted from offering his/her services to the general public while engaged in this work relationship with the State? | | PH |

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 *Attachment BB*, 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 to 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 to this Contract. Any failure of the State to timely approve shall not constitute a waiver of the condition.

A. **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 *Attachment BB*, 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.

B. General Requirements.

- 1) **Additional Insured:** By endorsement to the 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.
- 2) **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.
- 3) **Cross Liability:** All required liability policies shall provide cross-liability coverage as would be achieved under the standard ISO separation of insureds clause.
- 4) **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.
- 5) **Policy Cancellation:** Except for ten (10) days notice for non-payment of premiums, 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 Section shall be sent by certified mail to the address shown on page one (1) of this contract.
- 6) **Approved Insurer:** Each insurance policy shall be:
 - a) 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
 - b) Currently rated by A.M. Best as "A-VII" or better.

C. 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 by the 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 *Section 16A, Insurance Coverage*.

Mail all required insurance documents to the State Contracting Agency 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 *Section 16 B, General Requirements*.
 - 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.
 - 4) **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 subcontractors, 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 nor 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, prepare 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, Section 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 subcontracts 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 there under 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, council or board;
- B. Any federal, State, county or local legislator, commission member, council member, board member, or other elected official; or
- C. Any officer or employee of any federal, State, county or local agency; legislature, commission, council or board.
26. **WARRANTIES.**
- A. General Warranty. Contractor warrants that all services, deliverables, and/or work-products 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 identify 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-law 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.

Patricia Lewis 1/15/13 Business Development
Independent Contractor's Signature Date Independent Contractor's Title

Rumbelle Ector 1/23/13 Dep Administrator
Signature Date Title

Signature Date Title

Signature Date Title

[Signature]
Signature – Board of Examiners

APPROVED BY BOARD OF EXAMINERS

On: 3/12/13
Date

Approved as to form by:

[Signature]
Deputy Attorney General for Attorney General

On: 12 Jan 13
Date



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: May 7, 2013
To: Jeff Mohlenkamp, Clerk of the Board
Department of Administration
From: Colleen Murphy, Budget Analyst *CM*
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 OF TAXATION

Agenda Item Write-up:

Pursuant to Senate Bill 493, Section 16.7 of the 2011 Legislature, the Department of Taxation must submit mining claim refund requests to the Board of Examiners for approval. The Department of Taxation is requesting authority to pay three refund requests totaling \$43,875.00.

Additional Information:

Below is a table summarizing the action taken by the Board or pending the Board's approval at this time, and provides an outlook for future potential mining claim refunds. The fiscal year 2012 value includes a \$700 adjustment due to an administrative error that occurred with the very first mining claim refund request forwarded to the BOE in November 2011.

| BOE Meeting Date | Mining Refund | MBT Credit | Grand Total |
|---|--------------------|---------------|---------------------|
| Fiscal Year 2012 | \$16,326,908.50 | \$619,390.00 | \$16,946,298.50 |
| Fiscal Year 2013 To Date | \$465,890.00 | \$56,100.00 | \$521,990.00 |
| June 2013 | \$43,875.00 | \$0.00 | \$43,875.00 |
| One-Time Adjustment | (\$700.00) | \$0.00 | (\$700.00) |
| Totals to Date | \$16,835,973.50 | \$675,490.00 | \$17,511,463.50 |
| Total Mining Claims Deposited in State General Fund | | | \$18,158,531.50 |
| Difference | | | \$647,068.00 |

Statutory Authority:

Senate Bill 493, Section 16.7, 2011 Legislative Session.

| |
|----------------------------|
| REVIEWED: <u><i>SB</i></u> |
| ACTION ITEM: _____ |



**STATE OF NEVADA
DEPARTMENT OF TAXATION**
Web Site: <http://tax.state.nv.us>

1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4800 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
Governor
ROBERT R BARENGO
Chair, Nevada Tax Commission
CHRISTOPHER NIELSEN
Executive Director

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

Date: May 7, 2013
To: Colleen Murphy, Budget Analyst 4
From: Sumiko Maser, Deputy Director, Administrative Services *SM*
CC: Jennifer Gamroth, Program Analyst, Legislative Counsel Bureau
Cathy Gregg, Budget Analyst 4
Subject: Board of Examiners Action Item – Mining Fee Refunds

In accordance with Senate Bill (SB) 493 (see Attachment A for relevant sections) of the 2011 Legislative Session, the Department of Taxation requests the Board of Examiners' approval for payment of the attached list of 3 applications for mining fee refunds, totaling \$43,875.00 (see Attachment B). These refunds are for amounts paid by mining claim holders pursuant to Nevada Revised Statute (NRS) 517.187 (see Attachment C for relevant sections). Section 16.7 of SB 493 repeals NRS 517.187 for mining claims fees adopted in Assembly Bill (AB) 6 during the 26th Special Session. AB 6, section 47 (see Attachment D for relevant sections), amended NRS 517.187 to impose an additional fee on each filing by persons holding 11 or more mining claims. The fees deposited by the State Controller in the State General Fund for FY 2010-FY 2013 totaled \$18,158,531.50.

Attachment B represents the Taxation's twelfth submittal to the Board for approval of refund applications that the department received for amounts it verified were paid by the mining claim holders to the county recorders, forwarded by the county treasurers, and received by the State Controller's Office. SB 493, section 16.7, subsection 6 provides that all such claims presented by the department and approved by the Board "must be paid from the State General Fund."

SB 493, section 16.7, subsection 2 provides that the amount of fees paid by mining claim holders may be applied against the applicant's Modified Business Tax (MBT) liability with the excess amount carried forward until it is exhausted, unless the department determines it impractical to provide the full credit. Amounts that are not applied against an MBT liability will be refunded to the applicant. Due to lack of staff to track mining claim credits manually over an extended period, the department established a one-year timeframe in which it would be practicable to track and apply these amounts against MBT liabilities. Of the three applications received and verified to date for this twelfth submittal to the Board, the department did not identify any with MBT accounts that will have the requested refund amounts applied to their liabilities over the following year.

The department will continue to present refund applications to the Board for payment approval as it receives and verifies them. Pursuant to Section 16.7 of SB 493, applications for mining fee refunds will be accepted until June 30, 2013. To date, the department has forwarded 757 applications for refund, totaling \$16,836,673.50, for Board approval and identified 26 applicants that will have refund amounts, totaling \$675,490.00, applied to their MBT account liabilities.

Please contact Carolyn Misumi at 684-2071 if you have questions or require additional information.

Attachments

Senate Bill No. 493—Committee on Revenue

CHAPTER.....

AN ACT relating to mining; creating the Mining Oversight and Accountability Commission and establishing its membership, powers and duties; revising provisions governing the calculation of net proceeds from certain mining operations conducted in this State; repealing a fee imposed on certain filings regarding mining claims; making an appropriation; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law does not provide for a single administrative body to oversee the activities of the various state agencies that have responsibility for the taxation, operation, safety and environmental regulation of mines and mining in this State. Section 5 of this bill creates the Mining Oversight and Accountability Commission, consisting of seven members appointed by the Governor. Two of the members must be recommended by the Majority Leader of the Senate and two by the Speaker of the Assembly. In the first biennium, one member must be recommended by the Minority Leader of the Senate. In the next biennium, one member must be recommended by the Minority Leader of the Assembly. The authority of the Minority Leader of the Senate and the Minority Leader of the Assembly to make those recommendations alternates each biennium thereafter. Section 7 of this bill requires the Commission to provide oversight of compliance with Nevada law relating to the activities of each state agency with respect to the taxation, operation, safety and environmental regulation of mines and mining in this State. Section 7 also identifies particular state entities that are subject to the supervision of the Commission with respect to their activities related to mines and mining: (1) the Nevada Tax Commission and the Department of Taxation in the taxation of the net proceeds of minerals; (2) the Division of Industrial Relations of the Department of Business and Industry concerning the safe and healthful working conditions at mines; (3) the Commission on Mineral Resources and the Division of Minerals of the Commission; (4) the Bureau of Mines and Geology of the State of Nevada; and (5) the Division of Environmental Protection of the State Department of Conservation and Natural Resources in its activities concerning the reclamation of land used in mining. Sections 8 and 13-16 of this bill establish certain reports and other information that those entities are required to provide to the Commission. Section 11 of this bill authorizes the Commission to request the Legislative Commission to direct the Legislative Auditor to provide for a special audit or investigation of the activities of any state agency, board, bureau, commission or political subdivision in connection with the taxation, operation, safety and environmental regulation of mines and mining in this State. Section 12 of this bill provides that certain regulations of the Nevada Tax Commission, Administrator of the Division of Industrial Relations, Commission on Mineral Resources and the State Environmental Commission concerning mines and mining are not effective unless they are reviewed by the Mining Oversight and Accountability Commission before being approved by the Legislative Commission. Sections 12.5 and 12.7 of this bill revise provisions governing the calculation of net proceeds from certain mining operations conducted in this State.

During the 26th Special Session in 2010, the Legislature enacted a law imposing a fee on the filing of an affidavit of the work performed on or improvements made to a mining claim or an affidavit of the intent to hold a mining



and must be reverted to the State General Fund on or before September 21, 2012, and September 20, 2013, respectively.

Sec. 16.7. 1. Any person who paid any fee, interest or penalty imposed pursuant to NRS 517.187 may, on or before June 30, 2013, apply to the Department of Taxation pursuant to this section for a credit or refund of the total amount paid by the person pursuant to NRS 517.187.

2. Upon the receipt of an application pursuant to subsection 1 and proof to the satisfaction of the Department of Taxation of the total amount paid by the applicant pursuant to NRS 517.187, the Department shall:

(a) Except as otherwise provided in paragraph (b), allow the applicant a credit of the total amount paid by the person pursuant to NRS 517.187 against any liability of the person for the tax imposed pursuant to NRS 363B.110, and carry any unused portion of the credit forward until the credit is exhausted; or

(b) If the Department determines that it is impractical to provide a full credit to the applicant pursuant to paragraph (a), cause to be refunded to the applicant the total amount paid by the applicant pursuant to NRS 517.187.

3. A person who paid any fee, interest or penalty imposed pursuant to NRS 517.187 is not entitled to receive any penalty or interest on the amount paid.

4. The failure of any person to apply to the Department of Taxation pursuant to subsection 1 within the time prescribed constitutes a waiver of any demand against the State for any credit or refund of any fee, interest or penalty paid by or on behalf of the person pursuant to NRS 517.187.

5. Each county recorder shall, upon the request of the Department of Taxation, provide to the Department such documentation as the Department determines to be necessary to verify the total amount paid pursuant to NRS 517.187 by any person who applies to the Department pursuant to subsection 1.

6. All refunds made pursuant to this section must be paid from the State General Fund upon claims presented by the Department of Taxation, approved by the State Board of Examiners, and allowed and paid as other claims against the State are allowed and paid.

Sec. 17. The Department of Taxation shall submit to the Mining Oversight and Accountability Commission created by section 5 of this act at the first regular meeting of the Commission following the effective date of this section a comprehensive audit program that sets forth the Department's plan for completing an audit of every mining operator or other person who is required to



file a statement concerning the extraction of minerals in this State pursuant to NRS 362.100 to 362.240, inclusive.

Sec. 17.3. The amendatory provisions of section 12.5 of this act:

1. Do not apply to or affect any determination of gross yield or net proceeds required pursuant to NRS 362.100 to 362.240, inclusive, for the calendar year 2011.

2. Apply for the purposes of estimating and determining gross yield and net proceeds pursuant to NRS 362.100 to 362.240, inclusive, for the calendar year 2012 and each calendar year thereafter.

Sec. 17.5. The amendatory provisions of section 12.7 of this act:

1. Do not apply to or affect any determination of gross yield or net proceeds required pursuant to NRS 362.100 to 362.240, inclusive, for the calendar year 2013.

2. Apply for the purposes of estimating and determining gross yield and net proceeds pursuant to NRS 362.100 to 362.240, inclusive, for the calendar year 2014 and each calendar year thereafter.

Sec. 17.7. 1. The Nevada Tax Commission, on or before January 1, 2012, and subject to the requirements of section 12 of this act, shall adopt regulations to carry out the provisions of NRS 362.120, as amended by section 12.5 of this act.

2. In adopting regulations pursuant to subsection 1, the Nevada Tax Commission shall amend or repeal any of its existing regulations that conflict or are inconsistent with the provisions of NRS 362.120, as amended by section 12.5 of this act.

Sec. 18. Notwithstanding the provisions of section 5 of this act, as soon as practicable after the effective date of this section, the Governor shall appoint to the Mining Oversight and Accountability Commission created by section 5 of this act:

1. One member pursuant to paragraph (a), (b) and (c), respectively, of subsection 1 of that section whose term expires on June 30, 2012; and

2. One member pursuant to paragraph (a), (b), (c) and (d), respectively, of subsection 1 of that section whose term expires on June 30, 2013.

Sec. 19. 1. This section and sections 1 to 12, inclusive, and 13 to 18, inclusive, of this act become effective upon passage and approval.

2. Section 12.5 of this act becomes effective on January 1, 2012.



ATTACHMENT B

**Refund of Mining Fees Paid Pursuant to NRS 517.187
As of May 6, 2013**

| # | <u>Name</u> | <u>Make Check Payable To</u> | <u>County Where Fees Paid</u> | <u>Date Received Claim</u> | <u>Amount Paid</u> |
|----------|----------------------------|-------------------------------------|--------------------------------------|-----------------------------------|----------------------------|
| 1 | A U MINES INC | A U MINES INC | NYE | 04/15/13 | \$ 40,375.00 |
| 2 | GEO-NEVADA INC | GEO-NEVADA INC | WASHOE | 04/18/13 | \$ 2,100.00 |
| 3 | NEVADA MINE PROPERTIES INC | NEVADA MINE PROPERTIES INC | LANDER | 04/29/13 | \$ 1,400.00 |
| | | Total Refunds | | | <u>\$ 43,875.00</u> |

CHAPTER 517 - MINING CLAIMS, MILL SITES AND TUNNEL RIGHTS

GENERAL PROVISIONS

NRS 517.003 "Division" defined.

LOCATION OF MINING CLAIMS, MILL SITES AND TUNNEL RIGHTS

LODE CLAIMS

NRS 517.010 Person entitled to locate; requirements for location.
NRS 517.030 Monumenting of claim; required removal of plastic monuments.
NRS 517.040 Map: Specifications; filing; distribution; use of filing fee.
NRS 517.050 Certificate of location: Recording; contents; effect of insufficiency.
NRS 517.080 Relocation of abandoned lode claim.

PLACER CLAIMS

NRS 517.090 Requirements for location.
NRS 517.100 Map: Specifications; filing; use of filing fee.
NRS 517.110 Certificate of location: Recording; contents; effect of insufficiency.

TAILINGS AND WASTE

NRS 517.115 Evidence of abandonment; acquisition after abandonment.

MILL SITES

NRS 517.120 Location of nonmineral land as mill site.
NRS 517.130 Requirements for location.
NRS 517.140 Certificate of location: Recording; contents; effect of insufficiency.

TUNNEL RIGHTS

NRS 517.150 Requirements for location.
NRS 517.160 Definition of boundaries; erection of monuments.
NRS 517.170 Recording of certificate of location; filing of map; effect of insufficiency.
NRS 517.180 Location of blind or unknown lode or vein in tunnel.

GENERAL PROVISIONS

NRS 517.185 Fee for each document filed; disposition.
NRS 517.187 Additional fee for filing made pursuant to NRS 517.230. [Effective through June 30, 2011.]
NRS 517.190 Notice of location: Filing; evidentiary effect.
NRS 517.195 Separate notices and certificates of location; effect of combining locations in notice or certificate.
NRS 517.200 Validation of defective certificate of location or change of boundaries: Filing of amended certificate of location; effect of amendment; correction of common error.
NRS 517.210 Survey of location: Evidentiary effect of field notes and surveyor's certificate.
NRS 517.213 Inclusion of patented mines and mining claims on county map; conformity of discrepancy between county map and record of survey showing location of mine or claim; duty of county recorder to provide map to county assessor.
NRS 517.215 Comparison of record of survey to county map of other claims; proposal to change map; notice; hearing.
NRS 517.230 Affidavit of work performed or improvements made; affidavit of owner or claimant; evidentiary effect of affidavits.
NRS 517.280 Certificates of location need not be sworn to; no required form.
NRS 517.290 Applicability of NRS 517.010 to 517.280, inclusive.
NRS 517.300 Unlawful acts; penalties.

EFFECT OF PREVIOUSLY RECORDED DOCUMENTS; CONVEYANCES

NRS 517.350 Written instruments recorded in office of county recorder before February 20, 1873, deemed to impart notice to subsequent purchasers and encumbrancers.

NRS 517.180 Location of blind or unknown lode or vein in tunnel. All blind lodes, or veins or lodes not previously known to exist, discovered in a tunnel run for the development of a vein or lode, or for the discovery of mines, and within 3,000 feet from the face of such tunnel, shall be located upon the surface and held in like manner to other lode claims under the provisions of this chapter.

[22:89:1897; C § 229; RL § 2443; NCL § 4141]

General Provisions

NRS 517.185 Fee for each document filed; disposition.

1. In addition to any recording fee, each filing pursuant to NRS 517.050, 517.080, 517.110, 517.140, 517.170, 517.200 and 517.230 must be submitted with a filing fee in an amount established pursuant to subsection 2. The county recorder shall collect the filing fee and, on or before the fifth working day of each month, deposit with the county treasurer all such fees collected during the preceding month. The county treasurer shall quarterly pay the money collected to the Division. The Division shall deposit with the State Treasurer, for credit to the Account for the Division of Minerals created pursuant to NRS 513.103, all money received pursuant to this section.

2. The Commission on Mineral Resources shall, by regulation, establish the filing fee required pursuant to subsection 1 in an amount not to exceed \$6 per claim.

(Added to NRS by 1985, 1494; A 1989, 1595; 1991, 1780; 1993, 298, 1686; 1995, 579; 1999, 891, 3629; 2001, 66)

NRS 517.187 Additional fee for filing made pursuant to NRS 517.230. [Effective through June 30, 2011.]

1. An additional fee is hereby imposed upon each filing made pursuant to NRS 517.230 regarding a mining claim held by a person who holds 11 or more mining claims in this State on the date of that filing, in the amount determined in accordance with subsection 2. The person making that filing shall remit the fee to the county recorder in such a manner that, at the option of that person:

(a) The fee is paid in full at the time of the filing;

(b) One-half of the fee is paid at the time of the filing and the remainder of the fee is paid not later than June 1 of the calendar year immediately following the filing date; or

(c) The fee is paid in full not later than June 1 of the calendar year immediately following the filing date.

2. If the greatest number of mining claims held in this State by any of the persons who hold any of the mining claims to which a filing made pursuant to NRS 517.230 pertains is:

(a) Not less than 11 and not more than 199 on the date of that filing, the fee imposed by this section is \$70 for each mining claim to which the filing pertains.

(b) Not less than 200 and not more than 1,299 on the date of that filing, the fee imposed by this section is \$85 for each mining claim to which the filing pertains.

(c) Not less than 1,300 on the date of that filing, the fee imposed by this section is \$195 for each mining claim to which the filing pertains.

3. The county recorder shall:

(a) Obtain from each person who makes a filing pursuant to NRS 517.230 an affidavit declaring that the greatest number of mining claims held in this State on the date of that filing by any of the persons who hold any of the mining claims to which the filing pertains is:

(1) Less than 11;

(2) Not less than 11 and not more than 199;

(3) Not less than 200 and not more than 1,299; or

(4) Not less than 1,300; and

(b) Based upon the information set forth in that affidavit, collect any fee imposed on that filing pursuant to this section.

4. Any person who:

(a) Fails to pay the fee imposed pursuant to this section within the time required shall pay a penalty in the amount of 10 percent of the amount of the fee that is owed, in addition to the fee, plus interest at the rate of 1 percent per month, or fraction of a month, from the date on which the fee is due until the date of payment.

(b) Knowingly makes a false declaration in an affidavit provided to a county recorder pursuant to subsection 3 is guilty of a misdemeanor and shall pay the amount of any additional fee, penalty and interest required pursuant to this section on account of the falsification.

5. The county recorder shall, on or before the fifth working day of each month, deposit with the county treasurer all the fees, penalties and interest imposed pursuant to this section which are collected during the preceding month. The county treasurer shall quarterly remit all money so collected to the State Controller, who shall place the money in the State General Fund.

6. The State Controller shall take such action as may be necessary to ensure that the fees, penalties and interest imposed pursuant to this section are paid in full.

(Added to NRS by 2010, 26th Special Session, 91)

NRS 517.190 Notice of location: Filing; evidentiary effect. A locator of a mining claim or a claim for a mill site or tunnel right may file with the county recorder a notice of location which is prima facie evidence in all courts of justice of the first location of that claim.

[Part 3:89:1897; A 1907, 418; 1941, 92; 1931 NCL § 4122]—(NRS A 1985, 1501)

NRS 517.195 Separate notices and certificates of location; effect of combining locations in notice or certificate.

1. A locator shall:

(a) Post a separate notice of location; and

(b) Record a separate certificate of location,

NRS 517.230 Affidavit of work performed or improvements made; affidavit of owner or claimant; evidentiary effect of affidavits.

1. On or before November 1 of the year for which labor is performed or improvements are made as required by law for a mining claim annually, the person in whose behalf the labor was performed or improvements made, or someone in the person's behalf, shall make and have recorded by the county recorder, in books kept for that purpose in the county in which the mining claim is situated, an affidavit setting forth:

- (a) The amount of money expended, or value of labor or improvements made, or both.
- (b) The character of expenditures or labor or improvements.
- (c) A description of the claim or part of the claim affected by the expenditures or labor or improvements.
- (d) The year for which the expenditures or labor or improvements were made and the dates on which they were made.
- (e) The name of the owner or claimant of the claim at whose expense the improvements or labor was made or performed.
- (f) The names of the persons, corporations, contractors or subcontractors who performed the work or made the improvements.

2. An affidavit made and recorded pursuant to subsection 1 or a copy thereof, certified by the county recorder, is prima facie evidence of the performance of the labor or the making of the improvements, or both.

3. On or before November 1 of each year that the performance of labor or the making of improvements is not required by law for a mining claim, the owner or claimant of the mining claim who intends to hold the claim, or someone in the owner or claimant's behalf, shall make and have recorded by the county recorder, in books kept for that purpose in the county in which the mining claim is situated, an affidavit setting forth:

- (a) The name and address of the owner or claimant of the mining claim.
- (b) The name of the mining claim, and the serial number, if any, assigned to the claim by the United States Bureau of Land Management.
- (c) The date that the affidavit was made.
- (d) A statement that the owner or claimant of the mining claim intends to hold the claim.

4. An affidavit made and recorded pursuant to subsection 3 or a copy thereof, certified by the county recorder, is prima facie evidence that the owner or claimant of the mining claim intended to hold the claim from 12 p.m. on September 1 of the year before the affidavit was made and recorded, until 11:59 a.m. on September 1 of the year that the affidavit was made and recorded.

[10:89:1897; C § 217; RL § 2431; NCL § 4129]—(NRS A 1960, 319; 1961, 422; 1969, 1003; 1971, 2202; 1985, 1502; 1993, 299)

NRS 517.280 Certificates of location need not be sworn to; no required form. Certificates of location need not be sworn to, and are not required to be in any specified form nor to state facts in any specific order, but must truly state the required facts.

[24:89:1897; added 1899, 93; C § 231; RL § 2445; NCL § 4143]—(NRS A 1961, 422)

NRS 517.290 Applicability of NRS 517.010 to 517.280, inclusive. The provisions of NRS 517.010 to 517.280, inclusive, shall be construed as equally applicable to all classes of locations, except where the requirement as to any one class is manifestly inapplicable to any other class or classes.

[23:89:1897; C § 230; RL § 2444; NCL § 4142]

NRS 517.300 Unlawful acts; penalties.

1. A person who willfully antedates or puts any false date or date other than the one on which the location is made upon any notice of location of any mining claim in this state is guilty of a category D felony and shall be punished as provided in NRS 193.130.

2. A person who willfully and knowingly makes a false material statement on the certificate of location or on any map required by this chapter is guilty of a category D felony and shall be punished as provided in NRS 193.130.

[1911 C&P § 410; RL § 6675; NCL § 10362]—(NRS A 1971, 2203; 1979, 1484; 1985, 1502; 1995, 1303)

EFFECT OF PREVIOUSLY RECORDED DOCUMENTS; CONVEYANCES

NRS 517.350 Written instruments recorded in office of county recorder before February 20, 1873, deemed to impart notice to subsequent purchasers and encumbrancers. All instruments of writing relating to mining claims copied into books of mining records or other records in the office of the county recorders of the several counties prior to February 20, 1873, shall, after February 20, 1873, be deemed to impart to subsequent purchasers and encumbrancers and all other persons whomsoever notice of the contents thereof. Nothing contained in this subsection shall be construed to affect any rights acquired or vested prior to February 20, 1873.

[1:20:1873; B § 320; BH § 2664; C § 2736; RL § 1635; NCL § 2136] + [2:20:1873; B § 321; BH § 2665; C § 2737; RL § 1636; NCL § 2137]—(NRS A 1971, 810)

NRS 517.360 Records of mining claims, mill sites or tunnel rights made by mining district recorder or county recorder before March 16, 1897, declared valid; evidentiary effect of record.

1. All records of lode or placer mining claims, mill sites or tunnel rights made by any mining district recorder or any county recorder prior to March 16, 1897, are hereby declared to be valid and to have the same force and effect as records made in pursuance of the provisions of NRS 517.010 to 517.280, inclusive.

2. Any such record, or a copy thereof duly verified by a mining district recorder or duly certified by a county recorder, shall be prima facie evidence of the facts therein stated.

[Part 3:89:1897; A 1907, 418; 1941, 92; 1931 NCL § 4122]

NRS 517.370 Conveyances of mining claims: Formalities; construction and proof of conveyances before December 12, 1862.

Assembly Bill No. 6—Committee of the Whole

CHAPTER.....

AN ACT relating to governmental financial administration; revising certain appropriations from the State General Fund for the support of the civil government of the State of Nevada; authorizing expenditures by certain agencies and entities of the State Government; providing for the transfer of certain appropriated money to the next fiscal year; requiring the Clean Water Coalition to transfer certain money to the State Controller for deposit in the State General Fund; increasing fees imposed for certain filings or registrations made with the Office of the Secretary of State; revising provisions relating to foreclosure of real property; revising provisions relating to the use of money in the Account for Common-Interest Communities and Condominium Hotels; increasing certain administrative assessments imposed against persons who commit certain crimes; authorizing the Department of Corrections to adopt regulations to allow the Department to deduct money credited to the Offenders' Store Fund for certain purposes and to impose a charge on purchases of electronic devices; providing for the temporary transfer of certain lobbyist registration fees; increasing certain fees charged by the State Registrar; authorizing the Department of Wildlife to use fees collected for processing applications for tags for certain additional purposes; imposing an additional fee for filing certain affidavits relating to mining claims; reducing the basic support guarantees of school districts for purposes of apportionments from the State Distributive School Account; requiring the Department of Taxation to allow for the payment of delinquent taxes, fees or assessments without a penalty for a limited period in certain circumstances; requiring the Division of Insurance of the Department of Business and Industry to carry out a desk audit program to audit insurance premium tax returns; providing for the use of money from an award from the Temporary Assistance for Needy Families Emergency Contingency funds; making appropriations; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

The Legislature appropriated various sums of money for the support of the government of the State of Nevada during the 2009 Legislative Session. Sections 1-7 of this bill reduce certain appropriations for Fiscal Years 2009-2010 and 2010-2011. Sections 8 and 9 of this bill authorize expenditures of money by certain



3. The issuance of ~~the~~ licenses, permits and tags.

Sec. 47. Chapter 517 of NRS is hereby amended by adding thereto a new section to read as follows:

1. An additional fee is hereby imposed upon each filing made pursuant to NRS 517.230 regarding a mining claim held by a person who holds 11 or more mining claims in this State on the date of that filing, in the amount determined in accordance with subsection 2. The person making that filing shall remit the fee to the county recorder in such a manner that, at the option of that person:

(a) The fee is paid in full at the time of the filing;

(b) One-half of the fee is paid at the time of the filing and the remainder of the fee is paid not later than June 1 of the calendar year immediately following the filing date; or

(c) The fee is paid in full not later than June 1 of the calendar year immediately following the filing date.

2. If the greatest number of mining claims held in this State by any of the persons who hold any of the mining claims to which a filing made pursuant to NRS 517.230 pertains is:

(a) Not less than 11 and not more than 199 on the date of that filing, the fee imposed by this section is \$70 for each mining claim to which the filing pertains.

(b) Not less than 200 and not more than 1,299 on the date of that filing, the fee imposed by this section is \$85 for each mining claim to which the filing pertains.

(c) Not less than 1,300 on the date of that filing, the fee imposed by this section is \$195 for each mining claim to which the filing pertains.

3. The county recorder shall:

(a) Obtain from each person who makes a filing pursuant to NRS 517.230 an affidavit declaring that the greatest number of mining claims held in this State on the date of that filing by any of the persons who hold any of the mining claims to which the filing pertains is:

(1) Less than 11;

(2) Not less than 11 and not more than 199;

(3) Not less than 200 and not more than 1,299; or

(4) Not less than 1,300; and

(b) Based upon the information set forth in that affidavit, collect any fee imposed on that filing pursuant to this section.

4. Any person who:

(a) Fails to pay the fee imposed pursuant to this section within the time required shall pay a penalty in the amount of 10 percent



of the amount of the fee that is owed, in addition to the fee, plus interest at the rate of 1 percent per month, or fraction of a month, from the date on which the fee is due until the date of payment.

(b) Knowingly makes a false declaration in an affidavit provided to a county recorder pursuant to subsection 3 is guilty of a misdemeanor and shall pay the amount of any additional fee, penalty and interest required pursuant to this section on account of the falsification.

5. The county recorder shall, on or before the fifth working day of each month, deposit with the county treasurer all the fees, penalties and interest imposed pursuant to this section which are collected during the preceding month. The county treasurer shall quarterly remit all money so collected to the State Controller, who shall place the money in the State General Fund.

6. The State Controller shall take such action as may be necessary to ensure that the fees, penalties and interest imposed pursuant to this section are paid in full.

Secs. 48-52. [These sections were deleted.]

Sec. 53. Section 1 of chapter 389, Statutes of Nevada 2009, at page 2126, is hereby amended to read as follows:

Section 1. The basic support guarantee for school districts for operating purposes for the 2009-2010 Fiscal Year is an estimated weighted average of ~~+\$5,254~~ **\$5,186** per pupil. For each respective school district, the basic support guarantee per pupil for the 2009-2010 Fiscal Year is:

| | | |
|-------------|----------------------|-----------------|
| Carson City | +\$6,228 | \$6,155 |
| Churchill | +\$6,204 | \$6,122 |
| Clark | +\$5,025 | \$4,962 |
| Douglas | +\$5,333 | \$5,268 |
| Elko | +\$6,815 | \$6,730 |
| Esmeralda | +\$17,039 | \$16,835 |
| Eureka | | \$100 |
| Humboldt | +\$6,402 | \$6,322 |
| Lander | +\$6,264 | \$6,184 |
| Lincoln | +\$9,866 | \$9,743 |
| Lyon | +\$6,673 | \$6,594 |
| Mineral | +\$8,656 | \$8,541 |
| Nye | +\$6,582 | \$6,504 |
| Pershing | +\$8,368 | \$8,263 |
| Storey | +\$6,567 | \$6,486 |
| Washoe | +\$5,350 | \$5,284 |
| White Pine | +\$7,111 | \$7,025 |



Sec. 68. If any provision of this act, or the application thereof to any person, thing or circumstance, is held invalid, such invalidity shall not affect any provision or application of this act which can be given effect without the invalid provision or application, and to this end the Legislature declares that:

1. Each provision of this act is severable and independent;
2. The Legislature would have passed this act and each valid provision thereof, irrespective of the invalid provision or application; and
3. Each valid provision or application must be given effect to the fullest extent possible, irrespective of the invalid provision or application.

Sec. 69. 1. This section and sections 1 to 18, inclusive, 20 to 30, inclusive, 32, 34 to 37, inclusive, 39, 43, 44, 46 to 63, inclusive, and 65 to 68, inclusive, of this act become effective upon passage and approval.

2. Sections 19 and 31 of this act become effective on April 1, 2010.
3. Section 64 of this act becomes effective on May 1, 2010.
4. Sections 33, 38, 40, 41, 42 and 45 of this act become effective on July 1, 2010.
5. Sections 36 and 47 of this act expire by limitation on June 30, 2011.



***. SALARY ADJUSTMENTS**

A. Distribution of Salary Adjustments to Departments, Commissions and Agencies, pursuant to Senate Bill 505, Sections 7, 8, of the 2011 Legislative Session.

The 2011 Legislative Session made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet certain salary deficiencies for fiscal year 2012 that might be created between the appropriated money of the respective departments, commissions, and agencies and the actual cost of the personnel of those departments, commissions, and agencies that are necessary to pay for salaries. Under this legislation, the following amounts from the General Fund and/or Highway Fund are recommended:

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT | HWY FUND ADJUSTMENT |
|------------|---|--------------------------------|----------------------------|
| 2600 | Nevada Indian Commission | \$697 | |
| 4600 | Agriculture – Predatory Animal/Rodent Control | \$2,078 | |
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| | Total | \$2,775 | |



NEVADA
DEPARTMENT OF
TOURISM AND
CULTURAL AFFAIRS

Governor
Brian Sandoval

Lieutenant Governor
& Commission Chair
Brian K. Krolicki

401 North Carson St.
Carson City, NV 89701

Phone
775.687.4322
800.237.0774

Fax
775.687.6779

Websites
TravelNevada.com
NevadaCulture.org

MEMORANDUM

Date: May 21, 2013

To: Katrina Nielsen, Budget Analyst IV
Department of Administration, Budget & Planning Division

From: Kelly Williams, Operations & Finance Manager *K. Williams*
Nevada Commission on Tourism

Subject: Request for FY2013 General Fund Salary Adjustment
Nevada Indian Commission B/A 2600, \$697

The Department of Tourism and Cultural Affairs (DTCA), Nevada Indian Commission budget account 2600 has a projected shortfall in Category 01 Personnel Services for FY2013 in the amount of \$867.10 (see the attached salary projection schedule). To help offset the projected shortfall, DTCA requests approval to obtain the Nevada Indian Commission's share of the available General Fund salary adjustment in the amount of \$697 for FY2013.

For the remaining shortfall of approximately \$170.10, a work program will be submitted to transfer authority from Category 04 Operating due to a projected surplus in that category.

Please contact me at (775) 687-0632 if you need any further information. Thank you for your consideration of this request.

Payroll Report - BA # 2600 TOURISM - INDIAN COMMISSION

SFY2013

| Name | Pos. | Unit | Funding Source | SFY2013 Work Program | SFY2013 Longevity Authority | ACTUAL | | ACTUAL | | ACTUAL | | ACTUAL | | ACTUAL | | ACTUAL | |
|--------------------------------------|------|-------|----------------|----------------------|-----------------------------|------------|------------|----------|-----------|-----------|-----------|-----------|-----------|--------|-------|--------|------|
| | | | | | | PP# 01 | PP# 02 | PP# 03 | PP# 04 | PP# 05 | PP# 06 | PP# 07 | PP# 08 | | | | |
| Rupert, Sherry | 0001 | 1 FTE | Gen Fund | 86,698.00 | 0.00 | 733.64 | 1,545.49 | 3,818.90 | 3,067.20 | 3,067.19 | 3,800.18 | 3,067.19 | 3,800.18 | | | | |
| Gibbons, Chris | 0002 | 1 FTE | Gen Fund | 48,824.00 | 0.00 | 733.64 | 780.16 | 2,231.15 | 1,567.66 | 1,498.16 | 2,301.45 | 1,497.37 | 2,301.52 | | | | |
| Total Position Costs: | | | | | | 1,467.28 | 2,325.65 | 6,050.05 | 4,634.86 | 4,565.35 | 6,101.63 | 4,564.56 | 6,101.70 | | | | |
| Payroll Assessment | | | | WP | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Personal Assessment | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Retired Group Insurance | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Payroll Adjustments | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Work Prg Authority Salaries | | | | | | 135,884.00 | | | | | | | | | | | |
| Remote Area Differential Pay | | | | | | 0.00 | | | | | | | | | | | |
| Adjustments | | | | | | 0.00 | | | | | | | | | | | |
| Longevity Authority | | | | | | 0.00 | | | | | | | | | | | |
| Board and Commission | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Board and Commission Pay | | | | | | 1,238.00 | 19.40 | 0.00 | 19.40 | 0.00 | 0.00 | 0.00 | 19.40 | 0.00 | 19.40 | 0.00 | 0.00 |
| Holiday Pay | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| FICA | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Vacancy Saving | | | | | | 0.00 | | | | | | | | | | | |
| BOE Terminal Leave Granted | | | | | | 0.00 | | | | | | | | | | | |
| Total CAT 01 Authority | | | | | | 0.00 | 137,122.00 | | | | | | | | | | |
| Pay Period Grand Totals: | | | | | | 1,467.28 | 2,345.05 | 6,050.05 | 4,654.26 | 4,565.35 | 6,192.13 | 4,583.96 | 6,101.70 | | | | |
| Year to Date Balance: | | | | | | 1,467.28 | 3,812.33 | 9,862.38 | 14,516.64 | 19,081.99 | 25,274.12 | 29,858.08 | 35,959.78 | | | | |
| Budget Status Report Balance: | | | | | | 1,467.28 | 3,812.33 | 9,862.38 | 14,516.64 | 19,081.99 | 25,274.12 | 29,858.08 | 35,959.78 | | | | |
| Difference | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | |

Payroll Report - BA # 2600 TOURS
SFY2013

| Name | Pos. | ACTUAL PP# 09 10/27/11 | ACTUAL PP# 10 11/10/11 | ACTUAL PP# 11 11/23/11 | Projected PP# L-2 | ACTUAL PP# 12 12/09/11 | ACTUAL PP# 13 12/23/11 | ACTUAL PP# 14 01/06/12 | ACTUAL PP# 15 01/20/12 | ACTUAL PP# 16 02/03/12 | ACTUAL PP# 17 02/17/12 | ACTUAL PP# 18 03/02/12 |
|--------------------------------------|------|------------------------------|------------------------------|------------------------------|----------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Rupert, Sherry | 0001 | 2,942.23 | 3,800.18 | 3,067.19 | 0.00 | 3,675.22 | 3,067.19 | 3,837.24 | 3,103.29 | 3,836.28 | 3,103.30 | 3,836.28 |
| Gibbons, Chris | 0002 | 1,497.36 | 2,301.52 | 1,567.67 | 0.00 | 2,231.22 | 1,498.01 | 2,301.52 | 1,567.56 | 2,300.98 | 1,497.29 | 2,230.71 |
| Total Position Costs: | | 4,439.59 | 6,101.70 | 4,634.86 | 0.00 | 5,906.44 | 4,565.20 | 6,138.76 | 4,670.85 | 6,137.26 | 4,600.59 | 6,066.99 |
| Payroll Assessment | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 35.00 | 0.00 | 0.00 | 35.00 | 0.00 |
| Personal Assessment | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 55.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Retired Group Insurance | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Payroll Adjustments | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Work Prg Authority Salaries | | | | | | | | | | | | |
| Remote Area Differential Pay | | | | | | | | | | | | |
| Adjustments | | | | | | | | | | | | |
| Longevity Authority | | | | | | | | | | | | |
| Board and Commission | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Board and Commission Pay | | 19.40 | 320.00 | 19.40 | 0.00 | 0.00 | 19.40 | 0.00 | 19.40 | 0.00 | 19.40 | 0.00 |
| Holiday Pay | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| FCFA | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Vacancy Saving | | | | | | | | | | | | |
| BOE Terminal Leave Granted | | | | | | | | | | | | |
| Total CAT 01 Authority | | | | | | | | | | | | |
| Pay Period Grand Totals: | | 4,458.99 | 6,421.70 | 4,654.26 | 0.00 | 5,906.44 | 4,640.10 | 6,173.76 | 4,690.25 | 6,137.26 | 4,654.99 | 6,066.99 |
| Year to Date Balance: | | 40,418.77 | 46,840.47 | 51,494.73 | 51,494.73 | 57,401.17 | 62,041.27 | 68,215.03 | 72,905.28 | 79,042.54 | 83,697.53 | 89,764.52 |
| Budget Status Report Balance: | | 40,418.77 | 46,840.47 | 51,494.73 | 51,494.73 | 57,401.17 | 62,041.27 | 68,215.03 | 72,905.28 | 79,042.54 | 83,697.53 | 89,764.52 |
| Difference | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Payroll Report - BA # 2600 TOURS
SFY2013

| Name | Pos. | ACTUAL PP# 19 03/16/12 | ACTUAL PP# 20 03/30/12 | ACTUAL PP# 21 04/13/12 | ACTUAL PP# 22 04/27/12 | ACTUAL PP# 23 05/11/12 | Projected PP# 24 05/25/12 | Projected PP# 25 06/08/12 | Projected PP# 26 06/22/12 | Projected PP# 01 7/6/2012 | Projected PP # 02 7/20/2012 | Projected Assessments |
|--------------------------------------|------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|--------------------------|
| Rupert, Sherry | 0001 | 2,849.75 | 3,103.30 | 3,582.74 | 3,072.15 | 3,805.15 | 3,071.51 | 3,805.15 | 3,071.51 | 3,805.15 | 1,535.76 | |
| Gibbons, Chris | 0002 | 1,497.29 | 1,567.92 | 2,300.98 | 1,497.29 | 2,300.98 | 1,567.34 | 2,300.98 | 1,567.34 | 2,300.98 | 783.67 | |
| Total Position Costs: | | 4,347.04 | 4,671.22 | 5,883.72 | 4,569.44 | 6,106.13 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Payroll Assessment | | 0.00 | 0.00 | 35.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Personnel Assessment | | 55.50 | 0.00 | 55.50 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Retired Group Insurance | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Payroll Adjustments | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Work Prg Authority Salaries | | | | | | | | | | | | |
| Remote Area Differential Pay | | | | | | | | | | | | |
| Adjustments | | | | | | | | | | | | |
| Longevity Authority | | | | | | | | | | | | |
| Board and Commission | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Board and Commission Pay | | 19.40 | 400.00 | 0.00 | 19.40 | 0.00 | 19.40 | 0.00 | 19.40 | 320.00 | 19.40 | |
| Holiday Pay | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| FICA | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Vacancy Saving | | | | | | | | | | | | |
| BOE Terminal Leave Granted | | | | | | | | | | | | |
| Total CAT 01 Authority | | | | | | | | | | | | |
| Pay Period Grand Totals: | | 4,421.94 | 5,071.22 | 5,974.22 | 4,588.84 | 6,106.13 | 19.40 | 0.00 | 19.40 | 320.00 | 19.40 | 0.00 |
| Year to Date Balance: | | 94,186.46 | 99,257.68 | 105,231.90 | 109,820.74 | 115,926.87 | 115,946.27 | 115,946.27 | 115,965.67 | 116,285.67 | 116,305.07 | 116,305.07 |
| Budget Status Report Balance: | | 94,186.46 | 99,257.68 | 105,231.90 | 109,820.74 | 115,926.87 | (115,946.27) | (115,946.27) | (115,965.67) | (116,285.67) | (116,305.07) | (116,305.07) |
| Difference | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | | | | |

SPY2013
 Payroll Report - BA # 2600 TOURS

| Name | Pos. | Projected Assessments | Projected Adjustments Furlough | Projected Adjustments | Includes Both Actuals & Estimates to End-of-Year! | | | | TOTAL | Difference By Position |
|--------------------------------------|------|-----------------------|-----------------------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|------------|--|
| | | | | | 1st Quarter Totals | 2nd Quarter Totals | 3rd Quarter Totals | 4th Quarter Totals | | |
| Rupert, Sherry | 0001 | | (591.80) | (733.64) | 19,099.79 | 20,352.19 | 23,669.44 | 25,749.12 | 87,545.10 | (847.10) |
| Gibbons, Chris | 0002 | | (66.28) | (733.64) | 10,609.59 | 11,397.30 | 12,963.27 | 14,619.56 | 49,789.80 | 34.20 |
| Total Position Costs: | | 0.00 | 0.00 | 0.00 | 29,709.38 | 31,749.49 | 36,632.71 | 40,368.68 | 136,334.90 | (812.89) |
| Payroll Assessment | | | | | 35.00 | 0.00 | 70.00 | 35.00 | 140.00 | |
| Personnel Assessment | | | | | 55.50 | 55.50 | 55.50 | 55.50 | 222.00 | |
| Retired Group Insurance | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Payroll Adjustments | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | Work Program Authority |
| Work Prg Authority Salaries | | | | | | | | | 135,884.00 | |
| Remote Area Differential Pay | | | | | | | | | 0.00 | |
| Adjustments | | | | | | | | | 0.00 | |
| Longevity Authority | | | | | | | | | 0.00 | |
| Board and Commission | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Board and Commission Pay | | | | | 58.20 | 378.20 | 458.20 | 397.60 | 1,292.20 | 1,238.00 |
| Holiday Pay | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| FICA | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Vacancy Saving | | | | | | | | | 0.00 | |
| BOE Terminal Leave Granted | | | | | | | | | 0.00 | |
| Total CAT 01 Authority | | | | | | | | | 137,122.00 | |
| Pay Period Grand Totals: | | 0.00 | 0.00 | 0.00 | 29,858.08 | 32,183.19 | 37,216.41 | 40,856.78 | 137,989.10 | |
| Year to Date Balance: | | 116,305.07 | 116,305.07 | 116,305.07 | | | | | | |
| Budget Status Report Balance: | | (116,305.07) | (116,305.07) | (116,305.07) | | | | | | |
| Difference | | | | | | | | | | Estimated Surplus/Shortfall: (8867.10) |

**GENERAL FUND SALARY ADJUSTMENT
FISCAL YEARS 2012 AND 2013**

| Dept/Department Desc | Div. | Division Desc | BA | Budget Account Desc | FY12 | FY12 Request | FY13 | FY13 Request |
|---|-------------|--|-----------|---|-------------|---------------------|-------------|---------------------|
| 01 GOVERNOR'S OFFICE | 010 | GOVERNOR'S OFFICE | 1000 | OFFICE OF THE GOVERNOR | 8,089 | | 8,144 | |
| 01 GOVERNOR'S OFFICE | 010 | GOVERNOR'S OFFICE | 1001 | GOVERNOR'S MANSION MAINTENANCE | 594 | | 597 | |
| 01 STATE ENERGY OFFICE | 011 | STATE ENERGY OFFICE | 4868 | GOVERNOR'S OFFICE ENERGY CONSERVATION | 663 | | 2,101 | |
| 01 NUCLEAR PROJECTS OFFICE | 012 | NUCLEAR PROJECTS OFFICE | 1005 | HIGH LEVEL NUCLEAR WASTE | 2,280 | | 2,296 | |
| 02 LIEUTENANT GOVERNOR'S OFFICE | 020 | LIEUTENANT GOVERNOR'S OFFICE | 1020 | LIEUTENANT GOVERNOR | 1,885 | | 1,893 | |
| 03 ATTORNEY GENERAL'S OFFICE | 030 | ATTORNEY GENERAL'S OFFICE | 1002 | AG - EXTRADITION COORDINATOR | 554 | | 558 | |
| 03 ATTORNEY GENERAL'S OFFICE | 030 | ATTORNEY GENERAL'S OFFICE | 1030 | AG - ADMINISTRATIVE FUND | 58,659 | | 56,642 | |
| 03 ATTORNEY GENERAL'S OFFICE | 030 | ATTORNEY GENERAL'S OFFICE | 1036 | AG - CRIME PREVENTION | 1,337 | | 1,355 | |
| 03 ATTORNEY GENERAL'S OFFICE | 030 | ATTORNEY GENERAL'S OFFICE | 1038 | AG - CONSUMER ADVOCATE | 6,118 | | 6,182 | |
| 04 SECRETARY OF STATE'S OFFICE | 040 | SECRETARY OF STATE'S OFFICE | 1050 | SOS - SECRETARY OF STATE | 42,466 | | 43,174 | |
| 05 TREASURER'S OFFICE | 050 | TREASURER'S OFFICE | 1080 | TREASURER - STATE TREASURER | 3,502 | | 3,626 | |
| 06 CONTROLLER'S OFFICE | 060 | CONTROLLER'S OFFICE | 1130 | CONTROLLER - CONTROLLER'S OFFICE | 18,169 | | 18,533 | |
| 08 DEPARTMENT OF ADMINISTRATION | 080 | ADMINISTRATION - DIRECTOR'S OFFICE | 1340 | ADMINISTRATION - BUDGET AND PLANNING | 12,750 | | 12,912 | |
| 08 DEPARTMENT OF ADMINISTRATION | 081 | INTERNAL AUDIT DIVISION | 1342 | ADMINISTRATION - DIVISION OF INTERNAL AUDITS | 6,305 | | 6,362 | |
| 08 DEPARTMENT OF ADMINISTRATION | 082 | STATE PUBLIC WORKS DIVISION | 1560 | ADMINISTRATION - SPWD - FACILITY COND & ANALYSIS | 1,025 | | 1,041 | |
| 08 DEPARTMENT OF ADMINISTRATION | 087 | INFORMATION TECHNOLOGY | 1320 | ADMINISTRATION - INFORMATION TECHNOLOGY DIVISION | 527 | | 528 | |
| 08 DEPARTMENT OF ADMINISTRATION | 332 | NEVADA STATE LIBRARY AND ARCHIVES | 1052 | ADMINISTRATION - NSLA - ARCHIVES AND RECORDS | 3,529 | | 3,581 | |
| 08 DEPARTMENT OF ADMINISTRATION | 332 | NEVADA STATE LIBRARY AND ARCHIVES | 2891 | ADMINISTRATION - NSLA - NEVADA STATE LIBRARY | 5,768 | | 5,858 | |
| 08 DEPARTMENT OF ADMINISTRATION | 332 | NEVADA STATE LIBRARY AND ARCHIVES | 2893 | ADMINISTRATION - NSLA - LITERACY | 482 | | 504 | |
| 09 SUPREME COURT | 090 | JUDICIAL BRANCH | 1484 | JUDICIAL PROGRAMS AND SERVICES DIVISION | 2,692 | | 2,775 | |
| 09 SUPREME COURT | 090 | JUDICIAL BRANCH | 1494 | SUPREME COURT | 35,938 | | 36,325 | |
| 09 SUPREME COURT | 090 | JUDICIAL BRANCH | 1496 | SENIOR JUSTICE & SENIOR JUDGE PROGRAM | 541 | | 546 | |
| 09 SUPREME COURT | 090 | JUDICIAL BRANCH | 2889 | LAW LIBRARY | 2,326 | | 2,380 | |
| 10 COMMISSION ON TOURISM | 101 | COMMISSION ON TOURISM | 2600 | TOURISM - INDIAN AFFAIRS COMMISSION | 689 | | 697 | |
| 10 COMMISSION ON TOURISM | 331 | MUSEUMS AND HISTORY DIVISION | 1350 | TOURISM - MUSEUMS & HIST - LOST CITY MUSEUM | 1,436 | | 1,473 | |
| 10 COMMISSION ON TOURISM | 331 | MUSEUMS AND HISTORY DIVISION | 2870 | TOURISM - MUSEUMS & HIST-NEVADA HISTORICAL SOCIETY | 1,744 | | 1,794 | |
| 10 COMMISSION ON TOURISM | 331 | MUSEUMS AND HISTORY DIVISION | 2940 | TOURISM - MUSEUMS & HIST - NEVADA STATE MUSEUM, CC | 5,228 | | 5,285 | |
| 10 COMMISSION ON TOURISM | 331 | MUSEUMS AND HISTORY DIVISION | 2941 | TOURISM - MUSEUMS & HISTORY | 1,715 | | 1,720 | |
| 10 COMMISSION ON TOURISM | 331 | MUSEUMS AND HISTORY DIVISION | 2943 | TOURISM - MUSEUMS & HIST - NEVADA STATE MUSEUM, LV | 3,423 | | 3,490 | |
| 10 COMMISSION ON TOURISM | 331 | MUSEUMS AND HISTORY DIVISION | 4216 | TOURISM - MUSEUMS & HIST - STATE RAILROAD MUSEUMS | 3,980 | | 4,048 | |
| 10 COMMISSION ON TOURISM | 331 | MUSEUMS AND HISTORY DIVISION | 2979 | TOURISM - NEVADA ARTS COUNCIL | 3,823 | | 3,926 | |
| 12 GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | 102 | GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | 1526 | ECONOMIC DEVELOPMENT - GOVERNORS OF ECONOMIC DEV | 4,866 | | 4,926 | |
| 12 GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | 102 | GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | 1528 | ECONOMIC DEVELOPMENT - RURAL COMMUNITY DEVELOPMENT | 1,641 | | 1,681 | |
| 12 GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | 102 | GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | 4867 | ECONOMIC DEVELOPMENT - PROCUREMENT OUTREACH PROGRAM | 2,271 | | 2,279 | |
| 13 DEPARTMENT OF TAXATION | 130 | DEPARTMENT OF TAXATION | 2361 | DEPARTMENT OF TAXATION | 99,482 | | 101,936 | |
| 15 COMMISSION ON ETHICS | 150 | COMMISSION ON ETHICS | 1343 | COMMISSION ON ETHICS | 566 | | 569 | |
| 17 LEGISLATIVE COUNSEL BUREAU | 170 | LEGISLATIVE COUNSEL BUREAU | 2626 | LEG - NEVADA LEGISLATURE INTERIM | 1,939 | | 1,302 | |
| 17 LEGISLATIVE COUNSEL BUREAU | 170 | LEGISLATIVE COUNSEL BUREAU | 2631 | LEG - LEGISLATIVE COUNSEL BUREAU | 79,659 | | 53,638 | |
| 22 JUDICIAL DISCIPLINE COMMISSION | 220 | JUDICIAL DISCIPLINE COMMISSION | 1497 | JUDICIAL DISCIPLINE | 1,565 | | 1,575 | |
| 24 OFFICE OF VETERANS SERVICES | 240 | OFFICE OF VETERANS SERVICES | 2560 | NCVA - COMMISSIONER FOR VETERANS' AFFAIRS | 9,785 | | 10,023 | |
| 30 DEPARTMENT OF EDUCATION | 300 | DEPARTMENT OF EDUCATION | 2615 | NDE - SCHOOL REMEDIATION TRUST FUND | 63,252 | | 64,797 | |
| 30 DEPARTMENT OF EDUCATION | 300 | DEPARTMENT OF EDUCATION | 2673 | NDE - EDUCATION STATE PROGRAMS | 10,774 | | 10,996 | |
| 30 DEPARTMENT OF EDUCATION | 300 | DEPARTMENT OF EDUCATION | 2697 | NDE - PROFICIENCY TESTING | 3,764 | | 3,803 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2977 | NSHE - SPECIAL PROJECTS | 1,434 | | 1,468 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2980 | NSHE - UNIVERSITY OF NEVADA - RENO | 615,929 | | 622,494 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2982 | NSHE - SCHOOL OF MEDICAL SCIENCES | 102,540 | | 103,579 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2983 | NSHE - INTERCOLLEGIATE ATHLETICS - UNR | 7,721 | | 7,778 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2985 | NSHE - STATEWIDE PROGRAMS - UNR | 19,428 | | 19,571 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2986 | NSHE - SYSTEM ADMINISTRATION | 18,232 | | 18,353 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2987 | NSHE - UNIVERSITY OF NEVADA - LAS VEGAS | 861,467 | | 870,929 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2988 | NSHE - INTERCOLLEGIATE ATHLETICS - UNLV | 6,795 | | 6,830 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2989 | NSHE - AGRICULTURAL EXPERIMENT STATION | 22,349 | | 22,574 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2990 | NSHE - COOPERATIVE EXTENSION SERVICE | 38,554 | | 38,945 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2991 | NSHE - SYSTEM COMPUTING CENTER | 53,943 | | 54,545 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2992 | NSHE - UNLV LAW SCHOOL | 43,062 | | 43,571 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2994 | NSHE - GREAT BASIN COLLEGE | 79,170 | | 79,997 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2995 | NSHE - WILDLIFE ADMINISTRATION | 780 | | 780 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 2996 | NSHE - UNIVERSITY PRESS | 2,434 | | 2,447 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 3001 | NSHE - STATEWIDE PROGRAMS - UNLV | 5,201 | | 5,254 | |
| 35 NEVADA SYSTEM OF HIGHER EDUCATION (NSHE) | 350 | NSHE | 3002 | NSHE - DENTAL SCHOOL - UNLV | 61,464 | | 62,503 | |

BRIAN SANDOVAL
Governor

STATE OF NEVADA

JIM BARBEE
Director

Las Vegas Office:
2300 McLeod Street
Las Vegas, Nevada 89104-4314
(702) 486-4690
Fax (702) 486-4695



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

DEPARTMENT OF AGRICULTURE

405 South 21st Street
Sparks, Nevada 89431-5557
Telephone (775) 353-3600 • Fax (775) 353-3661
Website: <http://www.agr.nv.gov>

Memorandum

Date: May 9, 2013
To: Carla Watson, Budget Analyst 5
Department of Administration, Budget Division
From: Johnny R. McCuin, ASO III
Subject: General Fund Salary Adjustment Fund Request

This is to request \$2,078 from the General Fund Salary Adjustment Fund to increase authority in Budget Account 4600, Personnel Services.

This budget account will be short of cash to pay its FY13 obligations. By approving this request, the amount of money requested from the IFC Contingency Fund will be reduced by a like amount.

The Department of Agriculture is requesting that this item be placed on the next Board of Examiners (BOE) agenda.

Enclosures: Cash Analysis Worksheet
Personnel Services' FY13 Projections

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: May 17, 2013
To: Jeff Mohlenkamp, Clerk of the Board
Department of Administration
From: Carla Watson, Budget Analyst
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.

APPROVAL TO PAY A CASH SETTLEMENT

Pursuant to NRS 41.037, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

Agenda Item Write-up:

Department of Transportation (NDOT) – Administration - \$400,000

The department requests settlement approval in the amount of \$400,000 to resolve a threatened inverse condemnation claim pertaining to property owned by Lovino Leasing Enterprises I, LLC and Frank and Carmen Lovino (collectively the "Lovinos"). The Lovinos' claim that their access at Arden Road was taken when NDOT reconstructed and widened Blue Diamond Road from Decatur Boulevard to Rainbow Boulevard.

Additional Information:

The requested authority to settle in the amount of \$400,000 is inclusive of all interest, attorneys' fees, and damages of any kind and is based on the amount the other access claims in the same area have settled for and taking into account the Lovinos' appraisal and damage calculation submitted in connection with its claim to NDOT.

Statutory Authority:

NRS 41.037

| |
|---------------------|
| REVIEWED: <u>CW</u> |
| ACTION ITEM: _____ |



RECEIVED

MAY 07 2013

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

STATE OF NEVADA

OFFICE OF THE ATTORNEY GENERAL

555 East Washington Ave., Suite 3900
Las Vegas, Nevada 89101

CATHERINE CORTEZ MASTO
Attorney General

KEITH G. MUNRO
Assistant Attorney General

GREGORY M. SMITH
Chief of Staff

May 7, 2013

Carla Watson
Nevada Department of Administration
Division of Budget and Planning
209 East Musser Street, Room 200
Carson City, Nevada 89701-4298

RE: *Submittal to the June 2013 Board of Examiners Agenda /
Proposed Settlement for a threatened inverse condemnation claim by the Iovinos
involving real property generally located southerly of Blue Diamond and Arden
Road (between Jones and Torrey Pines) - Agenda Item*

Dear Ms. Watson:

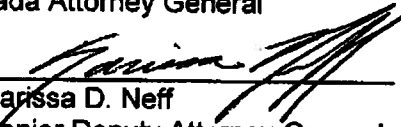
Enclosed is a settlement item to be included in the June 2013 Board of Examiners agenda for the Nevada Department of Transportation.

The item is proposed settlement for a threatened inverse condemnation claim by Iovino Leasing Enterprises I, LLC and Carmen and Frank Iovino (the "Iovinos") in the amount of \$400,000.00. A memorandum explaining the above proposed settlement for the inverse condemnation claim is enclosed.

Should you have any questions, please contact me or Chief Deputy Dennis Gallagher at 775-888-7423

Sincerely,

CATHERINE CORTEZ MASTO
Nevada Attorney General

By: 
Karissa D. Neff
Senior Deputy Attorney General
Transportation Division
(702) 486-3655

KDN:jm
Enclosure



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
555 East Washington Avenue, Suite 3900
Las Vegas, Nevada 89101

CATHERINE CORTEZ MASTO
Attorney General

KEITH G. MUNRO
Assistant Attorney General

GREGORY M. SMITH
Chief of Staff

MEMORANDUM

DATE: May 7, 2013

TO: Board of Examiners
Governor Brian Sandoval
Attorney General Catherine Cortez Masto
Secretary of State Ross Miller

FROM: Rudy Malfabon, Director, Nevada Department of Transportation
Karissa D. Neff, Senior Deputy Attorney General
Dennis Gallagher, Chief Deputy Attorney General CON

SUBJECT: Proposed settlement for an threatened inverse condemnation claim involving real property generally located southerly of Blue Diamond and Arden Road (between Jones and Torrey Pines)

SUMMARY

NDOT requests settlement approval in the amount of **\$400,000.00** to resolve an inverse condemnation claim pertaining to the Property (defined below), owned by Frank and Carmen Iovino and Iovino Leasing Enterprises I, LLC (collectively the "Iovinos").

BACKGROUND

On January 9, 2013 the Iovinos wrote a demand letter to the State of Nevada, on relation of its Department of Transportation ("NDOT") claiming that their access at Arden Road was taken when NDOT reconstructed and widened Blue Diamond Road from Decatur Boulevard to Rainbow Boulevard. The Iovinos initially claimed damages in the amount of **\$1,296,540.00** due to the closure of the Arden Road access.

BOARD OF EXAMINERS

May 7, 2013

The lovinos own Clark County Assessor's Parcel No. 176-23-601-019 and 176-23-601-015, which consists of approximately five gross acres of land, hereinafter the "Property." The Property is generally located southerly of Blue Diamond Road between Torrey Pines and Jones, and a portion is contiguous to the P8 Arden parcel discussed below.

Prior to the project to widen Blue Diamond Road, the lovinos directly accessed Blue Diamond Road from their Property by travelling north on Arden Road to Blue Diamond Road. Once the grade separation/highway bridge was put in place, the lovinos could no longer directly access Blue Diamond Road via Arden Road. The lovinos claimed to have been without reasonable, alternative access to and from their Property after the closure of Arden Road. The lovinos claimed that they could not use Arden Road to travel upon at all and had to travel the more circuitous route to Blue Diamond Road via Serene Avenue and Torrey Pines because the status of Arden Road for use by the public was not determined until the Spring of 2012 by way of another lawsuit- *P8 Arden, LLC v. NDOT et al*, Clark County Case No. A-09-591048-C (the "P8 Arden Litigation"). Additionally, the lovinos argued that inadequate right-of-way was obtained at El Camino and Serene Avenue which left them with no alternative, legal access to Blue Diamond Road by way of Serene to Torrey Pines after the closure of Arden Road.

It should also be noted during the P8 Arden Litigation, a District Court judge ruled that the P8 Arden landowners had a legal right to use Arden Road but that the landowner's access to Blue Diamond via the more circuitous route of Serene Avenue to Torrey Pines constituted a substantial impairment of access entitling the P8 Arden property owner to damages. Accordingly, the lovinos, like the P8 Arden landowners, claimed they were also entitled to damages for the substantial impairment of access to the Property because they are partially contiguous to the P8 Arden property and also had relied on Arden Road to access Blue Diamond.

Further, in addition to the P8 Arden landowner, two other landowners located in the same general area as the lovinos have brought actions against NDOT for the taking of access at Blue Diamond Road based on similar claims. NDOT vigorously defended these actions but ultimately paid damages to each of those three landowners for access claims. The average amount paid to the landowners after litigating all three access cases was approximately **\$985,333.00**. In two of these court cases, judges ruled that NDOT was liable for taking the landowners' access at Blue Diamond Road and found a substantial impairment of access.

COMPENSATION

NDOT is requesting authority to settle the lovinos' threatened inverse condemnation claim for \$400,000.00, inclusive of all interest, attorneys' fees, and damages of any kind. The requested authority is based on the amount the other access claims in the same area have settled for and taking into account the lovinos' appraisal and damage calculation submitted in connection with its claim to NDOT.

The lovinos' appraisal contemplated just compensation for the alleged taking to be

BOARD OF EXAMINERS

May 7, 2013

a **ten percent rental rate** of the value of both parcels of land to support their alleged damages for taking of access. Under this calculation, the lovinos claimed approximately \$247,500.00 per year for the 4.25 years they claimed to be without valid, legal access to the Property. Based on this amount, the damages the lovinos claimed was \$1,052,875.00 without considering compensation for interest, attorneys' fees and costs, and any claim for pre-condemnation damages. If the lovinos' proposed method of damage calculation is used, the above settlement represents **less than a four percent rental rate** of the value of the Property. The settlement amount requested is also approximately the same amount the contiguous property in the P8 Arden Litigation settled for once litigation costs and attorneys' fees are taken into account even though the P8 Arden property involved just one parcel of land, not two like the lovinos'.

Additionally, if the lovinos were to recover any compensation in their lawsuit against NDOT, pursuant to NRS 37.185, and the Section 22 of the Nevada Constitution (passed as part of PISTOL), NDOT would liable to Plaintiff for interest, reasonable attorneys' fees, and expenses incurred in the litigation. At a minimum, this would mean NDOT would likely have to pay Plaintiff over \$200,000.00 just in attorneys' fees and costs.

SUBROGATION/OFFSET

There will be no subrogation or any other attempt to offset the settlement amount.

RECOMMENDATION

NDOT has considered the benefits of settlement and has made the decision that the settlement is reasonable, prudent, and in the public interest. NDOT requests authority to settle the inverse condemnation action for **\$400,000.00**.

If the Board approves the settlement, NDOT intends to enter into a settlement agreement with Plaintiff to resolve the inverse condemnation action in full for the said amount, inclusive of all damages, including, but not limited to, costs, interest, and attorneys' fees.

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: May 15, 2013

To: Jeff Mohlenkamp, Director
Department of Administration

From: Julie Strandberg, Budget Analyst
Budget Division

A handwritten signature in black ink, appearing to be "JS", written over the name Julie Strandberg.

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 OF PUBLIC SAFETY– DIVISION OF EMERGENCY MANAGEMENT
Caughlin Fire

Agenda Item Write-up:

Pursuant to NRS 353.2755, the City of Reno, Sierra Fire Protection District, Truckee Meadows Fire Protection District, and Washoe County are requesting additional time to allow Taxation and the Department of Administration to complete the financial review. Emergency Management respectfully requests an extension from June 1, 2013 to September 30, 2013 to allow sufficient time for the completion of the financial review for final submittal to the Board of Examiners and Interim Finance Committee.

Additional Information:

At the October 9, 2012 Board of Examiners meeting the Board approved an extension to June 1, 2013; however, additional time is being requested to allow the Division of Emergency Management, Department of Administration, and Taxation sufficient time to review the complete application and financial documentation.

Statutory Authority:

Pursuant to NRS 353.2755 (2) the initial request for a grant or loan from the Disaster Relief Fund must be submitted within 60 days after the disaster and include specific information mentioned in statute. Any

additional information requested by the State Board of Examiners must be submitted within 6 months after the disaster, which was May 18, 2012, unless the State Board of Examiners and the Interim Finance Committee grant an extension.

| |
|--|
| <p>REVIEWED: _____</p> <p>ACTION ITEM: _____</p> |
|--|

Brian Sandoval
Governor

RECEIVED

MAY 14 2013

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION



Chris Perry
Director

Christopher B. Smith
Chief

**Division of Emergency Management
Homeland Security**

2478 Fairview Drive
Carson City, Nevada 89701

Telephone (775) 687-0300 • Fax (775) 687-0322 • <http://dem.state.nv.us/>

May 10, 2013

Ms. Julie Strandberg
Budget Analyst
Department Of Administration
209 E. Musser St.
Carson City, NV 89701

Dear Ms. Strandberg:

Subject: Time extension with regards to the submission of applications for the Nevada Disaster Relief Account Funds – Caughlin Fire

The Nevada Division of Emergency Management (NDEM), on behalf of the City of Reno, Sierra Fire Protection District, and Truckee Meadows Fire Protection District, request a time extension for the submission of the Nevada Disaster Relief Account Fund (DRA) applications and supporting documentation. This request is for the reimbursement of expenditures incurred in fighting the Caughlin Fire and the repair of damaged property as a result of the fire.

The parties affected have submitted applications to the NDEM, the Department of Administration and the Department of Taxation, for the review and approval of funding through the DRA. As of this date, the Department of Taxation is in the process of reviewing the applications. When the final costs are reviewed and eligibility is determined by Taxation, a report and agenda item will be requested of the Nevada Board of Examiners (BOE) for a hearing on the DRA applications, followed by a recommendation to the Director of the Legislative Council Bureau.

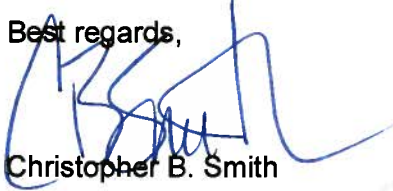
While the Department of Taxation is reviewing the applications, and determining the amount of the DRA funding for each entity, we are asking that an extension be granted for the completion and submittal of the final funding application, through the DRA, to a new application due date of September 31, 2013. This will provide the Nevada Departments of Administration and Taxation the ability to complete their respective DRA fund reviews.

Ms. Julie Strandberg
Page 2
May 10, 2013

NDEM is committed to continue working closely with all of parties involved in refining the true costs, and respectfully request an extension of the DRA.

Thank you for your consideration of this request. If you have any questions, please contact Rick Martin at (775) 687-0306, or Ron Hood at (775)687-0319.

Best regards,

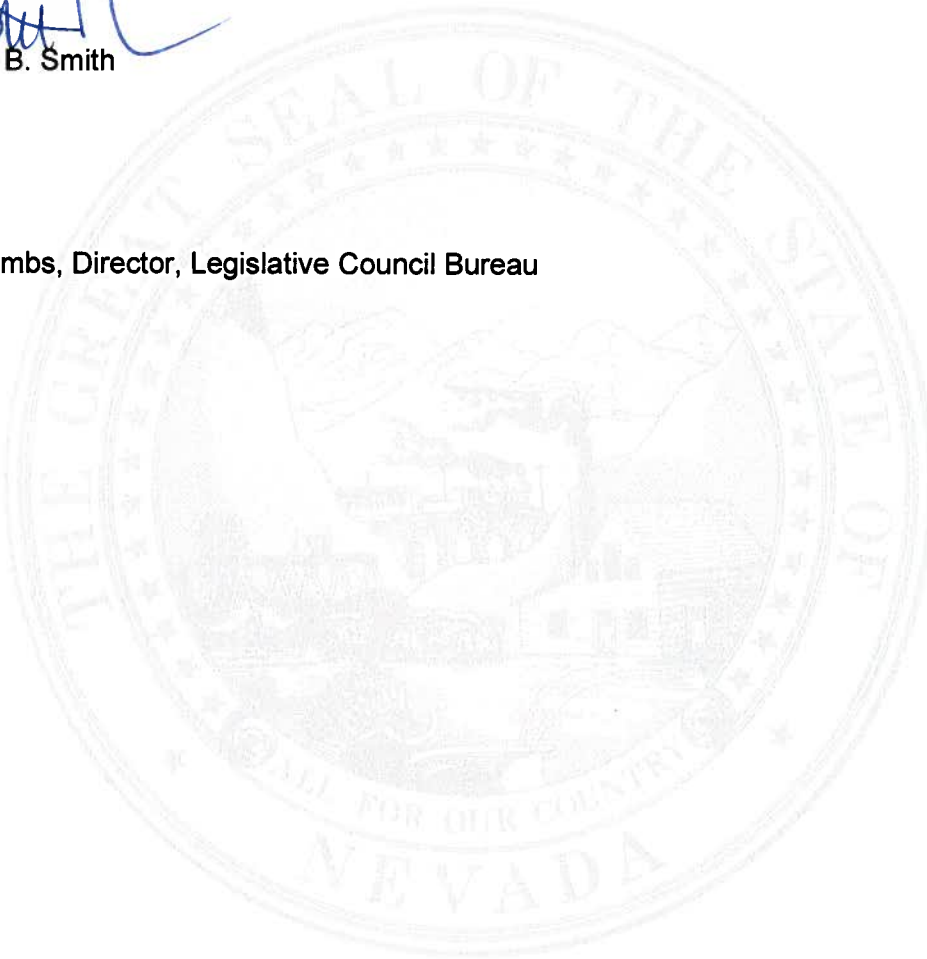


Christopher B. Smith

CBS/rh/cm

Enclosures

cc: Rick Combs, Director, Legislative Council Bureau



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: May 20, 2013

To: Jeff Mohlenkamp, Director
Department of Administration

From: Julie Strandberg, Budget Analyst
Budget Division

A handwritten signature in black ink, appearing to be "JS", written over the name Julie Strandberg.

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 OF PUBLIC SAFETY– DIVISION OF EMERGENCY MANAGEMENT
Washoe Drive Fire

Agenda Item Write-up:

Pursuant to NRS 353.2755, Sierra Fire Protection District and Truckee Meadows Fire Protection District are requesting additional time to allow the Division of Emergency Management, the Department of Administration, and Taxation to review the complete application and the financial review. Emergency Management respectfully requests an extension from August 1, 2013 to November 30, 2013 to allow sufficient time for the completion of the financial review for final submittal to the Board of Examiners and Interim Finance Committee.

Additional Information:

At the October 9, 2012 Board of Examiners meeting the Board approved an extension to August 1, 2013; however, additional time is being requested to allow the Division of Emergency Management, Department of Administration, and Taxation sufficient time to review the complete application and financial documentation.

Statutory Authority:

Brian Sandoval
Governor



Chris Perry
Director

Christopher B. Smith
Chief

**Division of Emergency Management
Homeland Security**

2478 Fairview Drive
Carson City, Nevada 89701

Telephone (775) 687-0300 • Fax (775) 687-0322 • <http://dem.state.nv.us/>

May 17, 2013

Ms. Julie Strandberg
Budget Analyst
Department Of Administration
209 E. Musser St.
Carson City, NV 89701

Dear Ms. Strandberg:

Subject: Time extension with regards to the submission of applications for the Nevada Disaster Relief Account Funds – Washoe Drive Fire.

The Nevada Division of Emergency Management (NDEM), on behalf of the Sierra Fire Protection District, and Truckee Meadows Fire Protection District, request a time extension for the submission of the Nevada Disaster Relief Account Fund (DRA) applications and supporting documentation. This request is for the reimbursement of expenditures incurred in fighting the Washoe Drive Fire and the repair of damaged property as a result of the fire.

The parties affected have submitted applications to the NDEM, the Department of Administration and the Department of Taxation, for the review and approval of funding through the DRA. When the final costs are reviewed and eligibility is determined by Taxation, a report and agenda item will be requested of the Nevada Board of Examiners (BOE) for a hearing on the DRA applications.

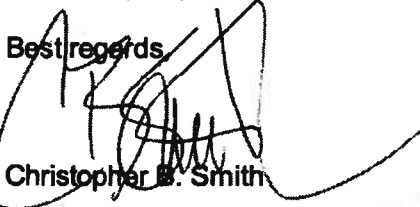
At this time we are asking that an extension be granted for the completion and submittal of the final funding application, through the DRA, to a new application due date of November 30, 2013. This will allow NDEM, Department of Administration and Taxation the ability to complete their respective DRA fund reviews.

Ms. Julie Strandberg
Page 2
May 17, 2013

NDEM is committed to continue working closely with all of the parties involved in refining the true costs, and respectfully request an extension of the DRA.

Thank you for your consideration of this request. If you have any questions, please contact Rick Martin at (775) 687-0306, or Ron Hood at (775)687-0319.

Best regards,



Christopher B. Smith

CBS/rh/cm

Enclosures

cc: Rick Combs, Director, Legislative Council Bureau



DEPARTMENT OF ADMINISTRATION

**209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222
Fax (775) 684-0260
<http://www.budget.state.nv.us/>**

Date: May 20, 2013
To: Jeff Mohlenkamp, Director
Department of Administration
From: Nikki Hovden, Budget Analyst *NH*
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 OF HEALTH AND HUMAN SERVICES – DIRECTOR'S OFFICE - PUBLIC DEFENDER OFFICE

Agenda Item Write-up:

Pursuant to NRS 353.268, the Public Defender Office requests an allocation of \$46,400 from the Interim Finance Contingency Fund for a salary shortfall due to leave payoffs at the end of the fiscal year.

Additional Information:

Pursuant to NRS 353.268, the Public Defender Office requests an allocation of \$46,400 from the Interim Finance Contingency Fund for a salary shortfall due to leave payoffs at the end of the fiscal year.

Statutory Authority:
NRS 353.268

REVIEWED: _____
ACTION ITEM: _____

Office of the State Public Defender
 BIA 1499 - Payroll Cost Projections
 SFY13

| Pay Period | Start | End | PCN | 0009 | 0021 | 0038 | 0001 | 0015 | 0018 | 0006 | 0027 | 0017 | 0039 | 0037 | 0008 |
|--------------------------------|-------|-------|-----|-----------|-----------|-----------|------------|------------|-----------|------------|------------|------------|------------|------------|------------|
| Group Insurance from FY12 | | | | | | | | | | | | | | | |
| 2 | 7/2 | 7/8 | | 786.00 | 663.10 | 733.64 | 733.64 | 733.64 | 733.64 | 733.64 | 733.64 | 733.64 | 733.64 | 733.64 | 733.64 |
| 3-ins | 7/9 | 7/22 | | 1,631.87 | 2,176.14 | 1,467.96 | 2,551.68 | 1,805.91 | 1,403.09 | 2,139.82 | 2,309.65 | 1,898.16 | 2,103.57 | 1,748.96 | 1,748.96 |
| 4 | 7/23 | 8/5 | | 1,631.86 | 1,444.45 | 3,609.27 | 5,793.64 | 4,630.34 | 3,478.10 | 5,396.03 | 5,312.07 | 4,096.44 | 4,904.21 | 4,235.52 | 4,201.40 |
| 5 | 8/6 | 8/19 | | 1,631.87 | 1,444.45 | 2,618.82 | 5,058.55 | 3,579.78 | 2,876.27 | 4,660.95 | 4,578.72 | 4,096.44 | 4,171.96 | 3,502.17 | 3,467.02 |
| 6-ins | 8/20 | 9/2 | | 1,631.87 | 2,176.14 | 3,609.26 | 5,793.64 | 4,630.34 | 3,606.82 | 5,396.04 | 5,312.07 | 4,096.44 | 4,171.96 | 3,502.17 | 3,451.61 |
| 1st.Qtr. Personnel Assessments | | | | 7.34 | 9.98 | 16.64 | 26.62 | 22.95 | 16.64 | 26.62 | 26.62 | 19.97 | 4,904.21 | 4,235.52 | 4,159.99 |
| 1st.Qtr. Payroll Assessments | | | | 9.59 | 14.39 | 23.98 | 38.36 | 33.57 | 23.98 | 38.36 | 33.57 | 23.98 | 33.57 | 19.97 | 19.97 |
| 7 | 9/3 | 9/16 | | 1,558.73 | 1,314.97 | 2,876.28 | 5,058.55 | 3,897.35 | 2,618.82 | 4,660.94 | 4,578.72 | 4,096.44 | 4,171.96 | 3,502.16 | 3,146.43 |
| 8-ins | 9/17 | 9/30 | | 1,558.73 | 2,176.14 | 3,609.26 | 5,793.64 | 4,829.43 | 3,606.82 | 4,978.72 | 5,312.07 | 4,096.44 | 4,530.78 | 4,905.32 | 4,830.08 |
| 9 | 10/1 | 10/14 | | 1,631.87 | 1,444.45 | 2,876.28 | 5,058.55 | 4,029.44 | 2,876.28 | 4,660.95 | 4,578.72 | 4,096.44 | 4,171.96 | 3,798.54 | 4,095.71 |
| 10-ins | 10/15 | 10/28 | | 1,631.86 | 2,046.66 | 3,609.26 | 5,793.64 | 4,829.42 | 3,606.82 | 5,396.03 | 5,312.07 | 4,096.44 | 4,904.21 | 4,905.31 | 4,496.26 |
| 11 | 10/29 | 11/11 | | 1,558.73 | 1,444.45 | 2,876.28 | 5,058.55 | 4,029.44 | 2,876.28 | 4,243.63 | 4,578.72 | 3,762.64 | 4,171.96 | 4,171.97 | 4,095.71 |
| 12-ins | 11/12 | 11/25 | | 1,631.87 | 2,176.13 | 3,351.80 | 5,793.64 | 4,495.62 | 3,349.36 | 5,396.03 | 5,312.07 | 3,762.64 | 4,904.21 | 4,905.31 | 4,830.08 |
| 13 | 11/26 | 12/9 | | 1,558.73 | 1,444.46 | 2,876.28 | 5,058.55 | 5,175.12 | 2,876.27 | 4,660.95 | 4,205.64 | 4,096.44 | 4,171.97 | 7,855.78 | 7,726.61 |
| 2nd.Qtr. Personnel Assessments | | | | 7.34 | 9.98 | 16.64 | 26.62 | 22.95 | 16.64 | 26.62 | 26.62 | 19.97 | 19.97 | 19.97 | 19.97 |
| 14-ins | 12/10 | 12/23 | | 1,631.87 | 2,176.14 | 3,647.44 | 5,854.78 | 4,878.93 | 3,645.00 | 5,457.93 | 5,367.40 | 4,145.94 | 4,959.59 | 4,960.70 | 4,879.58 |
| 15 | 12/24 | 1/6 | | 1,558.20 | 1,443.96 | 2,913.47 | 4,699.84 | 3,806.03 | 2,782.89 | 4,297.88 | 4,632.63 | 3,806.03 | 3,577 | 28.77 | 28.77 |
| 16-ins | 1/7 | 1/20 | | 1,631.32 | 2,175.65 | 3,646.46 | 5,853.21 | 4,877.65 | 3,644.02 | 5,456.33 | 5,365.98 | 4,144.66 | 4,958.16 | 3,847.08 | 4,143.93 |
| 17 | 1/21 | 2/3 | | 1,631.31 | 1,314.53 | 2,913.46 | 5,118.12 | 4,144.66 | 2,913.46 | 4,721.23 | 4,632.63 | 4,144.66 | 4,225.92 | 4,959.27 | 4,878.30 |
| 3rd.Qtr. Payroll Assessments | | | | 9.59 | 14.39 | 23.98 | 38.36 | 33.57 | 23.98 | 38.36 | 33.57 | 23.98 | 33.57 | 28.77 | 28.77 |
| 18-ins | 2/4 | 2/17 | | 1,558.20 | 2,175.65 | 3,385.29 | 5,853.21 | 4,539.02 | 3,644.02 | 5,032.98 | 4,987.49 | 4,144.66 | 4,579.33 | 4,959.27 | 4,878.30 |
| 19 | 2/18 | 3/3 | | 1,631.32 | 1,443.96 | 2,913.47 | 5,118.12 | 4,144.66 | 2,652.29 | 4,721.23 | 4,632.63 | 4,144.66 | 4,225.91 | 4,225.92 | 4,143.93 |
| 20 | 3/4 | 3/17 | | 1,631.32 | 1,314.53 | 2,913.47 | 5,119.57 | 1,243.39 | 2,782.89 | 4,722.69 | 4,632.63 | 4,144.66 | 4,225.92 | 4,225.91 | 3,806.03 |
| 21-ins | 3/18 | 3/31 | | 1,558.20 | 2,175.65 | 3,646.45 | 5,853.21 | 10,106.23 | 3,644.01 | 5,456.33 | 5,365.98 | 4,144.66 | 4,958.16 | 4,580.44 | 4,878.30 |
| 4th.Qtr. Personnel Assessments | | | | 7.34 | 9.98 | 16.64 | 26.62 | 22.95 | 16.64 | 26.62 | 26.62 | 19.97 | 19.97 | 19.97 | 19.97 |
| 4th.Qtr. Payroll Assessments | | | | 9.59 | 14.39 | 23.98 | 38.36 | 33.57 | 23.98 | 38.36 | 33.57 | 23.98 | 33.57 | 28.77 | 28.77 |
| 22 | 4/1 | 4/14 | | 1,631.32 | 1,443.96 | 2,913.47 | 5,118.12 | 4,144.66 | 2,782.89 | 4,721.23 | 4,632.63 | 4,144.66 | 4,225.91 | 4,225.91 | 4,143.93 |
| 23-ins | 4/15 | 4/28 | | 1,631.32 | 2,175.65 | 3,646.45 | 5,853.21 | 4,144.66 | 3,644.01 | 5,456.33 | 5,365.98 | 4,144.66 | 4,958.16 | 4,580.44 | 4,878.30 |
| 24 | 4/29 | 5/12 | | 1,631.32 | 1,443.96 | 2,913.46 | 5,118.12 | 4,144.66 | 2,652.29 | 4,721.23 | 4,632.63 | 4,144.66 | 4,225.91 | 4,225.92 | 4,143.93 |
| 25-ins | 5/13 | 5/26 | | 1,631.32 | - | 3,646.45 | 5,853.21 | 4,829.43 | 3,644.01 | 5,456.33 | 5,365.98 | 4,144.66 | 4,958.16 | 4,959.27 | 4,878.30 |
| 26 | 5/27 | 6/9 | | 1,631.32 | 721.98 | 2,913.46 | 5,118.12 | 4,144.66 | 2,782.89 | 4,721.23 | 4,632.63 | 4,144.66 | 4,225.91 | 4,225.92 | 4,143.93 |
| 1-ins | 6/10 | 6/23 | | 1,631.32 | 2,175.65 | 3,646.45 | 5,853.21 | 4,829.43 | 3,644.01 | 5,456.33 | 5,365.98 | 4,144.66 | 4,958.16 | 4,959.27 | 4,878.30 |
| 2 | 6/24 | 6/30 | | 815.66 | 1,443.96 | 1,456.73 | 2,559.06 | 2,072.33 | 1,391.45 | 2,360.62 | 2,316.32 | 2,072.33 | 2,112.96 | 2,112.96 | 2,071.97 |
| TOTAL PERSONNEL: | | | | 41,947.03 | 44,407.89 | 84,269.11 | 141,396.98 | 104,599.70 | 83,197.46 | 129,588.82 | 128,873.15 | 105,893.55 | 118,275.49 | 117,488.40 | 116,068.44 |

| Office of the State Public Defender | | | | | | | | | | | | |
|-------------------------------------|-------|-------|-----------|------------|-----------|------------|-----------|-----------|--------------|-----------------------|---------------------|--|
| BIA 1499 - Payroll Cost Projections | | | | | | | | | | | | |
| SFY13 | | | | | | | | | | | | |
| Pay Period | Start | End | PCN | 0036 | 0013 | 0005 | 0007 | 0002 | 0040 | Total Payroll Expense | Cumulative TOTAL | |
| Group Insurance from FY12 | 2 | 7/8 | 7/3.64 | 733.64 | 733.64 | 733.64 | 733.64 | 733.64 | 733.64 | 11,738.24 | 11,738.24 | |
| 3-ins | 7/9 | 7/22 | 1,336.29 | 1,729.25 | 933.34 | 2,307.86 | 1,380.78 | 3,861.64 | 623.72 | 28,954.98 | 40,693.22 | |
| 4 | 8/5 | 7/23 | 3,607.96 | 4,499.53 | 2,582.97 | 5,312.36 | 3,460.24 | 7,872.50 | 1,963.25 | 70,891.34 | 111,584.56 | |
| 5 | 8/6 | 8/19 | 2,618.81 | 3,766.54 | 1,850.97 | 4,577.87 | 2,459.46 | 5,037.32 | 1,233.37 | 58,451.46 | 170,036.02 | |
| 6-ins | 8/20 | 9/2 | 2,876.28 | 3,429.40 | 1,686.35 | 4,578.72 | 2,702.52 | 5,480.24 | 1,178.08 | 57,613.78 | 227,649.80 | |
| 1st.Qtr. Personnel Assessments | 11/26 | | 16.64 | 23.29 | 13.31 | 33.57 | 16.64 | 31.97 | 6.29 | 332.75 | 298,982.56 | |
| 1st.Qtr. Payroll Assessments | 9/3 | 9/16 | 2,876.28 | 4,167.02 | 1,767.94 | 4,577.12 | 2,701.36 | 5,480.24 | 14.33 | 479.50 | 299,462.06 | |
| 7 | 9/30 | 10/14 | 3,607.96 | 4,901.86 | 2,582.96 | 5,312.36 | 3,433.16 | 7,872.50 | 616.69 | 58,187.76 | 357,649.82 | |
| 8-ins | 10/1 | 10/15 | 2,747.55 | 5,517.45 | 1,850.98 | 4,577.87 | 2,701.36 | 5,037.32 | - | 70,065.73 | 427,715.55 | |
| 9 | 10/15 | 10/28 | 3,221.79 | 4,528.43 | 2,582.96 | 5,312.36 | 3,191.26 | 6,908.58 | 1,233.00 | 62,014.40 | 489,730.00 | |
| 10-ins | 11/1 | 11/15 | 2,876.27 | 3,798.53 | 1,839.91 | 4,204.78 | 2,701.36 | 5,480.24 | 1,177.72 | 71,375.87 | 560,828.72 | |
| 11 | 11/15 | 11/29 | 3,607.97 | 4,901.86 | 2,582.96 | 5,312.36 | 3,433.16 | 7,872.50 | 1,966.35 | 71,689.15 | 692,051.80 | |
| 12-ins | 11/29 | 12/9 | 2,876.27 | 4,171.97 | 1,744.89 | 4,578.71 | 2,701.36 | 5,480.24 | 1,233.00 | 69,013.00 | 761,064.80 | |
| 13 | 12/9 | | 16.64 | 23.29 | 13.31 | 33.57 | 16.64 | 31.97 | 6.29 | 332.75 | 761,397.55 | |
| 2nd.Qtr. Personnel Assessments | 12/10 | 12/23 | 3,646.14 | 4,578.27 | 2,499.93 | 5,367.69 | 3,469.03 | 7,908.11 | 1,966.35 | 73,132.71 | 834,530.26 | |
| 14-ins | 12/10 | 12/23 | 23.98 | 33.57 | 19.18 | 33.57 | 23.98 | 33.57 | 14.33 | 479.50 | 835,009.76 | |
| 2nd.Qtr. Payroll Assessments | 1/6 | 1/24 | 2,913.47 | 4,225.91 | 1,767.35 | 4,631.78 | 2,490.91 | 5,940.50 | 1,232.59 | 59,440.50 | 894,450.26 | |
| 15 | 1/24 | | 3,645.15 | 4,955.81 | 2,582.34 | 4,987.78 | 3,345.41 | 7,908.11 | 1,965.93 | 73,073.43 | 967,523.69 | |
| 16-ins | 1/7 | 1/20 | 2,913.47 | 4,225.92 | 1,850.34 | 4,631.78 | 2,736.31 | 5,940.50 | 1,232.58 | 61,720.22 | 1,029,243.91 | |
| 17 | 1/21 | | 23.98 | 33.57 | 19.18 | 33.57 | 23.98 | 33.57 | 14.33 | 479.50 | 1,029,723.41 | |
| 3rd.Qtr. Payroll Assessments | 2/4 | 2/17 | 3,645.15 | 4,955.81 | 2,582.34 | 4,987.78 | 3,468.11 | 7,908.11 | 1,965.93 | 71,342.54 | 1,101,065.95 | |
| 18-ins | 2/4 | | 16.64 | 23.29 | 13.31 | 33.57 | 16.64 | 31.97 | 6.29 | 332.75 | 1,101,398.70 | |
| 3rd.Qtr. Personnel Assessments | 2/18 | 3/3 | 2,913.47 | 4,225.92 | 1,767.34 | 4,622.72 | 2,613.61 | 5,940.50 | 1,177.33 | 61,318.47 | 1,162,717.17 | |
| 19 | 3/3 | | 2,913.46 | 4,225.91 | 1,851.79 | 4,254.14 | 2,614.77 | 5,940.50 | 1,232.95 | 57,856.03 | 1,220,573.20 | |
| 20 | 3/4 | | 3,383.98 | 4,955.81 | 2,582.34 | 5,366.27 | 3,345.41 | 7,908.11 | 1,910.67 | 77,912.10 | 1,298,485.30 | |
| 21-ins | 3/18 | 3/31 | 16.64 | 23.29 | 13.31 | 33.57 | 16.64 | 31.97 | 6.29 | 332.75 | 1,298,818.05 | |
| 4th.Qtr. Payroll Assessments | 4/1 | 4/14 | 2,652.30 | 3,947.09 | 1,850.34 | 4,621.82 | 2,736.31 | 5,940.50 | 1,232.59 | 56,924.47 | 1,355,742.52 | |
| 22 | 4/1 | | 3,383.98 | 4,955.81 | 2,582.34 | 5,366.27 | 3,345.41 | 7,908.11 | 1,910.67 | 67,878.99 | 1,424,101.01 | |
| 23-ins | 4/15 | 4/28 | 2,913.47 | 4,225.92 | 1,767.34 | 4,622.72 | 2,613.61 | 5,940.50 | 1,177.33 | 57,173.81 | 1,481,274.82 | |
| 24 | 4/29 | | 3,645.15 | 4,955.81 | 2,582.34 | 5,366.27 | 3,345.41 | 7,908.11 | 1,965.93 | 71,228.03 | 1,552,502.85 | |
| 25-ins | 5/13 | 5/26 | 2,913.47 | 4,225.92 | 1,767.34 | 4,622.72 | 2,613.61 | 5,940.50 | 1,232.59 | 60,782.35 | 1,613,285.20 | |
| 26 | 5/27 | | 3,645.15 | 4,955.81 | 2,582.34 | 5,366.27 | 3,345.41 | 7,908.11 | 1,965.93 | 73,403.68 | 1,686,688.88 | |
| 1-ins | 6/10 | 6/23 | 1,456.74 | 2,112.96 | 883.67 | 2,311.36 | 1,306.81 | 3,433.16 | 616.30 | 31,474.15 | 1,718,163.03 | |
| 2 | 6/24 | | 83,342.06 | 116,903.45 | 56,928.02 | 128,053.18 | 78,343.53 | 38,646.01 | 1,718,163.03 | | | |
| TOTAL PERSONNEL: | | | | | | | | | | | 1,740,847.00 | |
| TOTAL PERSONNEL: | | | | | | | | | | | 1,740,847.00 | |

Current Authority: 1,740,847.00

Difference/Surplus Between Total Projected Payroll Cost and Current Authority: (22,663.97)

Projected Annual, Sick, and Special Sick Leave Payout for 4 Employees: 66,818.72

Workers' Compensation Associated with Payout: 1,262.87

Medicaid Associated with Payout: 968.87

Total Projected Payroll Costs: 69,083.97

Amount of Contingency Funds Needed to Cover SFY13 Payroll Costs: 46,400.00

Leave Payout Calculations

DIANE CROW - Last day 6/11/13

To determine your leave payouts upon leaving state service, please enter data in the green highlighted cells only. To determine a payout for a Comp Leave Balance, ask your pay clerk.

| | |
|-------------------------------------|-----------|
| Continous Service Date | 7/8/1986 |
| Today's Date or Date of Calculation | 6/12/2013 |
| Hourly Wage | \$49.31 |
| Months of service | 323 |

Eligible for Annual Leave Payout? Yes
 Eligible for Sick Leave Payout? Yes
 Years of Service 25 or more years

| Leave Category | Balance |
|-----------------|--------------|
| ANNL | 263:44 |
| ANTP | (\$1,302.30) |
| FURLO (FY 2010) | -96:00 |
| FURLO (FY 2011) | -96:00 |
| FURLO (FY 2012) | -48:00 |
| FURLO (FY 2013) | -16:00 |
| SICK | 882:11 |
| SPSCK | 284:13 |

| | Hours (decimal format) | Dollar Value | Current Balance thru PP20 | Projected Accrual PP24 to PP01 | Total Leave | Convert leave minute accrual to cents | |
|----------------------------------|------------------------------|-----------------|---------------------------------|---|----------------|--|------|
| Annual Leave Balance - 6.27 p/pp | 286.015 | \$14,103.40 | 263.44 | 22.575 | 286.015 | 0.27 | 0.45 |
| Sick Leave Balance - 4.36 p/pp | 898.21 | | 882.11 | 16.1 | 898.21 | 0.36 | 0.6 |

| | | |
|--------------------------------------|--------|--------------------|
| 25 or more years | | \$8,000.00 |
| Special Sick Leave Balance | 284.13 | \$9,963.83 |
| Less Anti-Week | | -\$1,302.30 |
| Total (except for Comp Leave) | | \$30,764.92 |

NRS 284.350 Annual leave.

7. No employee in the public service may be paid for accumulated annual leave upon termination of employment unless the employee has been employed for 6 months or more.

NAC 284.5395 Annual leave: Payment upon separation from service. (NRS 284.065, 284.155, 284.175, 284.350) An employee who has completed 6 months of continuous service and who has separated from state service must be paid a lump-sum payment for any unused annual leave which he or she has earned through the date of separation. (Added to NAC by Dep't of Personnel, eff. 10-26-84; A by R147-01, 1-22-2002)

NRS 284.355 Leave for sickness and disability: Accrual; payment for unused leave; employees with mental or emotional disorders; forfeiture of leave.

2. Upon the retirement of an employee, the employee's termination through no fault of the employee or the employee's death while in public employment, the employee or the employee's beneficiaries are entitled to payment:
- (a) For the employee's unused sick leave in excess of 30 days, exclusive of any unused sick leave accrued but not carried forward, according to the employee's number of years of public service, except service with a political subdivision of the State, as follows:
- (1) For 10 years of service or more but less than 15 years, not more than \$2,500.
 - (2) For 15 years of service or more but less than 20 years, not more than \$4,000.
 - (3) For 20 years of service or more but less than 25 years, not more than \$6,000.
 - (4) For 25 years of service, not more than \$8,000.
- (b) For the employee's unused sick leave accrued but not carried forward, an amount equal to one-half of the sum of:
- (1) The employee's hours of unused sick leave accrued but not carried forward; and
 - (2) An additional 120 hours.

Leave Payout Calculations

JAMES LOGAN - Last day 6/30/13

To determine your leave payouts upon leaving state service, please enter data in the green highlighted cells only. To determine a payout for a Comp Leave Balance, ask your pay clerk.

| | |
|-------------------------------------|-----------|
| Continous Service Date | 3/19/1990 |
| Today's Date or Date of Calculation | 6/30/2013 |
| Hourly Wage | \$44.62 |
| Months of service | 279 |

| Leave Category | Balance |
|-----------------|---------|
| ANNL | 287:44 |
| FURLO (FY 2010) | -96:00 |
| FURLO (FY 2011) | -96:00 |
| FURLO (FY 2012) | -48:00 |
| FURLO (FY 2013) | -24:00 |
| SICK | 854:59 |
| SPSCK | *316:11 |

Eligible for Annual Leave Payout? Yes
 Eligible for Sick Leave Payout? Yes
 Years of Service 20 but less than 25

| | Hours (decimal format) | Dollar Value | Current Balance thru PP20 | Projected Accrual PP24 to PP02 | Total Leave | Convert leave minute accrual to cents | |
|----------------------------------|------------------------------|-----------------|---------------------------------|---|----------------|--|------|
| Annual Leave Balance - 6.27 p/pp | 316.465 | \$14,120.67 | 287.44 | 29.025 | 316.465 | 0.27 | 0.45 |
| Sick Leave Balance - 4.36 p/pp | 875.29 | | 854.59 | 20.7 | 875.29 | 0.36 | 0.6 |

20 but less than 25 **\$6,000.00**

Special Sick Leave Balance **316.11** **\$9,729.61**

Total (except for Comp Leave) \$29,850.28

NRS 284.350 Annual leave.

7. No employee in the public service may be paid for accumulated annual leave upon termination of employment unless the employee has been employed for 6 months or more.

NAC 284.5395 Annual leave: Payment upon separation from service. (NRS 284.065, 284.155, 284.175, 284.350) An employee who has completed 6 months of continuous service and who has separated from state service must be paid a lump-sum payment for any unused annual leave which he or she has earned through the date of separation. (Added to NAC by Dep't of Personnel, eff. 10-26-84; A by R147-01, 1-22-2002)

NRS 284.355 Leave for sickness and disability: Accrual; payment for unused leave; employees with mental or emotional disorders; forfeiture of leave.

2. Upon the retirement of an employee, the employee's termination through no fault of the employee or the employee's death while in public employment, the employee or the employee's beneficiaries are entitled to payment:

(a) For the employee's unused sick leave in excess of 30 days, exclusive of any unused sick leave accrued but not carried forward, according to the employee's number of years of public service, except service with a political subdivision of the State, as follows:

- 1) For 10 years of service or more but less than 15 years, not more than \$2,500.
- 2) For 15 years of service or more but less than 20 years, not more than \$4,000.
- 3) For 20 years of service or more but less than 25 years, not more than \$6,000.
- 4) For 25 years of service, not more than \$8,000.

(b) For the employee's unused sick leave accrued but not carried forward, an amount equal to one-half of the sum of:

- 1) The employee's hours of unused sick leave accrued but not carried forward; and
- 2) An additional 120 hours.

accumulated annua

Leave Payout Calculations

KERRY MALONE - Last day 5/4/13

To determine your leave payouts upon leaving state service, please enter data in the green highlighted cells only. To determine a payout for a Comp Leave Balance, ask your pay clerk.

| | |
|-------------------------------------|----------------|
| Continous Service Date | 3/9/2009 |
| Today's Date or Date of Calculation | 5/5/2013 |
| Hourly Wage | \$39.92 |
| Months of service | 49 |
| Eligible for Annual Leave Payout? | Yes |
| Eligible for Sick Leave Payout? | No |
| Years of Service | not applicable |

| Leave Category | Balance |
|-----------------|---------|
| ANNL | 95:34 |
| FURLO (FY 2010) | -96:00 |
| FURLO (FY 2011) | -96:00 |
| FURLO (FY 2012) | -56:00 |
| FURLO (FY 2013) | -32:00 |
| SICK | 167:44 |

| | Hours (decimal format) | Dollar Value | Current Balance thru PP20 | Projected Accrual PP24 to PP02 | Total Leave | Convert leave minute accrual to cents |
|--|------------------------------|-----------------|---------------------------------|---|----------------|--|
| Annual Leave Balance - 4.36 p/pp | 99.94 | \$3,989.60 | 95.34 | 4.6 | 99.94 | 0.36 0.6 |
| Sick Leave Balance - 4.36 p/pp not applicable | 172.04 | \$0.00 | 167.44 | 4.6 | 172.04 | 0.36 0.6 |

| | | |
|--------------------------------------|---|-------------------|
| Special Sick Leave Balance | 0 | \$0.00 |
| Total (except for Comp Leave) | | \$3,989.60 |

NRS 284.350 Annual leave.

7. No employee in the public service may be paid for accumulated annual leave upon termination of employment unless the employee has been employed for 6 months or more.

NAC 284.5395 Annual leave: Payment upon separation from service. (NRS 284.065, 284.155, 284.175, 284.350) An employee who has completed 6 months of continuous service and who has separated from state service must be paid a lump-sum payment for any unused annual leave which he or she has earned through the date of separation. (Added to NAC by Dep't of Personnel, eff. 10-26-84; A by R147-01, 1-22-2002)

NRS 284.355 Leave for sickness and disability: Accrual; payment for unused leave; employees with mental or emotional disorders; forfeiture of leave.

2. Upon the retirement of an employee, the employee's termination through no fault of the employee or the employee's death while in public employment, the employee or the employee's beneficiaries are entitled to payment:

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- (1) For 10 years of service or more but less than 15 years, not more than \$2,500.
- (2) For 15 years of service or more but less than 20 years, not more than \$4,000.
- (3) For 20 years of service or more but less than 25 years, not more than \$6,000.
- (4) For 25 years of service, not more than \$8,000.

(b) For the employee's unused sick leave accrued but not carried forward, an amount equal to one-half of the sum of:

- (1) The employee's hours of unused sick leave accrued but not carried forward; and
- (2) An additional 120 hours.

Leave Payout Calculations

THERESA BECK - Last day 4/7/13

To determine your leave payouts upon leaving state service, please enter data in the green highlighted cells only. To determine a payout for a Comp Leave Balance, ask your pay clerk.

| | |
|-------------------------------------|----------------|
| Continous Service Date | 4/25/2011 |
| Today's Date or Date of Calculation | 4/8/2013 |
| Hourly Wage | \$15.26 |
| Months of service | 23 |
| Eligible for Annual Leave Payout? | Yes |
| Eligible for Sick Leave Payout? | No |
| Years of Service | not applicable |

| Leave Category | Balance |
|-----------------|---------|
| ANNL | 140:48 |
| FURLO (FY 2010) | 0:00 |
| FURLO (FY 2011) | -80:00 |
| FURLO (FY 2012) | -48:00 |
| FURLO (FY 2013) | -40:00 |
| SICK | 55:30 |

| | Hours (decimal format) | Dollar Value | Current Balance thru PP20 | Projected Accrual PP24 to PP02 | Total Leave | Convert leave minute accrual to cents |
|----------------------------------|------------------------------|-----------------|---------------------------------|---|----------------|--|
| Annual Leave Balance - 4.36 p/pp | 145.08 | \$2,213.92 | 140.48 | 4.6 | 145.08 | 0.36 |
| Sick Leave Balance - 4.36 p/pp | 59.9 | | 55.3 | 4.6 | 59.9 | 0.36 |
| not applicable | | \$0.00 | | | | 0.6 |

Special Sick Leave Balance **\$0.00**

Total (except for Comp Leave) **\$2,213.92**

NRS 284.350 Annual leave.

7. No employee in the public service may be paid for accumulated annual leave upon termination of employment unless the employee has been employed for 6 months or more.

NAC 284.5395 Annual leave: Payment upon separation from service. (NRS 284.065, 284.155, 284.175, 284.350) An employee who has completed 6 months of continuous service and who has separated from state service must be paid a lump-sum payment for any unused annual leave which he or she has earned through the date of separation. (Added to NAC by Dep't of Personnel, eff. 10-26-84; A by R147-01, 1-22-2002)

NRS 284.355 Leave for sickness and disability: Accrual; payment for unused leave; employees with mental or emotional disorders; forfeiture of leave.

2. Upon the retirement of an employee, the employee's termination through no fault of the employee or the employee's death while in public employment, the employee or the employee's beneficiaries are entitled to payment:

(a) For the employee's unused sick leave in excess of 30 days, exclusive of any unused sick leave accrued but not carried forward, according to the employee's number of years of public service, except service with a political subdivision of the State, as follows:

- (1) For 10 years of service or more but less than 15 years, not more than \$2,500.
- (2) For 15 years of service or more but less than 20 years, not more than \$4,000.
- (3) For 20 years of service or more but less than 25 years, not more than \$6,000.
- (4) For 25 years of service, not more than \$8,000.

(b) For the employee's unused sick leave accrued but not carried forward, an amount equal to one-half of the sum of:

- (1) The employee's hours of unused sick leave accrued but not carried forward; and
- (2) An additional 120 hours.



DEPARTMENT OF ADMINISTRATION

209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222
Fax (775) 684-0260
<http://www.budget.state.nv.us/>

Date: May 17, 2013
To: Jeff Mohlenkamp, Director
Department of Administration
From: Susan Brown, Budget Analyst
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 OF EDUCATION – NUTRITION EDUCATION PROGRAMS

Agenda Item Write-up:

Pursuant to NRS 353.268, the Department of Education – Nutrition Education Programs, requests an allocation of \$23,000 from the Interim Finance Contingency Fund for a fiscal year 2012 repayment of federal Child Nutrition funds in excess of eligible expenditures that were drawn.

Additional Information:

The department has been working with the United States Department of Agriculture to complete the final closeout of federal fiscal year 2012 and these funds are now due and payable to the federal government, interest has begun accruing.

Statutory Authority:

NRS 353.268

| |
|---------------------|
| REVIEWED: <u>SB</u> |
| ACTION ITEM: _____ |



DEBORAH H. CUNNINGHAM
Deputy Superintendent
Office of Business and Support Services

DEPARTMENT OF EDUCATION
700 E. Fifth Street
Carson City, Nevada 89701-5096
(775) 687 - 9102 · Fax: (775) 687 - 9101

May 16, 2013

To: Jeff Mohlenkamp
Clerk of the Board of Examiners

From: Rorie Fitzpatrick
Interim Superintendent of Public Instruction

Re: Request for Contingency Funds – June 11, Board of Examiners

The Nevada Department of Education is requesting \$23,000 from the Interim Finance Committee Contingency Fund to cover the cost of fiscal year 2012 repayment of federal Child Nutrition funds that were drawn in excess of eligible expenditures. The Department has been working with the United States Department of Agriculture to complete the final closeout of federal fiscal year 2012 program claims. The funds are now due and payable to the federal government, and interest has begun accruing; combined with the extensive amount of time already expended weeding through the tens of thousands of transactions, the Department does not believe that we will be able to resolve the discrepancy further, but will continue research efforts within the limits of existing resources. We are therefore requesting contingency funds to complete the repayment.

To address the internal issues that resulted in this error the Department has already implemented the following corrective actions, which include the following:

- 1) A unified Business Services Unit has been established in which accounting transactions are now reviewed by full service financial professionals for compliance with accounting and budget procedures;
- 2) All transactions are now reviewed and approved by at least two individuals in addition to the individual who prepared the transaction;
- 3) The Department has begun implementing budget tracking systems and regular budget projections with full implementation (all accounts) scheduled for July 1, 2013;
- 4) All draw requests are now accurately and adequately documented, verified, and reconciled before processing.
- 5) The Department has provided specific training relating to fiscal and child nutrition staff regarding the problems that led to this result so that such issues will not reoccur.

The Department began most of these corrective measures prior to discovering the specific problems with this program as part of a plan to improve Department compliance with laws and regulations and to improve service to customers both internal and external. These changes also provide protection against future instances of fiscal mismanagement.

Memo to Mohlenkamp
May 22, 2013, Page 2

I acknowledge that the conditions that previously existed were insufficient to ensure appropriate fiscal management. The above actions, and further managerial integrity efforts to be undertaken in the coming fiscal year, will result in implementation of best practices in fiscal and accounting policies, procedures, and practices, thereby ensuring such incidents do not reoccur in the future. Please feel free to contact my office for any additional information or with any questions you or your staff may have. Thank you for your consideration.

Cc: Susan Brown, Budget Analyst
Deborah Cunningham, Deputy Superintendent
Julia Teska, Director - Business Services



DEPARTMENT OF ADMINISTRATION

**209 E. Musser Street, Room 200
Carson City, Nevada 89701-4298
(775) 684-0222
Fax (775) 684-0260
<http://www.budget.state.nv.us/>**

Date: May 17, 2013
To: Jeff Mohlenkamp, Director
Department of Administration
From: Carla Watson, Budget Analyst
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 OF AGRICULTURE – PREDATORY ANIMAL/RODENT CONTROL

Agenda Item Write-up:


Pursuant to NRS 353.268, the Department of Agriculture – Predatory Animal/Rodent Control, requests an allocation of \$51,557 from the Interim Finance Contingency Fund for a salary shortfall due to a leave payoff in addition to salaries projected to be paid with a transfer from the Department of Wildlife were not fully achieved because the projected work to be done did not occur.

Additional Information:

A retirement will occur at the end of June; therefore, a request from the Statutory Contingency Account for salary replacing a state officer or employee pursuant to the NRS 353.262 cannot be requested since the position will not be replaced in this fiscal year.

Statutory Authority:

NRS 353.268

| |
|---|
| REVIEWED:  |
| ACTION ITEM: _____ |

BRIAN SANDOVAL
Governor

STATE OF NEVADA

JIM BARBEE
Director

Las Vegas Office:
2300 McLeod Street
Las Vegas, Nevada 89104-4314
(702) 486-4690
Fax (702) 486-4695



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

DEPARTMENT OF AGRICULTURE

405 South 21st Street
Sparks, Nevada 89431-5557
Telephone (775) 353-3600 • Fax (775) 353-3661
Website: <http://www.agr.nv.gov>

Memorandum

Date: May 9, 2013

To: Carla Watson, Budget Analyst 5
Department of Administration, Budget Division

From: Johnny R. McCuin, ASO III

Subject: IFC Contingency Fund Request

This is to formally request Interim Finance Committee (IFC) Contingency Funds (General Fund) in the amount of \$51,557 to increase Budget Account 4600 AGRI – Predatory Animal/Rodent Control's cash position in order to provide enough cash to pay remaining FY13 obligations. This under funding was partially created by the announced June 24, 2013 retirement of PCN 4600-0020, Field Assistant 2, and under funding of Revenue General Ledger 4667, Transfer From NDOW, with expenditure category 01, Personnel services, that was partially supported by this revenue source.

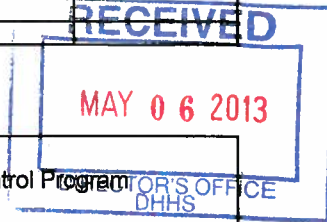
Please see the attached Cash Analysis worksheet for more detailed information.

Budget Account 4600 was budgeted to receive a direct transfer of \$40,000 from NDOW to support general personnel costs of the Predatory Animal/Rodent Control. However, NDOW's budget only supported \$14,000 of this amount. Additionally \$26,000 was budgeted to be received from NDOW for work done by PCN 4600-0001 in support of the NDOW Predatory Animal Management program. Billable hours for this PCN only amounted to \$20,899 leaving the cash position of the account \$31,101 short of projected revenues from NDOW. Although this and the anticipated Terminal Leave payout for PCN 4600-0020 of \$27,298 totaling \$58,399 of unbudgeted personnel costs, savings of \$1,267 were found in other expenditure categories and revenue received from RGL 4103, Transfer From Woolgrowers, came in \$5,555 higher than budgeted leaving the IFC Contingency Fund request to be \$51,557.

The Department of Agriculture is requesting that this item be placed on the next Board of Examiners (BOE) agenda; if approved by the BOE, the Department will submit the request for consideration by the IFC at their next meeting.

Enclosure: Cash Analysis Worksheet

| | |
|-------------------------------|--|
| For Budget Division Use Only | |
| Reviewed by: <i>AS 5/8/13</i> | |
| Reviewed by: | |
| Reviewed by: | |



**STATEWIDE LEASE INFORMATION
FIRST AMENDMENT**

1. Agency: Department of Health and Human Services
Health Division, Bureau of Health Care Quality and Compliance, Radiation Control Program
4150 Technology Way
Carson City, Nevada 89706
contact: Cole Schmidt phone 775.684.4039 fax 684.4211

2. Name of Landlord (Lessor): Bowers Family Investments, LLC

3. Address of Landlord: c/o Carson Properties
187 Sonoma Street
Carson City, Nevada 89701

4. Property contact: Terry Yeager
phone 775.882.3211 fax 775.882.7553

5. Address of Lease property: 675 Fairview Drive, Suite 218
Carson City, Nevada 89701

a. Square Footage: Rentable Adding 224 square feet of usable office space to the existing 3,487 usable square feet of office space. A combined total of 3,711 sf.
 Usable 3,711

b. Cost:

| cost per month | # of months in time frame | cost per year | time frame | Approximate cost per square foot |
|----------------|---------------------------|---------------|--------------------------------|----------------------------------|
| \$4,267.65 | 1 | \$4,267.65 | July 1, 2013 - July 31, 2013 | \$1.15 |
| \$4,267.65 | 12 | \$51,211.80 | August 1, 2013 - July 31, 2014 | \$1.15 |
| \$4,527.42 | 12 | \$54,329.04 | August 1, 2014 - July 31, 2015 | \$1.22 |
| \$4,527.42 | 12 | \$54,329.04 | August 1, 2015 - July 31, 2016 | \$1.22 |

c. Total Lease Consideration: - \$164,137.53

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

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

f. Term: Three (3) years, one (1) month remaining on current lease

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

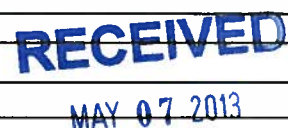
k. Minor repairs: Landlord Tenant

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: 3101



6. Purpose of the lease: To house the Radiation Control Program

7. This lease constitutes:

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



a. Estimated moving expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

Remarks: Leasing Services negotiated this Amendment to the lease to add an additional 224 usable square feet of climate controlled space to the existing 3,487 usable square feet of space for a total of 3,711 usable square feet of contiguous space. This space will house new equipment (procured through a Department of Homeland Security Grant), that will increase the agency's response capabilities to radiological issues in the State.

Exceptions/ Special notes:

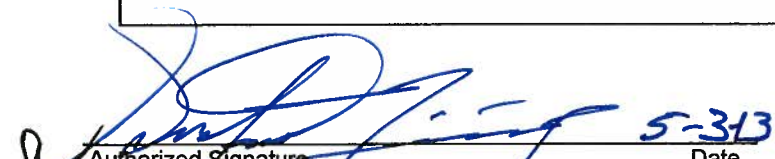
STATEWIDE LEASE INFORMATION

8. State of Nevada Business License Information:

| | | | |
|---|---|--|--|
| a. Nevada Business ID Number: | <u>NV20097559201</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>T29023142</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 5-3-13
 Public Works Division, Buildings and Grounds Section

Walpers for R. Whitley 5/6/13
 Authorized Signature - Agency _____ Date

||
 For Board of Examiners YES NO

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services, Division of Welfare and Supportive Services
1470 College Parkway
Carson City, Nevada 89706
contact: Don Coston phone 775.684.0652 email dxcoston@dwss.nv.gov

2. Name of Landlord (Lessor): Rockworks Land, LLC

3. Address of Landlord: TBA

4. Property contact: Capital Asset Management
2320 Paseo Del Prado, Suite B302
Las Vegas, Nevada 89102
contact: Buzz Horden phone 702.365.6700 email vegasre@aol.com

5. Address of Lease property: 3223 West Craig Road, Suites 100, 110, 120, 130, 140
North Las Vegas, Nevada 89032

a. Square Footage: Rentable Usable 18,500

b. Cost:

| cost per month | # of months in time frame | cost per year | time frame | cost per square foot |
|----------------|---------------------------|---------------|----------------------------------|----------------------|
| \$0.00 | 2 | \$0.00 | Months 1-2 <i>Sept 1 - Oct 1</i> | \$0.00 |
| \$31,820.00 | 12 | \$381,840.00 | Months 3-14 | \$1.72 |
| 3% \$32,745.00 | 12 | \$392,940.00 | Months 15-26 | \$1.77 |
| 3% \$33,670.00 | 12 | \$404,040.00 | Months 27-38 | \$1.82 |
| 3% \$34,780.00 | 12 | \$417,360.00 | Months 39-50 | \$1.88 |
| 3% \$35,890.00 | 12 | \$430,680.00 | Months 51-62 | \$1.94 |
| 3% \$36,815.00 | 12 | \$441,780.00 | Months 63-74 | \$1.99 |
| 3% \$37,925.00 | 12 | \$455,100.00 | Months 75-86 | \$2.05 |
| 3% \$39,220.00 | 12 | \$470,640.00 | Months 87-98 | \$2.12 |
| 3% \$40,330.00 | 12 | \$483,960.00 | Months 99-110 | \$2.18 |
| 3% \$41,440.00 | 12 | \$497,280.00 | Months 111-122 | \$2.24 |

Increase %

c. Total Lease Consideration: 122 \$4,375,620.00

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

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

f. Term: Ten (10) 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) Daytime

j. Major repairs: Landlord Tenant

k. Minor repairs: Landlord Tenant

l. Taxes: Landlord Tenant

m. Comparable Market Rate: \$1.64 - \$2.45

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

o. Lease will be paid for by Agency Budget Account Number: 3233

6. Purpose of the lease: To house the Division of Welfare and Supportive 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: \$664,275.00 Data/Phones: \$349,897.00

Remarks: **PLACE HOLDER FOR BOE AGENDA ONLY**
Executed documents to follow.

Exceptions/Special notes: Pricing has not been verified by Lessor, and entire summary & lease documents are subject to review and/or change.

10/2/02

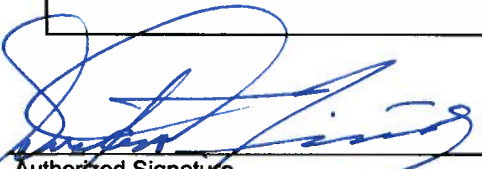
STATEWIDE LEASE INFORMATION

8. State of Nevada Business License Information:

| | | | | |
|---|------------------------------|---|-------------------------------|------------------------------|
| a. Nevada Business ID Number: | <u>TBA</u> | | | |
| b. The Contractor is registered with the Nevada Secretary of State's Office as a: | LLC <input type="checkbox"/> | INC <input checked="" 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 type="checkbox"/> NO | |
| *If yes, please explain in exceptions section | | | | |
| d. Is the Contractors Name the same as the Legal Entity Name? | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| *If no, please explain in exceptions section | | | | |
| e. Does the Contractor have a current Nevada State Business License (SBL)? | <input type="checkbox"/> YES | | <input 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 type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| g. State of Nevada Vendor number: | <u>TBA</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 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 type="checkbox"/> YES | <input type="checkbox"/> NO |


 Authorized Signature
 Public Works Division, Buildings and Grounds Section
 Date 5-31-13


 Authorized Signature Agency
 Date 5/30/13

II
 For Board of Examiners YES NO

Brian Sandoval
Governor



Jeff Mohlenkamp
Director

Gustavo "Gus" Nuñez
Administrator

Carson City Offices:
Public Works Section
515 East Musser Street, Rm. 102
Carson City, Nevada 89701-4263
(775) 684-4141 | Fax (775) 684-4142

Buildings & Grounds Section
(775) 684-1815 | Fax (775) 684-1817

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Public Works Division

Las Vegas Offices:
Public Works Section
1830 East Sahara, Ste. 204
Las Vegas, Nevada 89104
(702) 486-5515 | Fax (702) 486-5094

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

MEMORANDUM

RECEIVED

MAY 31 2013

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET AND PLANNING DIVISION

Date: May 31, 2013
To: Sheri Barkdull, Budget Analyst
From: Debbie Ohl, Buildings & Grounds, Leasing Services, 684-1811
Subject: Board of Examiners meeting, June 11, 2013

I am submitting the enclosed STATEWIDE LEASE INFORMATION for placement holder onto the Nevada Board of Examiners meeting scheduled for **June 11, 2013**.

1. ROCKWORK LAND, LLC – Division of Welfare and Supportive Services, 3223 West Craig Rd, North Las Vegas 89032

Thank you.

A handwritten signature in blue ink, appearing to read "Debbie Ohl".

Debbie Ohl

From: Julie L. Kidd
Sent: Thursday, May 30, 2013 6:19 PM
To: Debbie Ohl
Cc: Leanne Lima
Subject: FW: Craig RD - Statewide Lease Information sheet

Importance: High

Debbie – please prepare the attached and get Gus' signature, then submit to the BOE ASAP.

From: Julie L. Kidd
Sent: Thursday, May 30, 2013 6:18 PM
To: Don Coston
Cc: Leasing Services; Elizabeth Watson; Tami Dufresne
Subject: RE: Craig RD - Statewide Lease Information sheet

We will present the attached to our administrator tomorrow and submit to the BOE.

From: Don Coston
Sent: Thursday, May 30, 2013 4:56 PM
To: Julie L. Kidd
Cc: Leasing Services; Elizabeth Watson; Tami Dufresne
Subject: Craig RD - Statewide Lease Information sheet

Julie –

Please find attached the DWSS Craig RD - Statewide Lease Information sheet signed by the Administrator this date. Please be advised this is in support of BOE place holding. The cost of Furnishings and Data/Phones requires updating to Legislative Approved budgets.

Please contact me with any questions or concerns. The original document will be delivered to you first thing tomorrow morning.

Thank you,

Don Coston, MA II
DWSS Facilities Manager
1470 College Parkway
Carson City, NV 89706
P 775.684.0652
F 775.684.0681
dxcoston@dwss.nv.gov

This message and accompanying documents are covered by the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, may be covered by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and may contain confidential information or Protected Health Information intended for the specified individual(s) only. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. Violations may result in administrative, civil, or criminal penalties. If you have received this communication in error, please notify sender immediately by e-mail, and delete the message.

| | |
|------------------------------|----------------|
| For Budget Division Use Only | |
| Reviewed by: <u>JD</u> | <u>5-29-13</u> |
| Reviewed by: | |
| Reviewed by: | |

**STATEWIDE LEASE INFORMATION
FIRST AMENDMENT**

1. Agency: Nevada Board for the Regulation of Liquefied Petroleum Gas
106 East Adams Street, Suite 215
Carson City, Nevada 89706
contact: Eric C. Smith, Chief Inspector x203
phone 775.687.4890 fax 775.687.3956 email chiefinspector@lpg.nv.gov
2. Name of Landlord (Lessor): Darrell R. Wannner phone 818.788.3466
3. Address of Landlord: 12938 Valleyheart Drive #5
Studio City, California 91604
4. Property contact: John Uhart Commercial Real Estate Services
phone 775.884.1896 email: jfuhart@ccim.net
5. Address of Lease property: 106 East Adams Street, Suites 214, 215 and 216
Carson City, Nevada 89706

a. Square Footage:

Rentable
 Usable 1,105

b. Cost:

| | cost per month | # of months in time frame | cost per year | time frame | Approximate cost per square foot |
|------------|----------------|---------------------------|---------------|-------------------------------|----------------------------------|
| Increase % | \$920.47 | 10 | \$9,204.65 | July 1, 2013 - April 30, 2014 | \$0.83 |
| 13% | \$1,058.59 | 12 | \$12,703.08 | May 1, 2014 - April 30, 2015 | \$0.96 |
| | \$1,058.59 | 12 | \$12,703.08 | May 1, 2015 - April 30, 2016 | \$0.96 |
| 9% | \$1,160.25 | 12 | \$13,923.00 | May 1, 2016 - April 30, 2017 | \$1.05 |
| | | | | | |

c. Total Lease Consideration:

46 \$48,533.81

d. Option to renew:

Yes No Renewal terms: One identical term

e. Holdover notice:

of Days required 90 Holdover terms: 5%/90

f. Term:

Forty-six 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:

B013

6. Purpose of the lease: To house the Board for the Regulation of liquefied Petroleum Gas

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:

This full service lease amendment adds 205 usable square feet to the existing 900 usable square feet at the current rate per square foot per month. This additional space will allow for the public to attend monthly Board meetings.

Exceptions/
Special
notes:

RECEIVED

MAY 21 2013

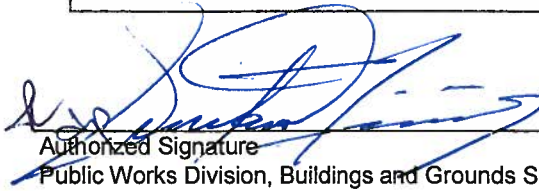
STATEWIDE LEASE INFORMATION

8. State of Nevada Business License Information:

| | |
|--|--|
| a. Nevada Business ID Number: | NV20101273845 |
| 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"/> 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 no, 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 no, please explain in exceptions section | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 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: | T81100608 |

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 5-16-13
Public Works Division, Buildings and Grounds Section

Authorized Signature - Agency Date

ii
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: 12578 | Amendment Number: 1 |
| Agency Name: GOVERNOR'S OFFICE | Legal Entity Name: MCGINNESS, RYAN DBA DISTRICT STRATEGIES LLC |
| Agency Code: 010 | Contractor Name: MCGINNESS, RYAN DBA DISTRICT STRATEGIES LLC |
| Appropriation Unit: 1011-10 | Address: 444 N CAPITOL ST NW STE 209 |
| Is budget authority available?: Yes | City/State/Zip: WASHINGTON, DC 20001 |
| If "No" please explain: Not Applicable | Contact/Phone: null202/624-5426 |
| | Vendor No.: T27017401 |
| | NV Business ID: NV20111386536 |

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 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Agency Transfers |

Agency Reference #: **RFP #1940**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2011**

Anticipated BOE meeting date **05/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Advocacy and Federal**

5. Purpose of contract:

This is the first amendment to the original contract which continues ongoing service to the Governor as an advocate and representative for the State of Nevada in his Washington, D.C. Office, responsible for identifying, monitoring, and providing information on selected federal issue of priority. This amendment extends the termination date from June 30, 2013 to June 30, 2016 and increases the maximum amount from \$432,388.16 to \$1,204,510.28 due to the extended termination date.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$432,388.16 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$772,122.12 |
| 4. New maximum contract amount: | \$1,204,510.28 |
| 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?

The communication and coordination of federal activities assists State agencies that deliver services to Nevadans and are responsible for implementing federal legislation (e.g. Medicaid, public lands management, unemployment, etc.).

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

A physical presence in Washington D.C. is required for the delivery of these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
An independent committee, appointed to evaluate proposals, found this vendor to possess the necessary skills and experience to perform the requested services at a reasonable cost to the state.

d. Last bid date: 07/01/2011 Anticipated re-bid date: 01/01/2016

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:

2009-2013, Governor's Office, 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 | 04/30/2013 13:43:01 PM |
| Division Approval | wsalisp1 | 04/30/2013 13:43:04 PM |
| Department Approval | wsalisp1 | 04/30/2013 13:43:07 PM |
| Contract Manager Approval | csweeney | 04/30/2013 14:13:50 PM |
| Budget Analyst Approval | sday | 05/03/2013 14:01:03 PM |
| BOE Agenda Approval | awilli10 | 05/22/2013 10:36:43 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: 12308 | Amendment Number: 1 |
| Agency Name: ATTORNEY GENERAL'S OFFICE | Legal Entity Name: LEGAL WINGS INC |
| Agency Code: 030 | Contractor Name: LEGAL WINGS INC |
| Appropriation Unit: 1030-04 | Address: 1118 FREMONT ST |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89101 |
| If "No" please explain: Not Applicable | Contact/Phone: Ed Kielty 702/384-0015 |
| | Vendor No.: T80945612 |
| | NV Business ID: NV19841012894 |

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 #: 030

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Messenger Service**

5. Purpose of contract:

This the first amendment to the original contract, which continues ongoing messenger service in the Southern Nevada area. The contract provides for the delivery of legal documents to courts, law offices, etc and files legal documents in the various courts. The vendor will also serve summons, subpoenas and other documents. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$20,000 to \$40,000 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: | \$0.00 |
| 3. Amount of current contract amendment: | \$20,000.00 |
| 4. New maximum contract amount: | \$40,000.00 |
| 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?

This contract allows for legal messenger services in the Southern Nevada area and is required under the Rules of Civil Procedure.

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

There are no employees of the Attorney General's Office that can perform this type of service except in emergency situations.

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 solicitation was done for messenger services located in Southern Nevada (Las Vegas). Legal Wings is the only vendor that responded to the solicitation.

d. Last bid date: 05/13/2011 Anticipated re-bid date: 04/01/2015

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:

This vendor is currently contracted with the Office of the Attorney General and is providing satisfactory services.

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 | dcallens | 04/25/2013 14:53:20 PM |
| Division Approval | clesli1 | 04/26/2013 08:51:00 AM |
| Department Approval | chowle | 04/26/2013 14:41:21 PM |
| Contract Manager Approval | ngarci1 | 05/03/2013 14:01:11 PM |
| Budget Analyst Approval | cmurph3 | 05/06/2013 15:53:54 PM |
| BOE Agenda Approval | sbrown | 05/08/2013 15:37:49 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: **14389**

| | |
|--|---|
| Agency Name: ATTORNEY GENERAL'S OFFICE | Legal Entity Name: Pacer Service Center |
| Agency Code: 030 | Contractor Name: Pacer Service Center |
| Appropriation Unit: 1030-26 | Address: PO Box 71364 |
| Is budget authority available?: Yes | City/State/Zip: Philadelphia , PA 19176-1364 |
| If "No" please explain: Not Applicable | Contact/Phone: Ralph Gutierrez 800-676-6856 |
| | Vendor No.: T81017494B |
| | NV Business ID: Governmental Entity |
| 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 | 54.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 46.00 % Charges for Services |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Provider Agreement**

Contract description: **Access-Court Records**

5. Purpose of contract:

This is a new provider agreement that continues an ongoing direct link to on-line Federal electronic court documents. The documents are used in the daily activities of the Office of the Attorney General.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: per invoiced charges based on usage

II. JUSTIFICATION

7. What conditions require that this work be done?

The Rules of Civil Procedure require that the Attorney General's Office has access to all Federal Court dockets and pleadings. The services provided by this vendor allow the Attorney General's Office to expeditiously retrieve these important documents.

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

PACER is the only vendor who provides these services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

An informal solicitation was conducted and there are no other vendors who provide this service. A Solicitation Waiver from State Purchasing approved the Attorney General's Office to proceed without a formal solicitation.

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 contracted with the Office of the Attorney General and providing satisfactory services.

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 | dcallens | 05/06/2013 09:04:10 AM |
| Division Approval | chowle | 05/06/2013 15:03:05 PM |
| Department Approval | chowle | 05/06/2013 15:03:08 PM |
| Contract Manager Approval | ngarci1 | 05/07/2013 07:52:04 AM |
| Budget Analyst Approval | cmurph3 | 05/13/2013 11:27:00 AM |
| BOE Agenda Approval | sbrown | 05/14/2013 14:12:07 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: **12300** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **RENO CARSON MESSENGER SERVICE**

Agency Code: **030** Contractor Name: **RENO CARSON MESSENGER SERVICE**

Appropriation Unit: **1030-04** Address: **185 MARTIN ST**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89509**

If "No" please explain: Not Applicable Contact/Phone: **PETE LAZETICH 775/322-2424**

Vendor No.: **T60159830**

NV Business ID: **NV19931072732**

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 030

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Messenger Service**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing legal messenger services. The vendor will deliver legal documents to courts, law offices, etc and file legal documents in the various courts. They will also serve summons, subpoenas and other documents. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$40,000 to \$70,000 due to a continued need for these services.

6. CONTRACT AMENDMENT

| | | |
|----|--|-------------|
| 1. | The maximum amount of the original contract: | \$40,000.00 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | \$30,000.00 |
| 4. | New maximum contract amount: | \$70,000.00 |
| | 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?

This contract allows for messenger services of legal documents which are required under the Rules of Civil Procedure.

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

There are no employees of the Attorney General's Office that can perform this type of service except in emergency situations.

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?

These services were specific for northern Nevada messenger services. Reno Carson Messenger Service was the only vendor that submitted a proposal for this specific area.

d. Last bid date: 05/13/2011 Anticipated re-bid date: 04/01/2015

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:

Currently contracted with the Office of the Attorney General and providing satisfactory services.

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 | dcallens | 04/25/2013 14:51:26 PM |
| Division Approval | clesli1 | 04/26/2013 08:50:45 AM |
| Department Approval | chowle | 04/26/2013 14:40:54 PM |
| Contract Manager Approval | ngarci1 | 05/03/2013 13:56:55 PM |
| Budget Analyst Approval | cmurph3 | 05/06/2013 15:46:03 PM |
| BOE Agenda Approval | sbrown | 05/08/2013 15:39:30 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14384**

| | |
|--|---|
| Agency Name: ATTORNEY GENERAL'S OFFICE | Legal Entity Name: John Swain |
| Agency Code: 030 | Contractor Name: John Swain |
| Appropriation Unit: 1031-10 | Address: 1201 E Speedway Blvd |
| Is budget authority available?: Yes | City/State/Zip: Tuscon, AZ 85721-0176 |
| If "No" please explain: Not Applicable | Contact/Phone: John Swain 520 621-7673 |
| | Vendor No.: |
| | NV Business ID: NV20131250545 |
| 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? **No** or b. other effective date **04/22/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **Yes**

If "Yes", please explain

This contract is for the services of an expert opinion regarding a lawsuit against the State. The nature of the lawsuit and pending trial have strict time frames in which information can be gathered and in which these experts must be reported to the courts. The need for the services of this vendor overlap with the time required to get the contract approved.

3. Termination Date: **12/31/2013**

Contract term: **253 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide the services of an expert witness testimony in a lawsuit filed against the State of Nevada; specifically, Southern California Edison v The Nevada Department of Taxation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

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

Other basis for payment: per Attachment BB

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is necessary for the defense of a lawsuit filed against a State of Nevada agency.

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

State employees do not have the required expertise that this contract requires.

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

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

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

Not Applicable

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

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

Pursuant to NAC 333.150 (b) (1), this contract for an expert witness is exempt from solicitation. This vendor has the required expertise to assist the State of Nevada in the defense of a lawsuit.

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)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dcallens | 05/06/2013 09:03:34 AM |
| Division Approval | chowle | 05/06/2013 15:01:51 PM |
| Department Approval | chowle | 05/06/2013 15:01:55 PM |
| Contract Manager Approval | ngarci1 | 05/07/2013 08:24:30 AM |
| Budget Analyst Approval | cmurph3 | 05/08/2013 11:19:59 AM |
| BOE Agenda Approval | sbrown | 05/13/2013 17:04:23 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: 12746 | Amendment Number: 2 |
| Agency Name: ATTORNEY GENERAL'S OFFICE | Legal Entity Name: KLEIN & ASSOCIATES PLLC |
| Agency Code: 030 | Contractor Name: KLEIN & ASSOCIATES PLLC |
| Appropriation Unit: 1031-10 | Address: 10 E Exchange Place Ste 502 |
| Is budget authority available?: Yes | City/State/Zip: SALT LAKE CITY, UT 84111-2241 |
| If "No" please explain: Not Applicable | Contact/Phone: WAYNE KLEIN 801/456-4591 |
| | Vendor No.: T27028740 |
| | NV Business ID: NV20111627369 |

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 #: 030

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/24/2011**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 311 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

This is the second amendment to the original contract, which continues ongoing expert witness services to review and analyze documents, consult with prosecutors in preparation of an upcoming trial and appear at the trial. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$9,999 to \$19,999 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,999.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$10,000.00 |
| 4. New maximum contract amount: | \$19,999.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides expert witness services in reviewing and analyzing documents, consulting with prosecutors in the preparation of trial and to appear as an expert witness at a grand jury hearing.

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

There are no state employees with the requisite expertise and training to perform these services.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

This contractor was chosen due to his expertise in securities fraud which is the nature of the court case which is the subject matter of this 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:

Currently contracted with the Office of the Attorney General and providing satisfactory services.

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 | dcallens | 04/22/2013 10:00:24 AM |
| Division Approval | clesli1 | 04/25/2013 10:03:02 AM |
| Department Approval | chowle | 04/26/2013 14:39:44 PM |
| Contract Manager Approval | ngarci1 | 05/03/2013 13:51:45 PM |
| Budget Analyst Approval | cmurph3 | 05/06/2013 16:07:54 PM |
| BOE Agenda Approval | sbrown | 05/08/2013 15:34:47 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: **14399**

Agency Name: **ATTORNEY GENERAL'S OFFICE**
Agency Code: **030**
Appropriation Unit: **1042-00**

Is budget authority available?: **No**

If "No" please explain: A work program is in process to bring in this revenue.

Legal Entity Name: **Carson City Sheriff's Office**
Contractor Name: **Carson City Sheriff's Office**
Address: **911 E Musser Street**
City/State/Zip: **Carson City, NV 89701**
Contact/Phone: **null775-557-2500**
Vendor No.: **T80990941**
NV Business ID: **governmental entity**

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 % | X | Fees | 100.00 % Revenue contract for cost sharing of the VINE system |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

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: **Automated VINE System**

5. Purpose of contract:

This is a new revenue interlocal contract to provide for the newly implemented Automated Victim Information and Notification System (VINE). The public safety entities that utilize this system will cost share with the Office of the Attorney General.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$2,500.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

For several years the Office of the Attorney General has been in the process of implementing, through grant funding, an automated Victim Information and Notification System. This system will be utilized by several counties and public safety entities. Through this contract, the users will share in the operational costs of the system.

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

This is a revenue contract where the users are sharing in the operational costs. There is no work being required by State employees.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

All using counties and public safety organizations will be involved.

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 | dcallens | 05/06/2013 14:09:47 PM |
| Division Approval | chowle | 05/06/2013 15:04:17 PM |
| Department Approval | chowle | 05/06/2013 15:04:20 PM |
| Contract Manager Approval | ngarci1 | 05/14/2013 13:15:24 PM |
| Budget Analyst Approval | cmurph3 | 05/16/2013 08:38:52 AM |
| BOE Agenda Approval | sbrown | 05/18/2013 09:53:16 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14395**

Agency Name: **ATTORNEY GENERAL'S OFFICE**
Agency Code: **030**
Appropriation Unit: **1042-00**

Is budget authority available?: **No**

If "No" please explain: Work program in process.

Legal Entity Name: Washoe County Sheriff's Office
Contractor Name: **Washoe County Sheriff's Office**
Address: **911 Parr Blvd**
City/State/Zip: **Reno, NV 89512**
Contact/Phone: null775-328-2893
Vendor No.: T40283400
NV Business ID: governmental agency

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 % | X | Fees | 100.00 % | Revenue contract for cost sharing of VINE system |
| Federal Funds | 0.00 % | | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | | Other funding | 0.00 % | |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

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: **Automated VINE System**

5. Purpose of contract:

This is a new revenue interlocal contract to provide for the newly implemented Automated Victim Information and Notification System (VINE). The public safety entities that utilize this system will cost share with the Office of the Attorney General.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$25,000.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

For several years, The Office of the Attorney General has been in the process of implementing, through grant funding, an automated Victim Information and Notification System. This system will be utilized by several counties and public safety entities. Through this contract, the users will share in the cost of the operation of the system.

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

This is a revenue contract where the users are sharing in the operational costs.

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

Was the solicitation (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?

All using counties and public safety organizations will be involved.

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 | dcallens | 05/06/2013 14:09:23 PM |
| Division Approval | chowle | 05/06/2013 15:03:48 PM |
| Department Approval | chowle | 05/06/2013 15:03:51 PM |
| Contract Manager Approval | ngarci1 | 05/07/2013 09:38:28 AM |
| Budget Analyst Approval | cmurph3 | 05/08/2013 09:40:25 AM |
| BOE Agenda Approval | sbrown | 05/13/2013 17:05:19 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: 12329 | Amendment Number: 1 |
| Agency Name: ATTORNEY GENERAL'S OFFICE | Legal Entity Name: Casey, Neilon & Associates |
| Agency Code: 030 | Contractor Name: Casey, Neilon & Associates |
| Appropriation Unit: 1348-15 | Address: 503 N. Division Street |
| Is budget authority available?: Yes | City/State/Zip: Carson City, NV 89703 |
| If "No" please explain: Not Applicable | Contact/Phone: Nicola Neilon 775 283 5555 |
| | Vendor No.: T29010569 |
| | NV Business ID: NV20061293367 |

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 % Insurance Premium Trust Fund |

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2011**
 Anticipated BOE meeting date **06/2013**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **3 years and 354 days**

4. Type of contract: **Contract**
 Contract description: **Auditing**

5. Purpose of contract:
This is the first amendment to the original contract, which continues ongoing completion of the annual financial statement audit of the Insurance Premium Trust Fund. The audit incorporates planning, fieldwork, completion and evaluation, and financial statement preparation and review phases. These phases include an evaluation of risk assessment procedures, document review, legal response evaluation, and finalizing financial statements. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$50,000 to \$100,000.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$50,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$50,000.00 |
| 4. New maximum contract amount: | \$100,000.00 |
| 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?
The annual financial statement audit of the Insurance Premium Trust Fund is included in the Controller's Office Comprehensive Annual Financial Report

8. Explain why State employees in your agency or other State agencies are not able to do this work:
An outside firm is needed for this audit. State employees do not have the expertise to perform this work.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen out of 5 auditing firms that were solicited for request for bids. This vendor was the only one to submit a proposal letter.

The other vendors that were solicited were:

Bullis & Company CPA's - Didn't submit bid
Rodney Lampson, CPA - No response
Mayhorn Financial Services, LLC - No response
Freeman & Williams, LLP CPA - Undeliverable email address

d. Last bid date: 05/13/2011 Anticipated re-bid date: 02/01/2015

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:

This vendor has been our previous auditing firm and they are also contracted with PEBP's and their services have been very satisfactory to this agency.

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 | dcallens | 04/22/2013 15:38:05 PM |
| Division Approval | clesli1 | 04/25/2013 10:03:22 AM |
| Department Approval | chowle | 04/26/2013 14:40:30 PM |
| Contract Manager Approval | tcook | 04/29/2013 16:27:38 PM |
| Budget Analyst Approval | cmurph3 | 04/30/2013 09:07:47 AM |
| BOE Agenda Approval | sbrown | 05/15/2013 12:01:05 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14397**

| | |
|---|---|
| Agency Name: SECRETARY OF STATE'S OFFICE Agency Code: 040 Appropriation Unit: 1050-26 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2014-2015 | Legal Entity Name: High Desert Microimaging Inc Contractor Name: High Desert Microimaging Inc Address: 1225 Financial Blvd City/State/Zip: Reno, NV 89502 Contact/Phone: Meg Miller 775-359-7019 Vendor No.: NV Business ID: NV19951110096 |
|---|---|

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

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Scanner Maintenance**

5. Purpose of contract:

This is a new contract to provide maintenance for thirty scanners owned by the Secretary of State for use with the eSOS Corporate Filing System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,718.00**

Other basis for payment: \$21,859 per fiscal year FY 14 and FY 15 per submitted invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

The eSOS Corporate Filing System requires the use of scanners to receipt incoming corporate filing documents, work requests and payment instruments and uses the Pro Scan machines to convert the paper documents within the agency disaster recovery plan.

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

State employees within the Secretary or State or other State agencies are not specifically trained on the interface with Canon scanners and the eSOS Corporate Filing system and do not possess the equipment knowledge to perform required maintenance.

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 guarantees service with 24 hours, has a thorough knowledge of the business process of the Secretary of State's Esos system and offered the best price.

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:

Contracted with the Secretary of State since 2007 with satisfactory service.

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 | pdover | 05/06/2013 15:42:09 PM |
| Division Approval | pdover | 05/06/2013 15:42:13 PM |
| Department Approval | pdover | 05/06/2013 15:42:17 PM |
| Contract Manager Approval | vmccormi | 05/07/2013 08:42:22 AM |
| Budget Analyst Approval | sbarkdul | 05/17/2013 15:23:34 PM |
| BOE Agenda Approval | nhovden | 05/21/2013 10:17:57 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14377**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1050-33**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Summit Group Software Inc

Contractor Name: **Summit Group Software Inc**Address: **5925 56th St Ste 2**City/State/Zip: **Lincoln, NE 68516**

Contact/Phone: Erin Marr 402-423-4660

Vendor No.:

NV Business ID: NV20131205825

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2013**Contract term: **29 days**4. Type of contract: **Contract**Contract description: **SUMMIT**

5. Purpose of contract:

This is a new contract to provide remote and onsite support and training for the Microsoft Dynamics Great Plains System used as the accounting and business management software. The contractor will install the upgraded version, which includes backup data, update databases, reports dictionary, integrations and customizations plus up to 5 days of onsite training.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,300.00**

Payment for services will be made at the rate of \$135.00 per hour

Other basis for payment: Services of \$10,800 and travel expenses of \$2500 not to exceed total cost of \$13,300.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Microsoft Dynamics GP System requires updating to the GP2013 version. This work needs to be done by a qualified individual with extensive knowledge specific to the implementation and configuration of the Secretary of State's need and the ability to provide onsite staff training and remote support.

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

There are no agency or state employees who are specifically trained on Microsoft Dynamics Great Plains System used by the Secretary of State as the accounting and business management software.

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 installed and configured the software to the agency's needs and has been the agency's resource for over 8 years. The extensive knowledge specific to the implementation, configuration and user's process makes this vendor the most qualified source for timely resolution. This vendor's rates were the lowest of the 3 vendors solicited.

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:

Contract under former name of Quadis Technology 2011-2012 and 2006-2007-- 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 | pdover | 05/06/2013 15:41:35 PM |
| Division Approval | pdover | 05/06/2013 15:41:38 PM |
| Department Approval | pdover | 05/06/2013 15:41:42 PM |
| Contract Manager Approval | vmccormi | 05/07/2013 08:41:06 AM |
| Budget Analyst Approval | sbarkdul | 05/08/2013 10:20:57 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 15:11:30 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14328** Amendment Number: **1**

Agency Name: **SECRETARY OF STATE'S OFFICE** Legal Entity Name: **Paul Chalekian**

Agency Code: **040** Contractor Name: **Paul Chalekian**

Appropriation Unit: **1058-26** Address: **108 W Gardengate Way**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89706**

If "No" please explain: Not Applicable Contact/Phone: **Paul Chalekian 775-220-3174**

Vendor No.: **T27031110**

NV Business ID: **NV2010039041**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 #: Paul Chalekian

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/25/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **66 days**

4. Type of contract: **Contract**

Contract description: **Paul Chalekian**

5. Purpose of contract:

This is the first amendment to the original contract, which provides consultation to prospective local government agencies who are interested in participating in the Nevada State Portal online system. This amendment increase the maximum dollar amount from \$9,950 to \$18,650 due to an increase of 174 hours in needed services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,950.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$8,700.00 |
| 4. New maximum contract amount: | \$18,650.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Secretary of State's office needs a consultant who can assist prospective clients in determining the needs, obstacles and advantages of the services available through the Nevada Business Portal.

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

State employees lack the time, knowledge and expertise to complete the work.

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

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

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

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
This vendor was chosen due to his familiarity with the Nevada Business Portal concept and the fact that he offered the best price.

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)?
Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | pdover | 05/07/2013 14:26:11 PM |
| Division Approval | pdover | 05/07/2013 14:26:15 PM |
| Department Approval | pdover | 05/07/2013 14:26:18 PM |
| Contract Manager Approval | vmccormi | 05/07/2013 14:29:57 PM |
| Budget Analyst Approval | sbarkdul | 05/08/2013 10:38:28 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 14:40:42 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13684** Amendment Number: **3**

Agency Name: **TREASURER'S OFFICE** Legal Entity Name: **ARBITRAGE COMPLIANCE**

Agency Code: **050** Contractor Name: **ARBITRAGE COMPLIANCE**

Appropriation Unit: **1082-04** Address: **SPECIALISTS INC**

Is budget authority available?: **Yes** City/State/Zip: **5975 S QUEBEC ST STE 205**

If "No" please explain: Not Applicable Contact/Phone: **DOUG PAHNKE 800/672-9993**

Vendor No.: **T27029876**

NV Business ID: **NV20121023868**

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 % Reserves |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/14/2012**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 289 days**

4. Type of contract: **Contract**

Contract description: **Arbitrage Compliance**

5. Purpose of contract:

This is the third amendment to the original contract, which provides arbitrage compliance services to assist the state in complying with the Internal Revenue Service's rules and regulations regarding arbitrage. This amendment transfers and assigns the contract to the Nevada State Treasurer's Office, extends the termination date from June 30, 2013 to June 30, 2014, revises Attachment AA - Scope of Work, and increases the maximum amount from \$41,390 to \$137,390 due to the revised scope of work and extension.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$9,999.00 |
| 2. Total amount of any previous contract amendments: | \$31,391.00 |
| 3. Amount of current contract amendment: | \$96,000.00 |
| 4. New maximum contract amount: | \$137,390.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?

This work was previously performed at the Controller's Office. However, that person is retiring and it has been determined that this expertise should be outsourced.

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

Specialized expertise not currently available through state employees.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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:

Previous contract, FY12, with the Budget Office; quality 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 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 | 05/06/2013 11:09:25 AM |
| Division Approval | csweeney | 05/06/2013 11:09:29 AM |
| Department Approval | csweeney | 05/06/2013 11:09:33 AM |
| Contract Manager Approval | csweeney | 05/06/2013 11:09:37 AM |
| Budget Analyst Approval | cwatson | 05/17/2013 09:22:31 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 09:22:36 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: **14444**Agency Name: **COLLEGE SAVINGS TRUST**Agency Code: **051**Appropriation Unit: **1092-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ERNST & YOUNG LLP**Contractor Name: **ERNST & YOUNG LLP**Address: **STE 1450****3800 HOWARD HUGHES PKWY**City/State/Zip: **LAS VEGAS, NV 89109**

Contact/Phone: null702/267-9000

Vendor No.: T27010192

NV Business ID: NV19961000089

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 % Endowment Account |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2014**Contract term: **1 year and 19 days**4. Type of contract: **Contract**Contract description: **Audit Services**

5. Purpose of contract:

This is a new contract to perform services to conduct an audit of certain financial information and a review of agreed upon procedures of Upromise Investments. The College Savings Board's program management agreement with Upromise allows the State to audit Upromise upon notification to Upromise. Upromise administers over \$8 billion in assets for three of Nevada's college savings plans. This review is the first in many years. The scope of the review will allow the State to verify that Upromise is complying with industry and regulatory standards in the processing and accounting of college savings account owners' monies, preparing proper invoicing to the State of various expenses, documenting financial transfers and proper cost reimbursement by Upromise in the administration of these programs among a number of items. A periodic review of this kind is important in the course of the College Savings Boards' fiduciary responsibilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$118,125.00**

Payment for services will be made at the rate of \$175.00 per hour

Other basis for payment: Not to exceed \$175.00 per hour.

II. JUSTIFICATION

7. What conditions require that this work be done?

Section 5.4(iii) of the Direct Program Management Agreement between Upromise Investments, Inc., and the Board dated March 5, 2002, provides for the inspection, examination, review, audit and copying of the relevant books and records (written, electronic, computer related or otherwise) related to the Direct Program.

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

Staff does not have the technical expertise or the professional auditing experience to successfully complete this project.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Two responses were received in response to an informal solicitation prepared by the State Treasurer's Office. The contractor was chosen based on their ability to demonstrate a thorough understanding of the scope of services and proposed project approach.

This Contract is also eligible for the Professional Services exemption NAC 333.150(2)(5).

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:

LLP

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 | shanshew | 05/09/2013 12:17:29 PM |
| Division Approval | klangle1 | 05/09/2013 12:27:05 PM |
| Department Approval | klangle1 | 05/09/2013 12:27:34 PM |
| Contract Manager Approval | gwatts | 05/09/2013 12:45:19 PM |
| Budget Analyst Approval | cwatson | 05/17/2013 09:21:35 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 09:21:39 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|---|
| 1. Contract Number: 10332 | Amendment Number: 2 |
| Agency Name: DIVISION OF HUMAN RESOURCE MANAGEMENT | Legal Entity Name: OASIS CONSULTING SERVICES |
| Agency Code: 070 | Contractor Name: OASIS CONSULTING SERVICES |
| Appropriation Unit: 1363-09 | Address: 1008 SABLE MIST CT |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89144 |
| If "No" please explain: Not Applicable | Contact/Phone: Ruth Hallenbeck 702/562-3694 |
| | Vendor No.: T27008798 |
| | NV Business ID: NV20031145339 |

To what State Fiscal Year(s) will the contract be charged? **2010-2015**

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 % Personnel Assessments |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 354 days**

4. Type of contract: **Contract**

Contract description: **NVCPM contract**

5. Purpose of contract:

This is the second amendment to the original contract, which continues ongoing delivery of classroom instruction for the Nevada Certified Public Manager Program for Levels I-IV including Capstone Project Coaching and Evaluation. This amendment extends the termination date from June 30, 2013 to December 31, 2014 and increases the maximum amount from \$231,660 to \$345,278 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$92,030.00 |
| 2. Total amount of any previous contract amendments: | \$139,630.00 |
| 3. Amount of current contract amendment: | \$116,618.00 |
| 4. New maximum contract amount: | \$348,278.00 |
| and/or the termination date of the original contract has changed to: | 12/31/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The NVCPM Program was designed and developed in direct response to the need to systematically develop the leadership skills of the State of Nevada's current and future leaders. The commitment of the Governor of the State of Nevada, and the State Agency Directors, to leadership development is reflected in the direct involvement of these leaders in many components of the NVCPM Program.

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

The State does not have the expertise or the staff to perform these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 091204B
Approval Date: 04/18/2013

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

Oasis is recognizable across multiple states for their extensive work and focus on improving organizational effectiveness and the delivery of public services through its leadership training, employee development and other project and consulting services. Oasis has a long history teaching in other state's CPM Programs and has taught in the State of Nevada program since its inception in July 2004.

d. Last bid date: Anticipated re-bid date: 08/31/2013

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?
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 these services with the Department of Personnel from 2004 to 2013. The Department of Personnel is very satisfied with their service.

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 | 05/07/2013 14:20:11 PM |
| Division Approval | wsalisp1 | 05/07/2013 14:20:15 PM |
| Department Approval | wsalisp1 | 05/07/2013 14:20:19 PM |
| Contract Manager Approval | csweeney | 05/07/2013 14:24:05 PM |
| Budget Analyst Approval | jstrandb | 05/09/2013 10:07:30 AM |
| BOE Agenda Approval | cwatson | 05/16/2013 11:22:58 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: **14284**

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: **AMERICAN SIGN & CRANE SRVC INC**
Contractor Name: **AMERICAN SIGN & CRANE SRVC INC**
Address: **PO BOX 40847**
City/State/Zip: **RENO, NV 89504-4847**
Contact/Phone: null775/322-0123
Vendor No.: T80976002
NV Business ID: NV19861008523

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 #: 70578

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2017**

Contract term: **3 years and 273 days**

4. Type of contract: **Contract**

Contract description: **Crane Services**

5. Purpose of contract:

This is a new contract that continues ongoing crane services for Northern Nevada, for use on an as needed basis and at the 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: 45' Bucket Truck & 1 Man \$80 per hour; 85' Bucket Truck & 1 Man \$95 per hour; 100' to 140' 28 Ton Crane & 1 Man \$150 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Cranes are needed at times to assist in work being done over certain heights.

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

Lack of 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 crane contractors on file with Buildings and Grounds. Per SAM 0338.0 each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 04/01/2013 Anticipated re-bid date: 04/01/2017

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 | 04/30/2013 13:54:58 PM |
| Division Approval | wsalisp1 | 04/30/2013 13:55:01 PM |
| Department Approval | wsalisp1 | 04/30/2013 13:55:03 PM |
| Contract Manager Approval | csweeney | 04/30/2013 14:10:30 PM |
| Budget Analyst Approval | jrodrig9 | 05/02/2013 16:38:51 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:48:37 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: **14180**

| | |
|--|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: BOMBARD ELECTRICAL LLC |
| Agency Code: 082 | Contractor Name: BOMBARD ELECTRICAL LLC |
| Appropriation Unit: 1349-12 | Address: 3570 W POST RD |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118-3866 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/263-3570 |
| | Vendor No.: T27020126 |
| | NV Business ID: NV20051306419 |
| 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 % | 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: **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2014**

Contract term: **1 year and 213 days**

4. Type of contract: **Contract**

Contract description: **Electrical Contract**

5. Purpose of contract:

This is a new contract that continues ongoing electrical services, maintenance and repair of various state buildings in the Las Vegas area, on an as needed basis and at the written request 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: Journeyman Rates: \$78.14 Regular; \$115.59 Overtime; \$151.78 Doubletime, Weekend, & Holidays; Foreman Rates: \$84.30 Regular; \$124.44 Overtime; \$163.56 Doubletime, Weekend, & Holiday; Regular Hours are 6am-2:30pm Monday through Friday; Materials are charged at cost plus 10% overhead & 5% profit.

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to keep their electrical systems 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.

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, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 02/15/2013 Anticipated re-bid date: 10/31/2014

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:

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 | 04/25/2013 10:26:43 AM |
| Division Approval | wsalisp1 | 04/25/2013 10:26:48 AM |
| Department Approval | wsalisp1 | 04/25/2013 10:26:50 AM |
| Contract Manager Approval | csweeney | 04/25/2013 10:46:16 AM |
| Budget Analyst Approval | jrodrig9 | 05/02/2013 10:40:52 AM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:50:26 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: **14199**

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: **Carson Valley Tree Care**
Contractor Name: **Carson Valley Tree Care**
Address: **525 Raven Circle**
City/State/Zip: **Carson City, NV 89701**
Contact/Phone: **null775-882-0719**
Vendor No.: **T27032312**
NV Business ID: **NV20131161303**

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 **05/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2017**

Contract term: **3 years and 335 days**

4. Type of contract: **Contract**

Contract description: **Arborist Services**

5. Purpose of contract:

This is a new contract which continues ongoing arborist services and associated heavy equipment operations for various state buildings in Northern Nevada 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: Tree climbers \$60 per hour; Ground workers \$35 per hour; Three person crew of arborists \$180 per hour (\$60 per person); Consulting Arborist/Foreman \$80 per hour; Chip truck/grinder \$100 per hour; 60' aerial lift \$150 per hour, 3 hour minimum (or \$600 per day); 40 ton crane \$245 per hour, 4 hour minimum; 70 ton crane \$270 per hour, 4 hour minimum.

II. JUSTIFICATION

7. What conditions require that this work be done?

It is necessary to maintain large trees on State property for safety.

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

Lack of equipment and 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 arborist services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

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?

No If "Yes", specify 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 | 04/30/2013 13:50:54 PM |
| Division Approval | wsalisp1 | 04/30/2013 13:50:56 PM |
| Department Approval | wsalisp1 | 04/30/2013 13:50:59 PM |
| Contract Manager Approval | csweeney | 04/30/2013 14:27:10 PM |
| Budget Analyst Approval | jrodrig9 | 05/02/2013 16:37:54 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:49:19 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14359**

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: **Jerry Fullerton**
 Contractor Name: **Fullerton's Floor Covering**
 Address: **4780 West Harmon Avenue Suite 10**
 City/State/Zip: **Las Vegas, NV 89103**
 Contact/Phone: **Jerry Fullerton 702-252-0102**
 Vendor No.: **T29032747**
 NV Business ID: **NV20101298191**

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 % | 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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2017**

Contract term: **4 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Floor Covering**

5. Purpose of contract:

This is a new contract to provide ongoing floor covering service for large flooring and carpeting projects in the Las Vegas area on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

Other basis for payment: Labor Rates: Standard Carpet and Flooring rates are \$86.00 per hour. These rates apply to the Las Vegas Valley only. Overtime Rates are \$129.00 per hour which is time and a half. Holiday rates are \$172.00 which is Double Time, all federal holidays recognized plus Christmas Eve. Hours of Operation: Office Hours are Monday - Friday 9:00 a.m. to 5:00 p.m, installations will be scheduled. Additional Charges: Laborers are \$43.00 per hour; Floor Preparation is Time (per hour) and materials. Materials: Product mark ups are cost plus 66%; shipping and handling for special order flooring is \$.10 square foot. Coverage Area: Las Vegas Valley, no travel charge; Following areas are serviced by schedule only, travel charges per hour, minimum one hour; Boulder City \$65.00; Primm, Mesquite, Indian Springs, Pahrump are \$150.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Several large flooring and carpeting projects will require a specialty trade/craft.

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?

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

d. Last bid date: 04/01/2013 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 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?

No b. If "No", please explain:

Business entity is registered as Sole Proprietor with the Secretary of State's office, registered with Controller's office as Fullerton's Floor Covering.

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 | tgalvan | 05/06/2013 12:23:09 PM |
| Division Approval | tgalvan | 05/06/2013 12:23:12 PM |
| Department Approval | tgalvan | 05/06/2013 12:23:13 PM |
| Contract Manager Approval | csweeney | 05/06/2013 12:50:55 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 17:34:42 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:46:19 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14290**

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: Nevada Yamas Controls Inc
Contractor Name: **Nevada Yamas Controls Inc**
Address: **1380 Greg Street**
City/State/Zip: **Sparks, NV 89431**
Contact/Phone: null775-359-9628
Vendor No.: T29032379
NV Business ID: NV20121569583

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2017**

Contract term: **3 years and 334 days**

4. Type of contract: **Contract**

Contract description: **Temperature Controls**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and repair of electronic digital controls for the heating and air conditioning support systems for various state buildings in Northern Nevada, for use as needed 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: **\$25,000.00**

Other basis for payment: Straight Time \$105 per hour; Overtime \$157.50 per hour; Material Rates as published in Schneider List price x 0.45

II. JUSTIFICATION

7. What conditions require that this work be done?

The necessity to keep the heating and air conditioning in State buildings functioning properly.

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?

Per the Purchasing Administrator, Greg Smith, a solicitation waiver is not required for ongoing or continued licensing, maintenance and/or support for a system already purchased/installed and in use by the State. (See attached email)

d. Last bid date: 04/01/2013 Anticipated re-bid date: 04/01/2017

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:
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 | 05/06/2013 13:29:24 PM |
| Division Approval | wsalisp1 | 05/06/2013 13:29:27 PM |
| Department Approval | wsalisp1 | 05/06/2013 13:29:29 PM |
| Contract Manager Approval | csweeney | 05/06/2013 13:35:59 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 17:42:10 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:45:20 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|---|
| 1. Contract Number: 14040 | Amendment Number: 3 |
| 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? **2013-2014**

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 % | 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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **261 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the third amendment to the original contract, which continues ongoing janitorial services for the Department of Motor Vehicles, 305 Galletti Way, Reno, Nevada. This amendment extends the termination date from June 30, 2013 to October 31, 2013 and increases the maximum amount from \$28,758.83 to \$47,190.83 due to additional time needed for a formal solicitation.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,916.00 |
| 2. Total amount of any previous contract amendments: | \$18,842.83 |
| 3. Amount of current contract amendment: | \$18,432.00 |
| 4. New maximum contract amount: | \$47,190.83 |
| and/or the termination date of the original contract has changed to: | 10/31/2013 |

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: 10/01/2013

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?

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

2011-2013, 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 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 | 05/07/2013 06:49:38 AM |
| Division Approval | wsalisp1 | 05/07/2013 06:49:41 AM |
| Department Approval | wsalisp1 | 05/07/2013 06:49:43 AM |
| Contract Manager Approval | csweeney | 05/07/2013 07:18:16 AM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 14:08:22 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:47:55 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: 13323 | Amendment Number: 1 |
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: BLACK EAGLE CONSULTING, INC. |
| Agency Code: 082 | Contractor Name: BLACK EAGLE CONSULTING, INC. |
| Appropriation Unit: 1351-10 | Address: 1345 CAPITAL BLVD STE A |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502-7140 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/359-6600 |
| | Vendor No.: T27002047 |
| | NV Business ID: NV19971293847 |

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 #: 28415

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2012**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 53 days**

4. Type of contract: **Contract**

Contract description: **Misc Serv Agr**

5. Purpose of contract:

This is the first amendment to the original contract, which provides materials testing and special inspection services for the Sawmill Canyon Pipeline Project, Marlette-Hobart Water System; Project No. 11-A010; Contract No. 28415. This amendment decreases the maximum amount from \$44,300 to \$11,455 due to credit for time and construction material testing and inspection services that were not utilized.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$44,300.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | -\$32,845.00 |
| 4. New maximum contract amount: | \$11,455.00 |

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 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:

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 | 05/07/2013 14:06:13 PM |
| Division Approval | dgrimm | 05/07/2013 14:06:16 PM |
| Department Approval | dgrimm | 05/07/2013 14:06:19 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:16:53 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:12:48 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 07:51:42 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: **14446**

| | |
|---|---|
| Agency Name: STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1551-07 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2013-2015 | Legal Entity Name: HARRIS CONSULTING ENGINEERS Contractor Name: HARRIS CONSULTING ENGINEERS LLC Address: 6630 SURREY ST STE 100 City/State/Zip: LAS VEGAS, NV 89119 Contact/Phone: null702/269-1575 Vendor No.: T27003439 NV Business ID: NV20011085889 |
|---|---|

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

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % transfer from Capital Projects Fund |

Agency Reference #: 76721

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to ongoing provide professional architectural/engineering services for the heating system renovation - Prison Industries Building and Warehouse, Southern Desert Correctional Center, Project No. 11-C01; Contract No. 76721.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Other basis for payment: 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 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)?

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

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 | 05/07/2013 15:37:52 PM |
| Division Approval | dgrimm | 05/07/2013 15:37:55 PM |
| Department Approval | dgrimm | 05/07/2013 15:37:58 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:13:34 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 17:58:19 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:02:11 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV6563** Amendment Number: **5**

Agency Name: **STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Ganthner Melby LLC**

Agency Code: **082** Contractor Name: **Ganthner Melby LLC**

Appropriation Unit: **1566-10** Address: **5190 Neil Road, Suite 231**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502**

If "No" please explain: Not Applicable Contact/Phone: null7758298814

Vendor No.: T80615120

NV Business ID: NV19981053945

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 % |
| X Federal Funds | 69.00 % | X Bonds | 31.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 4505

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/14/2009**

Anticipated BOE meeting date 06/2013

Retrospective? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **3 years and 352 days**4. Type of contract: **Contract**Contract description: **Architectural Professional Design Services**

5. Purpose of contract:

This is the fifth amendment to the original contract, which provides professional architectural/engineering services for the Civil Support Teams/Weapons of Mass Destruction Readiness Center; Project No. 07-C27; Contract No. 4505. This amendment decreases the maximum amount from \$753,254.25 to \$584,708.49 in order to receive credit toward the remaining fees from the original executed professional services agreement. The project is being cancelled in the 2013 Capital Improvement Program because of non-availability of federal funding at this time.

6. CONTRACT AMENDMENT

| | |
|--|---------------|
| 1. The maximum amount of the original contract: | \$726,920.00 |
| 2. Total amount of any previous contract amendments: | \$26,334.25 |
| 3. Amount of current contract amendment: | -\$168,545.76 |
| 4. New maximum contract amount: | \$584,708.49 |

II. JUSTIFICATION

7. What conditions require that this work be done?

2007 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 | 05/07/2013 16:22:06 PM |
| Division Approval | dgrimm | 05/07/2013 16:22:09 PM |
| Department Approval | dgrimm | 05/07/2013 16:22:12 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:22:15 PM |
| Budget Analyst Approval | jrodrig9 | 05/16/2013 16:30:13 PM |
| BOE Agenda Approval | cwatson | 05/17/2013 08:49:09 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: 12892 | Amendment Number: 2 |
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: TERRACON CONSULTANTS INC |
| Agency Code: 082 | Contractor Name: TERRACON CONSULTANTS INC |
| Appropriation Unit: 1566-18 | Address: 750 PILOT RD STE F |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/597-9393 |
| | Vendor No.: T81038978A |
| | NV Business ID: NV20041426032 |

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 | 91.00 % | X Bonds | 4.00 % |
| Highway Funds | 0.00 % | X Other funding | 5.00 % transfer from capital projects fund |

Agency Reference #: 15935

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2012**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 171 days**

4. Type of contract: **Contract**

Contract description: **Misc Serv Agr**

5. Purpose of contract:

This is the second amendment to the original contract, which provides professional miscellaneous services for the Nevada Army National Guard Field Maintenance shop and the Civil Support Team/Weapons of Mass Destruction Readiness Center Civil site improvements; Project no. 09-C13; Contract No. 15935. This amendment increases the maximum amount from \$88,065 to \$99,840 due to the consultant's request for an increase of the authorized budget for materials testing and inspection services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$74,485.00 |
| 2. Total amount of any previous contract amendments: | \$13,580.00 |
| 3. Amount of current contract amendment: | \$11,775.00 |
| 4. New maximum contract amount: | \$99,840.00 |

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 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:
 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 | 05/07/2013 13:42:13 PM |
| Division Approval | dgrimm | 05/07/2013 13:42:16 PM |
| Department Approval | dgrimm | 05/07/2013 13:42:18 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:18:20 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:16:00 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:51:28 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: **14320**

| | |
|---|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: BLACK EAGLE CONSULTING INC |
| Agency Code: 082 | Contractor Name: BLACK EAGLE CONSULTING INC |
| Appropriation Unit: All Appropriations | Address: 1345 CAPITAL BLVD STE A |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502-7140 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/359-6600 |
| | Vendor No.: T27002047 |
| | NV Business ID: NV19971293847 |
| 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 % Varies depending on project |

Agency Reference #: **74271**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotech Inv Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services as required. SPWD Contract No. 74271.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: **Progress payments on services provided**

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation services required to ensure building safety and code compliance.

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

Professional 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 this type of work.

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 | 05/07/2013 14:39:24 PM |
| Division Approval | dgrimm | 05/07/2013 14:39:26 PM |
| Department Approval | dgrimm | 05/07/2013 14:39:29 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:15:45 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:08:25 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 14:42:03 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14311**

| | | | |
|--|------------------------------------|--------------------|--|
| Agency Name: | STATE PUBLIC WORKS DIVISION | Legal Entity Name: | BLAKELY JOHNSON & GHUSN INC |
| Agency Code: | 082 | Contractor Name: | BLAKELY JOHNSON & GHUSN INC |
| Appropriation Unit: | All Appropriations | Address: | STE 200 |
| Is budget authority available?: | Yes | | 6995 SIERRA CENTER PKWY |
| If "No" please explain: | Not Applicable | City/State/Zip: | RENO, NV 89511 |
| | | Contact/Phone: | null775/827-1010 |
| | | Vendor No.: | T80927591 |
| | | NV Business ID: | NV19921042277 |
| 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 % Varies depending on project |

Agency Reference #: 73025

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Struct PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide ongoing structural plan checking services as required. SPWD Contract No. 73025.

6. NEW CONTRACT

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

Other basis for payment: progress payments

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking required to ensure building safety and code compliance.

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

Professional 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 this type of work.

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 | 04/18/2013 14:46:51 PM |
| Division Approval | dgrimm | 04/18/2013 14:46:54 PM |
| Department Approval | dgrimm | 04/18/2013 14:46:57 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:27:21 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:27:54 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 07:56:10 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: **14439**

| | |
|--|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: CONSTRUCTION MATERIALS |
| Agency Code: 082 | Contractor Name: CONSTRUCTION MATERIALS ENGINEERS INC |
| Appropriation Unit: All Appropriations | Address: 6980 SIERRA CENTER PKWY STE 90 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89511-2236 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/851-8205 |
| | Vendor No.: T29021157 |
| | NV Business ID: NV20091073153 |
| 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 % Varies depending on project |

Agency Reference #: **74275**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services as required. SPWD Contract No. 74275.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**Other basis for payment: **Progress payments based on services provided.****II. JUSTIFICATION**

7. What conditions require that this work be done?

Geotechnical Investigation Services required to ensure building safety and code compliance.

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

Professional 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?

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 | 05/07/2013 14:42:11 PM |
| Division Approval | dgrimm | 05/07/2013 14:42:13 PM |
| Department Approval | dgrimm | 05/07/2013 14:42:15 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:14:28 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:02:41 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:00:20 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14440**

Agency Name: **STATE PUBLIC WORKS DIVISION**
Agency Code: **082**
Appropriation Unit: **All Appropriations**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **CONSTRUCTION MATERIALS**
Contractor Name: **CONSTRUCTION MATERIALS ENGINEERS INC**
Address: **6980 SIERRA CENTER PKWY STE 90**
City/State/Zip: **RENO, NV 89511-2236**
Contact/Phone: **null775/851-8205**
Vendor No.: **T29021157**
NV Business ID: **NV20091073153**

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 % Varies depending on project |

Agency Reference #: **72696**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services as required. SPWD Contract No. 72696.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: **Progress payments based on services provided**

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services required to ensure building safety and code compliance.

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

Professional 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 this type of work

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 | 05/07/2013 14:42:59 PM |
| Division Approval | dgrimm | 05/07/2013 14:43:04 PM |
| Department Approval | dgrimm | 05/07/2013 14:43:06 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:13:58 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 17:59:46 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:01:15 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14447**

Agency Name: **STATE PUBLIC WORKS DIVISION**
Agency Code: **082**
Appropriation Unit: **All Appropriations**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **DG KOCH ASSOCIATES LLC**
Contractor Name: **DG KOCH ASSOCIATES LLC**
Address: **2000 S JONES STE 110**
City/State/Zip: **LAS VEGAS, NV 89146**
Contact/Phone: **null702/221-5160**
Vendor No.: **T27013094**
NV Business ID: **NV20061487757**

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 % Varies depending on project |

Agency Reference #: **75638**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mech Plan Chck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services as required. SPWD Contract No. 75638.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical plan checking services as required

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 this type of work

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 | 05/07/2013 16:08:04 PM |
| Division Approval | dgrimm | 05/07/2013 16:08:06 PM |
| Department Approval | dgrimm | 05/07/2013 16:08:08 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:13:11 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 17:55:49 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:02:50 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14318**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **FERRARI SHIELDS & ASSOCIATES**Contractor Name: **FERRARI SHIELDS & ASSOCIATES**Address: **185 CADILLAC PL**City/State/Zip: **RENO, NV 89509-4355**Contact/Phone: **null775/829-9277**Vendor No.: **T80877710**NV Business ID: **NV19791011914**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 % Varies depending on project |

Agency Reference #: **73026**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Struc PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide ongoin structural plan checking services as required. SPWD Contract No. 73026.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**Other basis for payment: **Progress payments based on services provided****II. JUSTIFICATION**

7. What conditions require that this work be done?

Structural plan checking required to ensure building safety and code compliance.

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

Professional 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 this type of work.

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 | 04/19/2013 09:40:49 AM |
| Division Approval | dgrimm | 04/19/2013 09:40:52 AM |
| Department Approval | dgrimm | 04/19/2013 09:40:54 AM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:27:49 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:29:30 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 07:57:04 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14315**

| | |
|--|---|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: GEOTECHNICAL & ENVIRONMENTAL |
| Agency Code: 082 | Contractor Name: GEOTECHNICAL & ENVIRONMENTAL SERVICES INC |
| Appropriation Unit: All Appropriations | Address: 7150 PLACID ST |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89119-4203 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/365-1001 |
| | Vendor No.: T81085017 |
| | NV Business ID: NV19921050120 |
| 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 % Varies depending on project |

Agency Reference #: **72690**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection plan checking services as required. SPWD Contract No. 72690.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection plan checking required to ensure building safety and code compliance.

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

Professional 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 this type of work.

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 | 04/18/2013 15:46:17 PM |
| Division Approval | dgrimm | 04/18/2013 15:46:20 PM |
| Department Approval | dgrimm | 04/18/2013 15:46:22 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:24:59 PM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:08:18 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:39:27 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14405**

| | |
|---|---|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: GEOTECHNICAL & ENVIRONMENTAL |
| Agency Code: 082 | Contractor Name: GEOTECHNICAL & ENVIRONMENTAL SERVICES INC |
| Appropriation Unit: All Appropriations | Address: 7150 PLACID ST |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89119-4203 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/365-1001 |
| | Vendor No.: T81085017 |
| | NV Business ID: NV19921050120 |
| 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 % Varies depending on project |

Agency Reference #: **74270**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotech Inv Serv**

5. Purpose of contract:

This is a new contract to provide ongoing geotechnical investigation services as required. SPWD Contract No. 74270.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: **Progress payments based on services provided**

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services required to ensure building safety and code compliance

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

Professional 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 this type of work.

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 | 05/07/2013 12:03:05 PM |
| Division Approval | dgrimm | 05/07/2013 12:03:08 PM |
| Department Approval | dgrimm | 05/07/2013 12:03:11 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:19:15 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:18:29 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 07:54:18 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: **14453**

Agency Name: **STATE PUBLIC WORKS DIVISION**
Agency Code: **082**
Appropriation Unit: **All Appropriations**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **JBA CONSULTING ENGINEERS INC**
Contractor Name: **JBA CONSULTING ENGINEERS INC**
Address: **5155 W PATRICK LN STE 100**
City/State/Zip: **LAS VEGAS, NV 89118-2828**
Contact/Phone: **null702/362-9200**
Vendor No.: **T80928382**
NV Business ID: **NV20091413391**

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 % Varies depending on project |

Agency Reference #: **75635**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mech/Elec PI Chck**

5. Purpose of contract:

This is a new contract to provide ongoing mechanical/electrical plan checking services as required. SPWD Contract No. 75635.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan checking required to ensure building safety and code compliance

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

Professional 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?

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 | 05/08/2013 09:59:38 AM |
| Division Approval | dgrimm | 05/08/2013 09:59:40 AM |
| Department Approval | dgrimm | 05/08/2013 09:59:43 AM |
| Contract Manager Approval | dgrimm | 05/08/2013 10:07:57 AM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:15:23 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:48:44 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14314**

Agency Name: **STATE PUBLIC WORKS DIVISION**
Agency Code: **082**
Appropriation Unit: **All Appropriations**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **JOHN A MARTIN & ASSOCIATES OF NEVADA INC**
Contractor Name: **JOHN A MARTIN & ASSOCIATES OF NEVADA INC**
Address: **7730 W SAHARA AVE STE 115 LAS VEGAS, NV 89117-2753**
City/State/Zip: **LAS VEGAS, NV 89117-2753**
Contact/Phone: **null702/248-7000**
Vendor No.: **T27012195**
NV Business ID: **NV19831016511**

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 % Varies depending on project |

Agency Reference #: **73022**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Struc PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services as required. SPWD Contract No. 73022.

6. NEW CONTRACT

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

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services required to ensure building safety and code compliance.

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

Professional 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 this type of work

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 | 04/18/2013 15:10:43 PM |
| Division Approval | dgrimm | 04/18/2013 15:10:45 PM |
| Department Approval | dgrimm | 04/18/2013 15:10:48 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:26:06 PM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:06:25 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:40:34 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14317**

| | |
|--|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: LUMOS & ASSOCIATES |
| Agency Code: 082 | Contractor Name: LUMOS & ASSOCIATES |
| Appropriation Unit: All Appropriations | Address: 800 E COLLEGE PKWY |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89706 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/883-7077 |
| | Vendor No.: T80912843 |
| | NV Business ID: NV19791006982 |
| 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 % Varies depending on project |

Agency Reference #: **72691**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp**

5. Purpose of contract:

This is a new contract to provide ongoing materials testing and inspection plan checking services as required. SPWD Contract No. 72691.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: **progress payments based on services provided.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Plan Checking required to ensure building safety and code compliance.

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

Professional 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 this type of work.

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 | 04/19/2013 09:19:34 AM |
| Division Approval | dgrimm | 04/19/2013 09:19:37 AM |
| Department Approval | dgrimm | 04/19/2013 09:19:40 AM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:25:32 PM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:09:53 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:37:59 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: **14319**

| | |
|---|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: LUMOS & ASSOCIATES |
| Agency Code: 082 | Contractor Name: LUMOS & ASSOCIATES |
| Appropriation Unit: All Appropriations | Address: 800 E COLLEGE PKWY |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89706 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/883-7077 |
| | Vendor No.: T80912843 |
| | NV Business ID: NV19791006982 |

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 % Varies depending on project |

Agency Reference #: **74272**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

This is a new contract to provide ongoing geotechnical investigation services as required. SPWD Contract No. 74272.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**Other basis for payment: **Progress payments based on services provided****II. JUSTIFICATION**

7. What conditions require that this work be done?

Geotechnical Investigation Plan Checking services required to ensure building safety and code compliance.

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

Professional 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 this type of work

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 | 05/07/2013 14:29:47 PM |
| Division Approval | dgrimm | 05/07/2013 14:29:49 PM |
| Department Approval | dgrimm | 05/07/2013 14:29:52 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:16:10 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:10:04 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 14:48:53 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: **14452**

| | |
|--|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: MELROY ENGINEERING INC DBA |
| Agency Code: 082 | Contractor Name: MELROY ENGINEERING INC DBA |
| Appropriation Unit: All Appropriations | Address: MSA ENGINEERING CONSULTANTS |
| Is budget authority available?: Yes | 4599 LONGLEY LN |
| If "No" please explain: Not Applicable | City/State/Zip: RENO, NV 89502 |
| | Contact/Phone: null775/828-4889 |
| | Vendor No.: T27003716A |
| | NV Business ID: NV19971093631 |
| 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 % Varies depending on project |

Agency Reference #: 75641

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Elec PI Check Serv**

5. Purpose of contract:

This is a new contract to provide ongoing electrical plan checking services as required. SPWD Contract No. 75641.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: progress payments on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical plan checking as required to ensure building safety and code compliance.

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

Professional 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 this type of work

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 | 05/08/2013 09:24:04 AM |
| Division Approval | dgrimm | 05/08/2013 09:24:07 AM |
| Department Approval | dgrimm | 05/08/2013 09:24:09 AM |
| Contract Manager Approval | dgrimm | 05/08/2013 10:08:45 AM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:22:58 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:42:44 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14313**

| | |
|--|---|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: NINYO & MOORE |
| Agency Code: 082 | Contractor Name: NINYO & MOORE |
| Appropriation Unit: All Appropriations | Address: 6700 PARADISE RD STE E |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/433-0330 |
| | Vendor No.: T27000873A |
| | NV Business ID: NV19961094658 |
| 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 % Varies depending on project |

Agency Reference #: **72692**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp Serv**

5. Purpose of contract:

This is a new contract to provide ongoing materials testing and inspection plan checking services as required. SPWD Contract No. 72692.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services required to ensure building safety and code compliance.

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

Professional 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: **Exempt (Per statute)**

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

demonstrated the required expertise for this type of work

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 | 04/18/2013 14:46:27 PM |
| Division Approval | dgrimm | 04/18/2013 14:46:31 PM |
| Department Approval | dgrimm | 04/18/2013 14:46:35 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:26:33 PM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:04:32 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:41:30 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14407**

| | |
|--|---|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: NINYO & MOORE |
| Agency Code: 082 | Contractor Name: NINYO & MOORE |
| Appropriation Unit: All Appropriations | Address: 6700 PARADISE RD STE E |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/433-0330 |
| | Vendor No.: T27000873A |
| | NV Business ID: NV19961094658 |
| 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 % | <input checked="" type="checkbox"/> Other funding | 100.00 % Varies depending on project |

Agency Reference #: **74273**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services as required. SPWD Contract No. 74273.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**Other basis for payment: **Progress payments based on services provided****II. JUSTIFICATION**

7. What conditions require that this work be done?

Geotechnical Investigation Services plan checking required to ensure building safety and code compliance.

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

Professional 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 this type of work.G

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 | 05/07/2013 13:32:46 PM |
| Division Approval | dgrimm | 05/07/2013 13:32:49 PM |
| Department Approval | dgrimm | 05/07/2013 13:32:53 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:18:49 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:17:14 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 07:53:24 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: **14449**

| | |
|--|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: PETTY & ASSOCIATES INC |
| Agency Code: 082 | Contractor Name: PETTY & ASSOCIATES INC |
| Appropriation Unit: All Appropriations | Address: 1375 GREG ST 106 |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89431 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/359-5777 |
| | Vendor No.: T80580350 |
| | NV Business ID: Nv19841014622 |
| 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 % Varies depending on project |

Agency Reference #: **75639**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mech PI Chck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services as required. SPWD Contract No. 75639.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical plan checking required to ensure building safety and code compliance.

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

Professional 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 this type of work

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 | 05/08/2013 07:56:46 AM |
| Division Approval | dgrimm | 05/08/2013 07:56:49 AM |
| Department Approval | dgrimm | 05/08/2013 07:56:52 AM |
| Contract Manager Approval | dgrimm | 05/08/2013 10:10:22 AM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:19:38 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:45:20 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: **14450**Agency Name: **STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **Yes**If "No" please explain: **Not Applicable**Legal Entity Name: **PURCELL KROB ELECTRICAL PROF**Contractor Name: **PURCELL KROB ELECTRICAL PROF**Address: **PK ELECTRICAL INC****681 SIERRA ROSE DR STE B**City/State/Zip: **RENO, NV 89511**Contact/Phone: **null775/826-9010**Vendor No.: **T81016802**NV Business ID: **NV19961128650**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 % Varies depending on project |

Agency Reference #: **75640**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Elec PI Chck**

5. Purpose of contract:

This is a new contract to provide ongoing electrical plan checking services as required. SPWD Contract No. 756450.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**Other basis for payment: **progress payments based on services provided****II. JUSTIFICATION**

7. What conditions require that this work be done?

Electrical plan checking services required to ensure building safety and code compliance.

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

Professional 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: 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 | 05/08/2013 08:43:51 AM |
| Division Approval | dgrimm | 05/08/2013 08:43:53 AM |
| Department Approval | dgrimm | 05/08/2013 08:43:56 AM |
| Contract Manager Approval | dgrimm | 05/08/2013 10:09:46 AM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:20:55 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:43:46 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: **14321**

| | |
|--|---|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: R2H ENGINEERING INC |
| Agency Code: 082 | Contractor Name: R2H ENGINEERING INC |
| Appropriation Unit: All Appropriations | Address: 840 GRIER DR STE 320 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/260-7000 |
| | Vendor No.: T81003820 |
| | NV Business ID: NV19931073695 |
| 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 % Varies depending on project |

Agency Reference #: **73027**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Struct PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services as required. SPWD Contract No. 73027.

6. NEW CONTRACT

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

Other basis for payment: **Progress payments based on services provided**

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking required to ensure building safety and code compliance

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

Professional 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 this type of work

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 | 05/07/2013 14:40:17 PM |
| Division Approval | dgrimm | 05/07/2013 14:40:20 PM |
| Department Approval | dgrimm | 05/07/2013 14:40:22 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:15:18 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:07:03 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:04:24 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: **14451**

| | |
|--|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: ROUNDS ENGINEERING LTD DBA |
| Agency Code: 082 | Contractor Name: ROUNDS ENGINEERING LTD DBA |
| Appropriation Unit: All Appropriations | Address: CR ENGINEERING |
| Is budget authority available?: Yes | 5434 LONGLEY LN |
| If "No" please explain: Not Applicable | City/State/Zip: RENO, NV 89511-1879 |
| | Contact/Phone: null775/826-1919 |
| | Vendor No.: T29024113 |
| | NV Business ID: NV20041355601 |
| 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 % Varies depending on project |

Agency Reference #: **75637**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mech PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services as required. SPWD Contract No. 75637.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical Plan Checking required to ensure building safety and code compliance.

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

Professional 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 | 05/08/2013 09:06:52 AM |
| Division Approval | dgrimm | 05/08/2013 09:06:54 AM |
| Department Approval | dgrimm | 05/08/2013 09:06:57 AM |
| Contract Manager Approval | dgrimm | 05/08/2013 10:18:36 AM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:13:48 PM |
| BOE Agenda Approval | cwatson | 05/15/2013 13:50:11 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: **14404**

| | |
|---|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: TERRACON CONSULTANTS INC |
| Agency Code: 082 | Contractor Name: TERRACON CONSULTANTS INC |
| Appropriation Unit: All Appropriations | Address: 750 PILOT RD STE F |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/597-9393 |
| | Vendor No.: T81038978A |
| | NV Business ID: NV20041426032 |
| 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 % Varies depending on project |

Agency Reference #: **74277**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp Srv**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services as required. SPWD Contract No. 74277.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Tsting and Inspection Services required to ensure building safety and code compliance.

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

Professional Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for this type of work.

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 | 05/07/2013 13:50:54 PM |
| Division Approval | dgrimm | 05/07/2013 13:50:57 PM |
| Department Approval | dgrimm | 05/07/2013 13:51:00 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:17:32 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:14:19 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 07:52:17 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: **14312**

| | |
|--|--|
| Agency Name: STATE PUBLIC WORKS DIVISION | Legal Entity Name: WESTERN TECHNOLOGIES INC |
| Agency Code: 082 | Contractor Name: WESTERN TECHNOLOGIES INC |
| Appropriation Unit: All Appropriations | Address: 6633 W POST RD STE 100 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/798-8050 |
| | Vendor No.: T80821910 |
| | NV Business ID: NV19821000805 |
| 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 % Varies depending on project |

Agency Reference #: **72694**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services as required. SPWD Contract No. 72694.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: **Progress payments based on services provided**

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services required to ensure building safety and code compliance.

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

Professional 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 this type of work

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 | 04/18/2013 14:47:14 PM |
| Division Approval | dgrimm | 04/18/2013 14:47:17 PM |
| Department Approval | dgrimm | 04/18/2013 14:47:20 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:28:29 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:31:14 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 07:58:04 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14408**

Agency Name: **STATE PUBLIC WORKS DIVISION**
Agency Code: **082**
Appropriation Unit: **All Appropriations**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **WESTERN TECHNOLOGIES INC**
Contractor Name: **WESTERN TECHNOLOGIES INC**
Address: **6633 W POST RD STE 100**
City/State/Zip: **LAS VEGAS, NV 89118**
Contact/Phone: **null702/798-8050**
Vendor No.: **T80821910**
NV Business ID: **NV19821000805**

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 % Varies depending on project |

Agency Reference #: **74274**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotech Inv Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services as required. SPWD Contract No. 74274.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: **Progress payments based on services provided**

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services required to ensure building safety and code compliance.

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

Professional 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 this type of work.

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 | dgrimm | 05/07/2013 14:41:13 PM |
| Division Approval | dgrimm | 05/07/2013 14:41:15 PM |
| Department Approval | dgrimm | 05/07/2013 14:41:18 PM |
| Contract Manager Approval | dgrimm | 05/07/2013 16:14:54 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 18:05:18 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 07:59:25 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11290** Amendment Number: **3**

Agency Name: **COMMISSION ON TOURISM** Legal Entity Name: **AVIAREPS Tourism GmbH**

Agency Code: **101** Contractor Name: **AVIAREPS Tourism GmbH**

Appropriation Unit: **1522-43** Address: **Sonnenstrasse 9**

Is budget authority available?: **Yes** City/State/Zip: **Munich**

If "No" please explain: **Not Applicable** Contact/Phone: **Thomas Drechsler 498923662114**

Vendor No.: **F00000102**

NV Business ID: **NV20101517495**

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 % | X Other funding | 100.00 % Lodging Tax |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2010**

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 353 days**

4. Type of contract: **Contract**

Contract description: **Rep Office - Europe**

5. Purpose of contract:

This is the third amendment to the original contract, which provides international representation for the Nevada Commission on Tourism in Germany and France. Service in both countries includes market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$270,000 to \$390,000 to extend both Germany and France representation for another year.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$60,000.00 |
| 2. Total amount of any previous contract amendments: | \$210,000.00 |
| 3. Amount of current contract amendment: | \$120,000.00 |
| 4. New maximum contract amount: | \$390,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 231.160 through 231.360 requires that the Nevada Commission on Tourism promot tourism in Nevada both domestically and internationally.

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

The State does not have any employees located outside the United States to perform this work.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

NRS 332.195 - The Las Vegas Convention & Visitors Authority (LVCVA) completed a solicitation for each of the foreign offices and the Nevada Commission on Tourism contracts with the same companies as part of the partnership with the LVCVA. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

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:

The Nevada Commission on Tourism has contracted with this company since FY09. The 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:

Other **Non-Title 7 Business License**

- 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.

The contractor doesn't do business in Nevada, and instead promotes Nevada within Germany and France. The contractor had a SBL, but it is currently in default status. Since the contractor doesn't do business in Nevada, they should be exempt from the SBL requirement but do not qualify under the current exemption categories. The contractor does qualify for a Non Title-7 Business License.

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

No b. If "NO", please explain.

The contractor has submitted a new application for a Non Title-7 Business License, but the Secretary of State's office has indicated that they are 2 weeks behind on processing applications.

- 18. Agency Field Contract Monitor:

- 19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|-------------------------|----------|------------------------|
| Budget Account Approval | kwilliam | 05/01/2013 14:51:42 PM |
| Division Approval | kwilliam | 05/01/2013 14:51:44 PM |

| | | |
|---------------------------|----------|------------------------|
| Department Approval | kwilliam | 05/01/2013 14:51:46 PM |
| Contract Manager Approval | kwilliam | 05/23/2013 10:39:18 AM |
| Budget Analyst Approval | knielsen | 05/23/2013 16:35:10 PM |
| BOE Agenda 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: 11287 | Amendment Number: 3 |
| Agency Name: COMMISSION ON TOURISM | Legal Entity Name: Adnova Comunicacion Estrategica |
| Agency Code: 101 | Contractor Name: Adnova Comunicacion Estrategica |
| Appropriation Unit: 1522-43 | Address: Gutemberg #176, Col. Anzures Distrito Federal |
| Is budget authority available?: Yes | City/State/Zip: Mexico, MX 11590 |
| If "No" please explain: Not Applicable | Contact/Phone: Benjamin Diaz 55)5596.6746 |
| | Vendor No.: F00000119 |
| | NV Business ID: NV20131284959 |

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 % | X Other funding | 100.00 % Lodging Tax |

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2010**
 Anticipated BOE meeting date **06/2013**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **3 years and 353 days**

4. Type of contract: **Contract**
 Contract description: **Rep Office - Mexico**

5. Purpose of contract:
This is the third amendment to the original contract, which provides international representation for the Nevada Commission on Tourism in Mexico. The services include placing stories with the media, maintaining a foreign website, conducting sales missions, organizing familiarization tours, expanding tour product to tour operators, media planning and buying, developing foreign brochures, and providing quarterly progress reports. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$180,000 to \$240,000 to continue the international representation in Mexico for an additional year.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$60,000.00 |
| 2. Total amount of any previous contract amendments: | \$120,000.00 |
| 3. Amount of current contract amendment: | \$60,000.00 |
| 4. New maximum contract amount: | \$240,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 231.160 through NRS 231.360 requires that the Nevada Commission on Tourism promote tourism in Nevada both domestically and internationally.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The State does not have any employees located outside the United States to perform this work.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

NRS 332.195 - The Las Vegas Convention & Visitors Authority (LVCVA) completed a solicitation for each of the foreign offices and the Nevada Commission on Tourism contracts with the same companies as part of the partnership with the LVCVA. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

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:

The Nevada Commission on Tourism has contracted with this company since FY09. The work 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **Non Title-7 Business License**

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 | kwilliam | 05/01/2013 11:14:47 AM |
| Division Approval | kwilliam | 05/01/2013 11:14:51 AM |
| Department Approval | kwilliam | 05/01/2013 11:14:53 AM |
| Contract Manager Approval | kwilliam | 05/23/2013 10:37:40 AM |
| Budget Analyst Approval | knielsen | 05/23/2013 16:35:56 PM |
| BOE Agenda 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: 13013 | Amendment Number: 1 |
| Agency Name: COMMISSION ON TOURISM | Legal Entity Name: GATE 7 PTY LTD |
| Agency Code: 101 | Contractor Name: GATE 7 PTY LTD |
| Appropriation Unit: 1522-43 | Address: 32 CROWN STREET WOOLLOOMOOLOO NSW 2011 |
| Is budget authority available?: Yes | City/State/Zip: AUSTRALIA, - - |
| If "No" please explain: Not Applicable | Contact/Phone: Jo-Anna Palmer 61293562945 |
| | Vendor No.: F00000220 |
| | NV Business ID: NV20121040239 |

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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 % Lodging Tax |

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 **06/2013**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **2 years and 136 days**

4. Type of contract: **Contract**
 Contract description: **Rep Office-Australia**

5. Purpose of contract:
This is the first amendment to the original contract to provide international representation for the Nevada Commission on Tourism in Australia. The services include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$90,000 to \$150,000 to continue the international representation in Australia for an additional year.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$90,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$60,000.00 |
| 4. New maximum contract amount: | \$150,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 231.160 through 231.360 requires that the Nevada Commission on Tourism promote tourism in Nevada both domestically and internationally.

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

The State does not have any employees located outside the United States to perform this work.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

NRS 332.195 - The Las Vegas Convention & Visitors Authority (LVCVA) completed a solicitation for each of the foreign offices and the Nevada Commission on Tourism contracts with the same companies as part of the partnership with the LVCVA. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

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:

The contractor has a current contract with the Nevada Commission on Tourism, and the 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **Non-Title 7 Business License**

- 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 | kwilliam | 05/06/2013 12:18:46 PM |
| Division Approval | kwilliam | 05/06/2013 12:18:48 PM |
| Department Approval | kwilliam | 05/06/2013 12:18:50 PM |
| Contract Manager Approval | kwilliam | 05/23/2013 10:40:48 AM |
| Budget Analyst Approval | knielsen | 05/23/2013 16:34:39 PM |
| BOE Agenda 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: 11288 | Amendment Number: 3 |
| Agency Name: COMMISSION ON TOURISM | Legal Entity Name: Hills Balfour Synergy |
| Agency Code: 101 | Contractor Name: Hills Balfour Synergy |
| Appropriation Unit: 1522-43 | Address: Colechurch House 1 London Bridge Walk |
| Is budget authority available?: Yes | City/State/Zip: London, UK SE12SX |
| If "No" please explain: Not Applicable | Contact/Phone: Amanda Hills-Balfour 442073670900 |
| | Vendor No.: F00000120 |
| | NV Business ID: NV20101628853 |

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 % | X Other funding | 100.00 % Lodging Tax |

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2010**
 Anticipated BOE meeting date **06/2013**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **3 years and 353 days**

4. Type of contract: **Contract**
 Contract description: **Rep Office - UK**

5. Purpose of contract:
This is the third amendment to the original contract, which provides international representation for the Nevada Commission on Tourism in the United Kingdom. The services include placing stories with the media; maintaining a foreign website; conducting sales missions; organizing familiarization tours; expanding tour product to tour operators; media planning and buying; developing foreign brochures; and providing quarterly progress reports. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$180,000 to \$240,000 to continue the international representation in the United Kingdom for an additional year.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$60,000.00 |
| 2. Total amount of any previous contract amendments: | \$120,000.00 |
| 3. Amount of current contract amendment: | \$60,000.00 |
| 4. New maximum contract amount: | \$240,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 231.160 through 231.360 requires that the Nevada Commission on Tourism promot tourism in Nevada both domestically and internationally.

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

The State does not have any employees located outside the United States to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 332.195 - The Las Vegas Convention & Visitors Authority (LVCVA) completed a solicitation for each of the foreign offices and the Nevada Commission on Tourism contracts with the same companies as part of the partnership with the LVCVA. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

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:

The Nevada Commission on Tourism has contracted with this company since FY09. The 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 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 | kwilliam | 05/06/2013 12:42:07 PM |
| Division Approval | kwilliam | 05/06/2013 12:42:10 PM |
| Department Approval | kwilliam | 05/06/2013 12:42:12 PM |
| Contract Manager Approval | kwilliam | 05/23/2013 10:43:59 AM |
| Budget Analyst Approval | knielsen | 05/23/2013 16:33:24 PM |
| BOE Agenda 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: 13014 | Amendment Number: 1 |
| Agency Name: COMMISSION ON TOURISM | Legal Entity Name: INTERAMERICAN NETWORK |
| Agency Code: 101 | Contractor Name: INTERAMERICAN NETWORK |
| Appropriation Unit: 1522-43 | Address: AV. IPIRANGA, 318 - BLOCO A - 5TH FLOOR |
| Is budget authority available?: Yes | City/State/Zip: SAO PAULO, BRAZIL, |
| If "No" please explain: Not Applicable | Contact/Phone: Danielle Clouzet Roman 551132147500 |
| | Vendor No.: F00000224 |
| | NV Business ID: NV20121040124 |

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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 % Lodging Tax |

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 **06/2013**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **2 years and 136 days**

4. Type of contract: **Contract**
 Contract description: **Rep Office-Brazil**

5. Purpose of contract:
This is the first amendment to the original contract to provide international representation for the Nevada Commission on Tourism in Brazil. The services include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$90,000 to \$150,000 to continue the international representation in Brazil for an additional year.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$90,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$60,000.00 |
| 4. New maximum contract amount: | \$150,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 231.160 through 231.360 requires that the Nevada Commission on Tourism promote tourism in Nevada both domestically and internationally.

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

The State does not have any employees located outside the United States to perform this work.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

NRS 332.195 - The Las Vegas Convention & Visitors Authority (LVCVA) completed a solicitation for each of the foreign offices and the Nevada Commission on Tourism contracts with the same companies as part of the partnership with the LVCVA. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

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:

The contractor has a current contract with the Nevada Commission on Tourism, and the 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **Non Title-7 Business License**

- 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 | kwilliam | 05/06/2013 12:43:47 PM |
| Division Approval | kwilliam | 05/06/2013 12:43:49 PM |
| Department Approval | kwilliam | 05/06/2013 12:43:51 PM |
| Contract Manager Approval | kwilliam | 05/23/2013 10:42:26 AM |
| Budget Analyst Approval | knielsen | 05/23/2013 16:34:05 PM |
| BOE Agenda 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: **14353**

Agency Name: **COMMISSION ON TOURISM**
Agency Code: **101**
Appropriation Unit: **1522-31**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **MAILING SYSTEMS INC**
Contractor Name: **MAILING SYSTEMS INC**
Address: **2431 MERCANTILE DR STE A**
City/State/Zip: **RANCHO CORDOVA, CA 95742-6218**
Contact/Phone: **JOHN MILLET 916/631-7400**
Vendor No.: **T32002274**
NV Business ID: **NV20131257792**

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 % Tourism Lodging Tax & Nevada Magazine Earned Revenue |

Agency Reference #: **RFP #2044**

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 **06/2013**

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: **Call/Fulfill/Postage**

5. Purpose of contract:

This is a new contract to provide 24 hour 7 days a week call center services to receive inbound domestic and Canadian phone calls, including Live Chat online and to process and ship domestic and Canadian requests for literature (including the Nevada Visitors Guide, State highway map, Nevada State Parks brochure) from potential Nevada visitors.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,515,231.00**

Other basis for payment: Approximately \$352,355.00 will be used for FY14; approximately \$360,225.00 for FY15; approximately \$386,732.00 for FY16 and approximately \$415,919.00 for FY17. All services will be paid upon invoice submittal as services are completed.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Commission on Tourism (NCOT) serves as the state's consumer-focused travel marketing organization to promote statewide visitation, resulting in an increase in revenue for Nevada's communities. The NCOT is funded entirely by lodging tax revenues, so driving overnight visitation is critical to the Department's ability to continue to market the State and ensure long-term sustainability. The two principal goals of this project are to receive inbound domestic and Canadian phone calls and to process and ship domestic and Canadian requests for literature from potential Nevada visitors.

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

NCOT does not have the staff or facilities to answer live phone calls from potential visitors seven days a week. In addition, NCOT does not have the staff to handle French speaking callers. On the fulfillment side, NCOT does not have staff or the facilities/machinery to process and ink-jet addresses onto self-mailing collateral pieces.

- 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 #2044, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/15/2013 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?

No If "Yes", specify 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 | kwilliam | 04/30/2013 16:26:45 PM |
| Division Approval | kwilliam | 04/30/2013 16:26:47 PM |
| Department Approval | kwilliam | 04/30/2013 16:26:49 PM |
| Contract Manager Approval | kwilliam | 04/30/2013 16:26:50 PM |
| Budget Analyst Approval | sbrown | 05/16/2013 10:57:14 AM |
| BOE Agenda Approval | sbrown | 05/16/2013 15:58:34 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12224** Amendment Number: **2**

Agency Name: **COMMISSION ON TOURISM** Legal Entity Name: **NCOT BEIJING OFF/CHEN, HONGXIA**

Agency Code: **101** Contractor Name: **NCOT BEIJING OFF/CHEN, HONGXIA**

Appropriation Unit: **1522-43** Address: **13th Floor, Sun House**

Is budget authority available?: **Yes** City/State/Zip: **Hong Kong, China, - -**

If "No" please explain: **Not Applicable** Contact/Phone: **Hongxia Chen 861085625705**

Vendor No.: **F00000011A**

NV Business ID: **NV20111474952**

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 % Lodging Tax |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Rep Office - China**

5. Purpose of contract:

This is the second amendment to the original contract to maintain operation of a representative office for the State of Nevada, Nevada Commission on Tourism in the People's Republic of China, which helps increase the Chinese visitor volume to Nevada. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$342,575 to \$788,575 for continued representation in China.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$288,350.00 |
| 2. Total amount of any previous contract amendments: | \$54,225.00 |
| 3. Amount of current contract amendment: | \$446,000.00 |
| 4. New maximum contract amount: | \$788,575.00 |
| 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?

NRS 231.160 through NRS 213.300 requires that the Nevada Commission on Tourism promote tourism in Nevada. The Nevada Commission on Tourism currently operates several other foreign offices, and China represents a significant, largely undeveloped market.

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

The state does not have employees located outside the United States to perform this work, and it is not feasible because the representative must be located in China.

9. Were quotes or proposals solicited? No
 Was the solicitation (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 #: 110408B
Approval Date: 05/10/2013

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

The skill set needed to effectively perform the scope of work of the contract is very specific. Although this service could be bid, doing so would be detrimental to the efforts that the current contractor has provided through the almost ten years she has managed the Nevada Commission on Tourism's China office. Since NCOT cannot establish an actual office of its own in China, the use of a contractor is the only option to successfully promote Nevada as a desirable travel destination within China. Although her services are procured through a contract, the relationship that has developed with Ms. Chen over the years is valued almost as if she were a veteran NCOT employee with knowledge and history that makes her irreplaceable.

At this time, it is NCOT's intention to continue the relationship with this contractor in the future. Should a solicitation be required for future Chinese representation, NCOT would allow ample time to start the solicitation process so as not to experience a break in representation between contracts.

d. Last bid date: Anticipated re-bid date: 07/01/2014

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:

The Nevada Commission on Tourism has a current contract with this vendor that expires June 30, 2013. The quality of service is 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:
 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 | kwilliam | 05/13/2013 15:16:06 PM |
| Division Approval | kwilliam | 05/13/2013 15:16:08 PM |
| Department Approval | kwilliam | 05/13/2013 15:16:11 PM |
| Contract Manager Approval | kwilliam | 05/15/2013 10:02:08 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14327**

Agency Name: **COMMISSION ON TOURISM**
Agency Code: **101**
Appropriation Unit: **1522-31**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **RUF CORPORATION DBA**
Contractor Name: **RUF CORPORATION DBA**
Address: **RUF STRATEGIC SOLUTIONS
1533 E SPRUCE
OLATHE, KS 66061**
City/State/Zip: **OLATHE, KS 66061**
Contact/Phone: **null913/782-8544**
Vendor No.: **T27005585**
NV Business ID: **NV20101718250**

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 % LODGING TAX |

Agency Reference #: **RFP #2045**

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 **06/2013**

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: **CRM Database Mgmt**

5. Purpose of contract:

This is a new contract to provide marketing campaign effectiveness, manage ongoing communications with consumers, provide insights to consumer demographics and lifestyles, track collateral fulfillment operations and combine metrics from marketing, fulfillment and third party sources into a comprehensive portal.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$783,200.00**

Other basis for payment: Approximately \$195,800.00 will be used for each FY of the contract term. The database service fees of \$12,000/month will be paid in two (2) installments of \$72,000.00 each on July 15 and January 15 of each fiscal year. All other costs will be paid upon invoice submission as services are completed.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 231.160 through NRS 213.300 requires that the Nevada Commission on Tourism to promote tourism in Nevada. By integrating and consolidating the inquiry data from its various sources, we are able to enhance the data into information and subsequently leverage it to assist us in our tourism mission.

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

It is not feasible for state employees to perform this work due to the unique qualifications and very specialized technology required relevant to the nature of the tasks performed.

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 #2045, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/19/2013 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:

Nevada Commission on Tourism - 2003-present
Verified as 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 | kwilliam | 04/22/2013 16:43:21 PM |
| Division Approval | kwilliam | 04/22/2013 16:43:23 PM |
| Department Approval | kwilliam | 04/22/2013 16:43:24 PM |
| Contract Manager Approval | kwilliam | 04/29/2013 15:11:59 PM |
| Budget Analyst Approval | knielsen | 05/14/2013 13:28:35 PM |
| BOE Agenda Approval | sbrown | 05/16/2013 10:55:02 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13015** Amendment Number: **1**

Agency Name: **COMMISSION ON TOURISM** Legal Entity Name: **TAMS INC. (CONNECT-WORLDWIDE KOREA)**

Agency Code: **101** Contractor Name: **TAMS INC. (CONNECT-WORLDWIDE KOREA)**

Appropriation Unit: **1522-43** Address: **ROOM 804 CENTER BUILDING 91-1 SOGONG-DONG, CHUNG-GU**

Is budget authority available?: **Yes** City/State/Zip: **SEOUL, KOREA, 100-070**

If "No" please explain: **Not Applicable** Contact/Phone: **Chanho Hong 011822754600**

Vendor No.: **F00000219**

NV Business ID: **NV20121058625**

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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 % Lodging Tax |

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 06/2013

Retroactive? **No**

If "Yes", please explain

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

Termination Date:

Contract term: **2 years and 136 days**4. Type of contract: **Contract**Contract description: **Rep Office-S. Korea**

5. Purpose of contract:

This is the first amendment to the original contract, which provides international representation for the Nevada Commission on Tourism in South Korea. The services include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$90,000 to \$150,000 to continue the international representation in South Korea for an additional year.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$90,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$60,000.00 |
| 4. New maximum contract amount: | \$150,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 231.160 through 231.360 requires that the Nevada Commission on Tourism promote tourism in Nevada both domestically and internationally.

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

The State does not have any employees located outside the United States to perform this work.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

The Las Vegas Convention & Visitors Authority (LVCVA) completed a solicitation for each of the foreign offices and the Nevada Commission on Tourism will contract with the same companies as part of the partnership with the LVCVA. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

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:

The Nevada Commission on Tourism (NCOT) has contracted with this vendor since FY2012. The service from the contractor is 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **Non-Title 7 Business License**

- 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 | kwilliam | 05/01/2013 14:40:53 PM |
| Division Approval | kwilliam | 05/01/2013 14:40:55 PM |
| Department Approval | kwilliam | 05/01/2013 14:40:57 PM |
| Contract Manager Approval | kwilliam | 05/23/2013 10:36:02 AM |
| Budget Analyst Approval | knielsen | 05/23/2013 16:36:25 PM |
| BOE Agenda 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: 12295 | Amendment Number: 1 |
| Agency Name: COMMISSION ON TOURISM | Legal Entity Name: LUCA, JOE |
| Agency Code: 101 | Contractor Name: LUCA, JOE |
| Appropriation Unit: 1530-12 | Address: 1105 SE WILLOW RIDGE DR |
| Is budget authority available?: Yes | City/State/Zip: BLUE SPRINGS, MO 64014-6314 |
| If "No" please explain: Not Applicable | Contact/Phone: JOE LUCA 816/229-2305 |
| | Vendor No.: T27023604 |
| | NV Business ID: NV20101582700 |

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 % EARNED REVENUE |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2011**

Anticipated BOE meeting date: **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 354 days**

4. Type of contract: **Contract**

Contract description: **Newsstand Services**

5. Purpose of contract:

This is the first amendment to the original contract, which provides services for magazine newsstand placement and sales nationwide. Services provided include research and reporting of industry trends; regular visits to national wholesalers to develop and maintain personal contacts and awareness; analyze sales with wholesalers and selling outlets to determine appropriate draw per issue; negotiate special rack space trade outs; inform Nevada Magazine of special promotions with various selling outlets and negotiate promotion fees; inform Nevada Magazine of new distribution options and negotiate wholesaler discounts. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$10,800 to \$27,600 due to the continued need for newsstand placement. The amendment also revises the scope of work to include Nevada's Historical Calendar placement in statewide Costco stores with a commission payment of \$0.50 per calendar sold.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$10,800.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$16,800.00 |
| 4. New maximum contract amount: | \$27,600.00 |
| 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?

Created under NRS 231.160, Nevada Magazine publishes a magazine that contains materials which educate the general public about the state and thereby fosters awareness and appreciation of Nevada heritage, culture, historical monuments, natural wonders, and natural resources.

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

Nevada Magazine is not staffed and does not have the expertise to handle newsstand distribution. A national consultant is needed who has experience representing other regional titles and national contacts that can negotiate for a small regional publication.

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?

LOW BIDDER

d. Last bid date: 04/22/2011 Anticipated re-bid date: 06/30/2015

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:

Nevada Magazine 2007 to 2011 - satisfactory service

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 | pstefono | 05/07/2013 08:12:10 AM |
| Division Approval | pstefono | 05/07/2013 08:12:14 AM |
| Department Approval | pstefono | 05/07/2013 08:12:17 AM |
| Contract Manager Approval | pstefono | 05/07/2013 08:12:19 AM |
| Budget Analyst Approval | knielsen | 05/08/2013 16:45:00 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14278**

| | |
|---|---|
| Agency Name: GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | Legal Entity Name: BOARD OF REGENTS-UNR |
| Agency Code: 102 | Contractor Name: BOARD OF REGENTS-UNR |
| Appropriation Unit: 1521-10 | Address: UNR CONTROLLERS OFFICE MAIL STOP 0124 |
| Is budget authority available?: No | City/State/Zip: RENO, NV 89557-0025 |
| If "No" please explain: Agency has sufficient SFY13 authority. A work program revision will be required to establish the SFY14 and SFY15 authority once the federal granting agency provides a final award. | Contact/Phone: null775/784-4062 |
| | Vendor No.: D35000816 |
| | NV Business ID: 88-6000024 |

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 % US Treasury's State Small Business Credit Initiative Grant |

2. Contract start date:

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

Anticipated BOE meeting date **05/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/13/2017**

Contract term: **4 years and 13 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Program Management**

5. Purpose of contract:

This is a new contract to create a partnership with the Nevada System of Higher Education's Nevada Small Business Development Center (NSBDC/UNR) to administer one component of the U.S. Treasury Department's State Small Business Credit Initiative (SSBCI) program. Nevada has been allocated \$13.8 million for the SSBCI, which provides micro-loans, collateral support, and upon approval of Nevada's application by the Treasury, the program will provide venture capital to Nevada entrepreneurs and small businesses. The Treasury is currently reviewing Nevada's venture capital proposal. This contract is for the day-to-day administration of the venture capital program component, known as "Battle Born Growth Escalator", which the state has requested to receive \$5 million of the SSBCI award. NSBDC/UNR will be paid \$460,000 to manage, using a contractor, the day-to-day operations of the Battle Born Growth Escalator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$460,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada needs to diversify its economic base, and utilizing available federal funds to provide microloans, collateral support and venture capital to entrepreneurs and small business will help spur economic growth.

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

This work requires specialized skills and abilities the agency does not possess. NSBDC has a statewide network of offices and resources dedicated to small business development, and the program manager they hire will have extensive experience in growth escalation and identifying and verifying investment opportunities.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (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 #: 130203

Approval Date: 02/25/2013

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? 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 | ckiser | 04/09/2013 14:56:13 PM |
| Division Approval | ckiser | 04/09/2013 14:56:16 PM |
| Department Approval | ckiser | 04/09/2013 14:56:20 PM |
| Contract Manager Approval | ckiser | 04/09/2013 14:56:23 PM |
| Budget Analyst Approval | jborrowm | 04/23/2013 16:53:33 PM |
| BOE Agenda Approval | jborrowm | 04/23/2013 16:53:39 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 CONTRACT

1. Contract Number: **14448**

| | |
|--|--|
| Agency Name: GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT | Legal Entity Name: FERRARO GROUP, THE |
| Agency Code: 102 | Contractor Name: FERRARO GROUP, THE |
| Appropriation Unit: 1526-11 | Address: 165 W LIBERTY ST STE 110 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89501-1901 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/331-4555 |
| | Vendor No.: T27023338 |
| | NV Business ID: NV20041598724 |

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

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: **PR Services**

5. Purpose of contract:

This contract is a new contract to provide public relations services to the Governor's Office of Economic Development (GOED) by studying GOED's mission, executing approved public relations tactics, providing direction & consultation and identifying trends and advising on public relations strategies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$201,600.00**

Payment for services will be made at the rate of \$4,200.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS Chapter 231 requires GOED to promote and market the State of Nevada to attract business and economic development. Public Relations is an essential component of this effort.

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

The agency does not have the expertise 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?

Best overall proposal.

d. Last bid date: 04/11/2013 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:

GOED, 7/1/09 - 6/30/13, quality of 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 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 | swoodbur | 05/09/2013 13:15:49 PM |
| Division Approval | swoodbur | 05/09/2013 13:15:52 PM |
| Department Approval | swoodbur | 05/09/2013 13:15:56 PM |
| Contract Manager Approval | swoodbur | 05/09/2013 13:15:59 PM |
| Budget Analyst Approval | ekin4 | 05/10/2013 10:48:41 AM |
| BOE Agenda Approval | jborrowm | 05/16/2013 16:38:48 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14354**

| | |
|--|---|
| Agency Name: DEPARTMENT OF TAXATION | Legal Entity Name: Board of Regents, Nevada System of Higher Education |
| Agency Code: 130 | Contractor Name: Board of Regents, Nevada System of Higher Education |
| Appropriation Unit: 2361-21 | Address: UNR CONTROLLERS OFFICE Sponsored Project/325 |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89557-0240 |
| If "No" please explain: Not Applicable | Contact/Phone: Jeff Hardcastle 775 784-6353 |
| | Vendor No.: D35000816 |
| | NV Business ID: D35000816 |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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.

| | | | |
|------------------------|----------------|---------------|-----------------------------------|
| X General Funds | 42.00 % | X Fees | 58.00 % Justice Court 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 **07/01/2013**
Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Professional Service**

5. Purpose of contract:

This is a new interlocal agreement to provide population estimates of each town, township, city and county in this State using the services of demographer pursuant to Nevada Revised Statute 360.283.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$372,372.00**

Other basis for payment: Payment is made quarterly based on actual expenditures not to exceed \$186,186 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 360.283 requires Taxation to employ a demographer to establish a method for annually determining the population of each town, township, city, and county in the state and estimate the population of the same.

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

Department employees do not have the knowledge or expertise necessary to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 360.283 (5) requires the department to employ a demographer to assist in the determination of population pursuant to this section and to cooperate with the Federal Government in the conduct of each decennial census as it relates to this State.

This vendor was chosen in preference to others because of the expertise the State Demographer has that is necessary to perform this work.

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

The University employs the demographer to perform the contract services.

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 provided services to the Department of Taxation since 1998. The quality of 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 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 | cmisumi | 04/30/2013 14:55:44 PM |
| Division Approval | cmisumi | 04/30/2013 14:55:50 PM |
| Department Approval | cmisumi | 05/07/2013 07:53:31 AM |
| Contract Manager Approval | cmisumi | 05/07/2013 07:53:57 AM |
| Budget Analyst Approval | cmurph3 | 05/07/2013 13:18:22 PM |
| BOE Agenda Approval | sbrown | 05/18/2013 09:05:26 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: **14296**

Agency Name: **ENTERPRISE IT SERVICES**
 Agency Code: **180**
 Appropriation Unit: **1385-26**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **INTERNATIONAL BUSINESS MCHNS**
 Contractor Name: **INTERNATIONAL BUSINESS MCHNS**
 Address: **CORP DBA IBM CORPORATION**
NORTH CASTLE DR
 City/State/Zip: **ARMONK, NY 10504-1725**
 Contact/Phone: Bert LaBarre 770-863-3231
 Vendor No.: PUR0000395
 NV Business ID: NV19371000083

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 % | X | Fees | 100.00 % Facility 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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Hourly Support**

5. Purpose of contract:

This is a new contract to provide up to 100 hours of service for project assistance. IBM requires services on IBM equipment be performed by IBM personnel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$250.00 per Hour

Other basis for payment: Not to exceed 100 hours of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

IBM Customer Engineers work exclusively on IBM manufactured and supported hardware and IBM owned products. IBM does not provide training or authorize third parties to work on IBM equipment.

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

Lack of expertise.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

IBM does not provide training to third parties on IBM intellectual property such as parts replacement or the advanced support techniques that are intended exclusively for IBM SSRs and remote support personnel. Ongoing requirements are contemplated as part of the initial procurement, ensuring taxpayer dollars were spent in good faith and it is reasonable to expect the State to maintain, in good working order, any system acquired as a result of spending those dollars.

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 | tgalvan | 05/07/2013 14:21:46 PM |
| Division Approval | tgalvan | 05/07/2013 14:21:48 PM |
| Department Approval | tgalvan | 05/07/2013 14:21:51 PM |
| Contract Manager Approval | csweeney | 05/13/2013 14:05:14 PM |
| Budget Analyst Approval | ekin4 | 05/13/2013 15:55:07 PM |
| BOE Agenda Approval | jborrowm | 05/22/2013 10:19:13 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14370**

Agency Name: **ENTERPRISE IT SERVICES**
Agency Code: **180**
Appropriation Unit: **1385-07**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **NEVADA ENERGY SYSTEMS INC**
Contractor Name: **NEVADA ENERGY SYSTEMS INC**
Address: **PO BOX 10083**
City/State/Zip: **RENO, NV 89510-0083**
Contact/Phone: **Sandy Todaro 775/331-4151**
Vendor No.: **T81070315A**
NV Business ID: **NV19941116677**

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 % | X | Fees | 100.00 % User 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 **07/01/2013**

Anticipated BOE meeting date 06/2013

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: **Generator Maint**

5. Purpose of contract:

This is a new contract that continues ongoing service and repair on an as-needed basis for the Generator Set at the EITS Computer Facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Annual rate for semi-annual preventive maintenance (2) inspection visits: \$3,572; service when needed: \$5,392; repairs as needed: \$95/hr. standard 8AM to 5PM weekday rate, \$142.50/hr. after hours and weekend rate, \$190.00/hr holiday rate.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Computer Facility is required to maintain two sources of backup power, the Uninterruptable Power Supply System and the Generator Set.

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

Employees do not have the expertise to maintain and repair the equipment.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Lowest bidder.

d. Last bid date: 03/22/2013 Anticipated re-bid date: 03/01/2017

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 | csweeney | 05/06/2013 15:17:00 PM |
| Division Approval | csweeney | 05/06/2013 15:17:16 PM |
| Department Approval | csweeney | 05/06/2013 15:17:19 PM |
| Contract Manager Approval | csweeney | 05/06/2013 15:17:22 PM |
| Budget Analyst Approval | ekin4 | 05/13/2013 11:39:10 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 09:56:19 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14362**

| | |
|--|--|
| Agency Name: ENTERPRISE IT SERVICES | Legal Entity Name: BOARD OF REGENTS-UNR |
| Agency Code: 180 | Contractor Name: BOARD OF REGENTS-UNR |
| Appropriation Unit: 1388-00 | Address: UNR CONTROLLERS OFFICE |
| Is budget authority available?: Yes | MAIL STOP 0124 |
| If "No" please explain: Not Applicable | City/State/Zip: RENO, NV 89557-0025 |
| | Contact/Phone: Erik Williams 775/784-4062 |
| | Vendor No.: D35000816 |
| | 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 #: **5557**

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 **06/2013**

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 revenue contract for continuing 3 rack space rentals at Angel Peak (Clark Co), Fairview Peak (Churchill Co) and Sober Peak (Nye Co) for the UNR Seismology Department.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,397.56**

Other basis for payment: FY 2014, \$6,099.39; FY 2015, \$6,099.39; FY 2016, \$6,099.39; FY 2017, \$6,099.39

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue generating contract

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

This is a revenue generating 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 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 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 | 05/06/2013 13:53:42 PM |
| Division Approval | capple | 05/06/2013 15:01:54 PM |
| Department Approval | capple | 05/06/2013 15:01:57 PM |
| Contract Manager Approval | bbohm | 05/07/2013 11:25:45 AM |
| Budget Analyst Approval | ekin4 | 05/09/2013 11:40:56 AM |
| BOE Agenda Approval | jborrowm | 05/16/2013 15:27:48 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14298**

| | |
|--|--|
| Agency Name: ENTERPRISE IT SERVICES | Legal Entity Name: Commnet of Nevada, LLC |
| Agency Code: 180 | Contractor Name: Commnet of Nevada, LLC |
| Appropriation Unit: 1388-00 | Address: 400 Northridge Road, Suite 325 |
| Is budget authority available?: Yes | City/State/Zip: Atlanta , GA 30350 |
| If "No" please explain: Not Applicable | Contact/Phone: Aida L. Baez 720-733-8049 |
| | Vendor No.: |
| | NV Business ID: NV20081528507 |
| 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 #: **5555**

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 **06/2013**

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 contract for continuing services with Commnet of Nevada, LLC for 3 rack spaces and 2 DS1 circuits at Prospect Peak in Eurkea County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,571.64**

Other basis for payment: FY14, \$20,642.91; FY15, \$20,642.91; FY16 \$20,642.91; FY17 \$20,642.91

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a Reveue generating contract

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

This is a Revenue generating 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. Soliciation 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:

This contractor is currently under a 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:

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 | dbaughn | 04/23/2013 15:40:41 PM |
| Division Approval | capple | 04/23/2013 15:47:27 PM |
| Department Approval | capple | 04/23/2013 15:47:31 PM |
| Contract Manager Approval | bbohm | 04/24/2013 11:59:32 AM |
| Budget Analyst Approval | ekin4 | 05/13/2013 11:21:56 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 09:49:22 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14299**

Agency Name: **ENTERPRISE IT SERVICES**
Agency Code: **180**
Appropriation Unit: **1388-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Commnet of Nevada, LLC**
Contractor Name: **Commnet of Nevada, LLC**
Address: **400 Northridge Road, Suite 325**
City/State/Zip: **Atlanta , GA 30350**
Contact/Phone: **Aida Baez 720-733-8049**
Vendor No.:
NV Business ID: **NV20081528507**

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 #: 5556

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 06/2013

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 revenue contract for continuing services for Commnet of Nevada, LLC for 3 rack spaces and 2 DS1 circuits at Austin Summit in Lander County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,571.64**

Other basis for payment: FY14, \$20,642.91; FY15, \$20,642.91; FY16 \$20,642.91; FY17 \$20,642.91

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue generating contract

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

This is a revenue generating 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:

This contract is currently under 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: 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 | dbaughn | 04/23/2013 15:39:27 PM |
| Division Approval | capple | 04/23/2013 15:48:23 PM |
| Department Approval | capple | 04/23/2013 15:48:27 PM |
| Contract Manager Approval | bbohm | 04/24/2013 11:58:54 AM |
| Budget Analyst Approval | ekin4 | 05/13/2013 10:53:54 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 09:44:50 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14403**

| | |
|--|--|
| Agency Name: ENTERPRISE IT SERVICES | Legal Entity Name: FSI Energy Services |
| Agency Code: 180 | Contractor Name: FSI Energy Services |
| Appropriation Unit: 1388-08 | Address: 14419 Veterans Way |
| Is budget authority available?: Yes | City/State/Zip: MORENO VALLEY, CA 92553 |
| If "No" please explain: Not Applicable | Contact/Phone: Mark Mitchell 951 452-6994 |
| | Vendor No.: T27027582 |
| | NV Business ID: NV20121444408 |
| 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 % Revenue |

Agency Reference #: 5559

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 19 days**

4. Type of contract: **Contract**

Contract description: **Rectifier Repair**

5. Purpose of contract:

This is a new contract to continue to provide new rectifiers to replace end of life units at all the mountain top microwave sites throughout the State of Nevada. Phase 1 of the project was completed last year and this contract will cover Phase II and Phase III, which will bring all rectifiers up to standards needed for Public Safety communications.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$313,305.02**

Other basis for payment: Phase II, \$185,891.70; Phase III, \$127,413.32

II. JUSTIFICATION

7. What conditions require that this work be done?

All of the rectifiers currently in service on the microwave mountain tops are going to be failing and are at end of life and this project must be completed as soon as possible.

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

The replacement needs to be conducted by the company providing the equipment to follow the manufacturers guidelines for warranty purposes.

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?

They were the only one that could provide the correct licensing to do the work required.

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 | dbaughn | 05/06/2013 15:41:36 PM |
| Division Approval | capple | 05/06/2013 15:56:54 PM |
| Department Approval | capple | 05/06/2013 15:56:58 PM |
| Contract Manager Approval | bbohm | 05/07/2013 10:44:38 AM |
| Budget Analyst Approval | ekin4 | 05/09/2013 11:24:19 AM |
| BOE Agenda Approval | jborrowm | 05/16/2013 14:59:08 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: 12715 | Amendment Number: 2 |
| Agency Name: ENTERPRISE IT SERVICES | Legal Entity Name: Naval Facilities Engineering Command Southwest |
| Agency Code: 180 | Contractor Name: Naval Facilities Engineering Command Southwest |
| Appropriation Unit: 1388-00 | Address: 1220 Pacific Highway |
| Is budget authority available?: Yes | City/State/Zip: San Diego, CA 92132 |
| If "No" please explain: Not Applicable | Contact/Phone: Lindsey Green 619-532-3027 |
| | Vendor No.: |
| | NV Business ID: Not Applicable |

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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 % Revenue |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack space rental**

5. Purpose of contract:

This is the second amendment to the original revenue contract, which provides for continued 7 rack space rentals at Austin Summit in Lander County. This amendment increases the maximum amount from \$27,158.74 to \$41,390.65 and extends the termination date from June 30, 2013, to June 30, 2014, to continue public safety communications at the EITS microwave site.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$12,926.83 |
| 2. Total amount of any previous contract amendments: | \$14,231.91 |
| 3. Amount of current contract amendment: | \$17,000.00 |
| 4. New maximum contract amount: | \$44,158.74 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue generating contract

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

This is a revenue generating 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:

The Navy has been under a revenue contract with EITS (DoIT) for many years 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 | 05/07/2013 10:41:48 AM |
| Division Approval | capple | 05/07/2013 10:45:37 AM |
| Department Approval | capple | 05/07/2013 10:45:41 AM |
| Contract Manager Approval | bbohm | 05/07/2013 10:48:14 AM |
| Budget Analyst Approval | ekin4 | 05/09/2013 11:37:41 AM |
| BOE Agenda Approval | jborrowm | 05/16/2013 15:37:02 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: 11955 | Amendment Number: 1 |
| Agency Name: ENTERPRISE IT SERVICES | Legal Entity Name: New Cingular Wireless PCS, LLC |
| Agency Code: 180 | Contractor Name: New Cingular Wireless PCS, LLC |
| Appropriation Unit: 1388-00 | Address: 12555 Cingular Way, Suite 1300 |
| Is budget authority available?: Yes | City/State/Zip: Alpharetta, GA 30004 |
| If "No" please explain: Not Applicable | Contact/Phone: Mac McDonald (877) 231-54 |
| | Vendor No.: |
| | NV Business ID: NV19991079179 |

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 |

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 **06/2013**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **4 years**
 4. Type of contract: **Revenue Contract**
 Contract description: **Penn Hill lease**

5. Purpose of contract:
This is the first amendment to the original revenue contract, which provides continued rack space rental at Penn Hill in Elko County for New Cingular Wireless. This amendment extends the contract termination date from June 30, 2013, to June 30, 2015, and increases the maximum amount from \$22,652.28 to \$47,049.84 to continue rack space rental for New Cingular Wireless.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$22,652.28 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$24,397.56 |
| 4. New maximum contract amount: | \$47,049.84 |
| 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?
This is a revenue contract

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?

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:

New Cingular Wireless is under 4 Revenue contracts currently 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:
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 | dbaughn | 05/01/2013 12:18:41 PM |
| Division Approval | capple | 05/01/2013 14:35:59 PM |
| Department Approval | capple | 05/01/2013 14:36:04 PM |
| Contract Manager Approval | bbohm | 05/01/2013 15:36:49 PM |
| Budget Analyst Approval | ekin4 | 05/13/2013 11:45:34 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 10:09:56 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: **14391**

| | |
|--|---|
| Agency Name: ENTERPRISE IT SERVICES | Legal Entity Name: Southern Nevada Area Communications Council (SNACC) |
| Agency Code: 180 | Contractor Name: Southern Nevada Area Communications Council (SNACC) |
| Appropriation Unit: 1388-00 | Address: 6000 East Rochelle Avenue |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89122 |
| If "No" please explain: Not Applicable | Contact/Phone: David Goss 702-455-7390 |
| | Vendor No.: |
| | 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 #: 5558

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 06/2013

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 Interlocal Revenue contract that continues rack space services at Apex Peak in Clark County for the Southern Nevada Area Communications Council.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,397.56**

Other basis for payment: FY 2014, \$6,099.39; FY 2015, \$6,099.39; FY 2016, \$6,099.39; FY 2017, \$6,099.39

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue generating contract

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

This is a revenue generating 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 contract with EITS for like services 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 | 05/07/2013 10:42:54 AM |
| Division Approval | capple | 05/07/2013 10:48:09 AM |
| Department Approval | capple | 05/07/2013 10:48:13 AM |
| Contract Manager Approval | bbohms | 05/07/2013 10:50:42 AM |
| Budget Analyst Approval | jborrowm | 05/16/2013 11:28:15 AM |
| BOE Agenda Approval | jborrowm | 05/16/2013 11:28:24 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: **CONV6629** Amendment Number: **2**
 Agency Name: **ENTERPRISE IT SERVICES** Legal Entity Name: **Sprint Communications**
 Agency Code: **180** Contractor Name: **Sprint Communications**
 Appropriation Unit: **1388-00** Address: **6391 Sprint Parkway**
 Is budget authority available?: **Yes** City/State/Zip: **Overland Park, KS 66251**
 If "No" please explain: **Not Applicable** Contact/Phone: **Erica McBeth 9134295071**
 Vendor No.: **PUR0000771**
 NV Business ID: **NV19881004212**

To what State Fiscal Year(s) will the contract be charged? **2010-2015**

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 |

Agency Reference #: **Sprint**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2009**
 Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **6 years**

4. Type of contract: **Revenue Contract**
 Contract description: **Communications and Media Related Services**

5. Purpose of contract:
This is the second amendment to the original revenue contract which provides for one rack space at Winnemucca Mountain with Sprint. This amendment extends the termination from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$7,537.11 to \$11,603.37.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$3,761.73 |
| 2. Total amount of any previous contract amendments: | \$3,775.38 |
| 3. Amount of current contract amendment: | \$4,066.26 |
| 4. New maximum contract amount: | \$11,603.37 |
| 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?
This is a revenue generating contract

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

Sprint is currently under 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: 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 | dbaughn | 05/06/2013 13:52:37 PM |
| Division Approval | capple | 05/06/2013 15:03:19 PM |
| Department Approval | capple | 05/06/2013 15:03:23 PM |
| Contract Manager Approval | bbohm | 05/07/2013 11:24:49 AM |
| Budget Analyst Approval | ekin4 | 05/21/2013 09:10:17 AM |
| BOE Agenda Approval | jborrowm | 05/22/2013 10:16:24 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14297**

| | |
|--|---|
| Agency Name: ENTERPRISE IT SERVICES Agency Code: 180 Appropriation Unit: 1388-00 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2014-2017 | Legal Entity Name: Westnet Nevada, LLC Contractor Name: Westnet Nevada, LLC Address: 6220 McLeod Dr, Suite 100 City/State/Zip: LAS VEGAS, NV 89120-4441 Contact/Phone: Kevin Hayes 702/454-2682 Vendor No.: NV Business ID: NV20091290227 |
|--|---|

What is the source of funds that will be used to pay the contractor? Indicate the percentage of 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 #: 5554

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 06/2013

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 revenue contract for continuing services for Westnet Nevada, LLC for 3 rack spaces at McClellan Peak in Washoe County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,397.56**

Other basis for payment: FY14, \$6,099.39; FY15, \$6,099.39; FY16 \$6,099.39; FY17 \$6,099.39

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue generating contract

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

This is a revenue generating 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 Revenue Contract with EITS for rack space services 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 | dbaughn | 04/23/2013 15:37:59 PM |
| Division Approval | capple | 04/23/2013 15:49:37 PM |
| Department Approval | capple | 04/23/2013 15:49:39 PM |
| Contract Manager Approval | bbohms | 04/24/2013 12:00:05 PM |
| Budget Analyst Approval | ekin4 | 05/13/2013 09:53:14 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 09:41:37 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: 11178 | Amendment Number: 3 |
| Agency Name: FACILITY MANAGEMENT DIVISION | Legal Entity Name: CPS Nevada, LLC |
| Agency Code: 182 | Contractor Name: CPS Nevada, LLC |
| Appropriation Unit: 1385-07 | Address: Division of Cashman Equipment 600 GLENDALE AVE SPARKS, NV 89431 |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89431 |
| If "No" please explain: Not Applicable | Contact/Phone: Daryl Dassinger 775/358-5111 |
| | Vendor No.: PUR0000249A |
| | NV Business ID: NV20081475761 |

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2010**

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Maintenance on UPS**

5. Purpose of contract:

This is the third amendment to the original contract, which continues ongoing maintenance service at the Enterprise Information Technology Service's Uninterruptable Power Supply (UPS) system located at the Computer Facility. This amendment increases the maximum amount from \$19,990.00 to \$39,990.00 due to a continued need for this service.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,990.00 |
| 2. Total amount of any previous contract amendments: | \$10,000.00 |
| 3. Amount of current contract amendment: | \$20,000.00 |
| 4. New maximum contract amount: | \$39,990.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Computer Facility requires preventive maintenance and emergency work (as needed) on the UPS system.

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

State employees are not certified to perform these tasks.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Lowest bidder.

d. Last bid date: 04/08/2010 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:

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 | 05/13/2013 13:58:34 PM |
| Division Approval | tgalvan | 05/13/2013 13:58:36 PM |
| Department Approval | tgalvan | 05/13/2013 13:58:38 PM |
| Contract Manager Approval | csweeney | 05/13/2013 14:00:07 PM |
| Budget Analyst Approval | ekin4 | 05/13/2013 16:00:25 PM |
| BOE Agenda Approval | jborrowm | 05/17/2013 10:19:00 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: **CONV6369** Amendment Number: **3**

Agency Name: **FACILITY MANAGEMENT DIVISION** Legal Entity Name: **FAAD Janitorial, Inc**

Agency Code: **182** Contractor Name: **FAAD Janitorial, Inc**

Appropriation Unit: **1385-07** Address: **52 Glen Carran Circle**

Is budget authority available?: **Yes** City/State/Zip: **Sparks, NV 89431**

If "No" please explain: Not Applicable Contact/Phone: Donna Hubble 7753512405

Vendor No.: T81086373

NV Business ID: NV20041538232

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 % | X | Fees | 100.00 % Computer Facility Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: FAAD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2009**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **4 years and 153 days**4. Type of contract: **Contract**Contract description: **Janitorial, Building Maintenance and Repair Serv**

5. Purpose of contract:

This is the third amendment to the original contract, which continues ongoing full-time janitorial services for the Computer Facility located at 575 East Third Street, Carson City, Nevada. This amendment extends the termination date from June 30, 2013, to November 30, 2013, and increases the maximum amount of the contract from \$108,862.05 to \$119,838.65 to allow time for a formal solicitation to be completed.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$61,985.52 |
| 2. Total amount of any previous contract amendments: | \$46,876.53 |
| 3. Amount of current contract amendment: | \$10,976.60 |
| 4. New maximum contract amount: | \$119,838.65 |
| and/or the termination date of the original contract has changed to: | 11/30/2013 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Computer Facility is used 24 hours a day, 7 days a week, resulting in the need for janitorial service.

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?

No

Was the solicitation (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?

Reasonableness of cost, demonstrated competence, experience in performance, expertise and financial stability.

d. Last bid date: 04/09/2009 Anticipated re-bid date: 10/01/2013

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?

Yes If "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, EITS, 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 | 05/20/2013 06:32:34 AM |
| Division Approval | wsalisp1 | 05/20/2013 06:32:37 AM |
| Department Approval | wsalisp1 | 05/20/2013 06:32:39 AM |
| Contract Manager Approval | csweeney | 05/20/2013 07:35:10 AM |
| Budget Analyst Approval | ekin4 | 05/21/2013 11:02:12 AM |
| BOE Agenda Approval | jborrowm | 05/22/2013 10:17:26 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **10020** Amendment Number: **2**
 Agency Name: **NETWORK TRANSPORT SERVICES** Legal Entity Name: **SOUTHWEST GAS CORP**
 Agency Code: **187** Contractor Name: **SOUTHWEST GAS CORP**
 Appropriation Unit: **1388-00** Address: **400 EAGLE STATION LANE**
 Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89701**
 If "No" please explain: Not Applicable Contact/Phone: **Sheree Reeves 775-887-2829**
 Vendor No.: **T10938201**
 NV Business ID: **NV19571000091**

To what State Fiscal Year(s) will the contract be charged? **2010-2015**

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 |

Agency Reference #: Southwest Gas Corp

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2009**
 Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **6 years**

4. Type of contract: **Revenue Contract**
 Contract description: **Rack Space Rental**

5. Purpose of contract:
This is the second amemdment to the original revenue contract, which provides for rack spaces at Pennsylvania Hill, Toulon Peak and Fairview Peak. This amendment extends the termination date from June 30, 2013, to June 30, 2015, and increases the maximum amount of the contract from \$22,611.33 to \$34,810.11 to cover the entire contract term.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$11,285.19 |
| 2. Total amount of any previous contract amendments: | \$11,326.14 |
| 3. Amount of current contract amendment: | \$12,198.78 |
| 4. New maximum contract amount: | \$34,810.11 |
| 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?
N/A - Revenue Contract

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

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 | dbaughn | 04/17/2013 11:23:54 AM |
| Division Approval | capple | 04/18/2013 07:49:55 AM |
| Department Approval | capple | 04/18/2013 07:50:00 AM |
| Contract Manager Approval | bbohm | 04/18/2013 11:38:46 AM |
| Budget Analyst Approval | ekin4 | 05/22/2013 15:33:09 PM |
| BOE Agenda Approval | jborrowm | 05/22/2013 16:04:26 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: 12156 | Amendment Number: 1 |
| Agency Name: OFFICE OF VETERAN'S SERVICES | Legal Entity Name: Johnson Controls. Inc. |
| Agency Code: 240 | Contractor Name: Johnson Controls. Inc. |
| Appropriation Unit: 2561-07 | Address: 3645 West Oquendo Road, Suite 100 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89118 |
| If "No" please explain: Not Applicable | Contact/Phone: Mary Movius 702-873-2200 |
| | Vendor No.: T10346500D |
| | NV Business ID: NV19571000769 |

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 % 50% VA Reimbursements - 50% Patient Collections |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is the first amendment to the original contract to provide ongoing maintenance service on air conditioning equipment and vacuum systems for the Nevada State Veterans Home. This amendment extends termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$24,999 to \$51,704 to cover the cost of needed services over the extended period.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$24,999.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$26,705.00 |
| 4. New maximum contract amount: | \$51,704.00 |
| 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?

Maintain proper working order of air conditioning equipment and vacuum system. Provide HVAC preventative maintenance.

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

Requires special skills and tools. No State agencies or employees provide this service.

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Best price; knowledge of installed equipment.

d. Last bid date: 03/31/2011 Anticipated re-bid date: 03/31/2015

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?

No If "Yes", specify 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 | jpalmes | 04/29/2013 08:36:04 AM |
| Division Approval | jpalmes | 04/29/2013 08:36:08 AM |
| Department Approval | jpalmes | 04/29/2013 08:36:13 AM |
| Contract Manager Approval | mnobles | 04/30/2013 11:44:24 AM |
| Budget Analyst Approval | jrodrig9 | 05/02/2013 16:50:27 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:10:53 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14282**

| | |
|--|---|
| Agency Name: DEPARTMENT OF EDUCATION | Legal Entity Name: Harland Technology Services |
| Agency Code: 300 | Contractor Name: Harland Technology Services |
| Appropriation Unit: 2697-19 | Address: 2020 South 156th Circle |
| Is budget authority available?: Yes | City/State/Zip: Omaha, NE 68130 |
| If "No" please explain: Not Applicable | Contact/Phone: null800-228-3628 |
| | Vendor No.: PUR0000745 |
| | NV Business ID: NV20111459138 |
| 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.

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 **10/14/2012**

Anticipated BOE meeting date 06/2013

Retroactive? **Yes**

If "Yes", please explain

This request to reinstate and extend the services with Harland Technology Services is based on the decision by the NDE to continue to operate the state high school assessment in writing independently, instead of engaging in a contract with an outside vendor. The costs to the state to have an outside agency were prohibitive. If we don't use Harland Technology Services the equipment warrantee will be null and void. Harland Technologies requested language to be changed in the contract.

3. Termination Date: **06/30/2015**

Contract term: **2 years and 259 days**

4. Type of contract: **Contract**

Contract description: **Scanner Maintenance**

5. Purpose of contract:

This is a new contract with Harland Technology Services to renew the 5000i scanner maintance agreement. This is to maintain in good condition the scanning and computer related equipment described in the agreement and any additional supplemental equipment schedules in the event of equipment failure.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,065.52**

II. JUSTIFICATION

7. What conditions require that this work be done?

Harland Technology Services maintains the 5000i Scanner to handle high volume scanning jobs that are required for the Nevada Writing Proficiency. NRS mandates timelines that the proficiency examination program must adhere to, and it is imperative that the scanning be accurate and error free. Any down time with the scanner is not acceptable. Updating and support of the scanning software is essential for the continuation of the scanning and reporting process during the testing season.

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

The Nevada Department of Education does not have necessary staff, resources, expertise, or the equipment to create and process the answer documents. The maintenance contract for the 5000i Scanner/Imager with Harland Technologies specifically states that it will be null and void should Nevada Department have a problem, due to services and/or support of operation systems of non-Harland Technology Services software, hardware, or forms. Harland Technology Services is the United States sole source provider of maintenance and replacement parts for the combined organizations proprietary scanning equipment, which includes the 5000i Scanner/Imager.

- 9. Were quotes or proposals solicited? No
Was the solicitation (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 #: 080710A
Approval Date: 07/25/2008

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:

The Nevada Department of Education from October 14, 2008 through October 14,2012. Harland Fulfilled their obligations in a most satisfactory manner.

- 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, and Budget Analyst 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: 14460 | Amendment Number: 1 |
| Agency Name: DEPARTMENT OF EDUCATION | Legal Entity Name: University of Wisconsin WIDA |
| Agency Code: 300 | Contractor Name: University of Wisconsin WIDA |
| Appropriation Unit: 2712-04 | Address: |
| Is budget authority available?: Yes | City/State/Zip: Wisconsin, WI 53703 |
| If "No" please explain: Not Applicable | Contact/Phone: null608-890-2550 |
| | Vendor No.: T80997479 E |
| | NV Business ID: Governmental Entity |

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 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/20/2015**

Contract term: **2 years and 41 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **EL Assessment**

5. Purpose of contract:

This is the first amendment to the original contract for testing year and fiscal year 2013 and specifies: (A) the Nevada Department of Education (NDE) cost share is \$5.00 per student for each student tested with the English language proficiency assessment ACCESS for English Language Learners (ELL), not to exceed 75,000 students; (B) technical assistance for a Bridge Study; and (C) technical assistance for the Determination of Annual Measurable Achievement Objectives. This amendment increases the maximum from \$0 to \$426,308 to update the entity paying the cost per test to the Department of Education and add funding for technical assistance.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$0.01 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$426,307.99 |
| 4. New maximum contract amount: | \$426,308.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statute 389.011 requires an assessment of proficiency in the English language for pupils who are limited English proficient to measure oral language skills, comprehensive skills, reading skills and writing.

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

Employees within the Nevada Department of Education have responsibilities that support the English language proficiency programs but certain tasks exceed their 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?

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

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:

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:

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 | jteska | 05/16/2013 10:19:06 AM |
| Division Approval | jteska | 05/16/2013 10:19:09 AM |
| Department Approval | jteska | 05/16/2013 10:19:13 AM |
| Contract Manager Approval | jteska | 05/16/2013 10:19:18 AM |
| Budget Analyst Approval | sbrown | 05/16/2013 10:19:39 AM |
| BOE Agenda Approval | sbrown | 05/16/2013 10:19:44 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14455**

| | |
|--|---|
| Agency Name: MUSEUMS AND HISTORY DIVISION | Legal Entity Name: WHITE PINE HISTORIAL RAILROAD |
| Agency Code: 331 | Contractor Name: WHITE PINE HISTORIAL RAILROAD |
| Appropriation Unit: 4216-00 | Address: FNDTN/NORTHERN NV RWAY MUSEUM |
| Is budget authority available?: Yes | 1100 AVENUE A |
| If "No" please explain: Not Applicable | ELY, NV 89301-2486 |
| | Contact/Phone: null775/289-2085 |
| | Vendor No.: T80902724 |
| | NV Business ID: NV19841015448 |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % Admission Charges |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **NSRMEE Revenue Share**

5. Purpose of contract:

This is a new revenue contract between the Nevada State Railroad Museum in East Ely, the White Pine Historical Railroad Foundation, and the City of Ely to share revenue earned through general admission charges at the Nevada Northern Railway Historical Railroad Museum.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The combining of State and White Pine Historical Railroad Foundation (WPHRF) is a partnership which benefits both the State Railroad Museum and WPHRF and enhances the success of both programs. Currently visitors are required to pay general admission at the entry of Northern Nevada Railway then again to enter the Nevada State Railroad Museum. This revenue share agreement will require only one general admission fee and will ensure that NSRMEE will receive a guaranteed admission amount yearly which will exceed current budgeted admission revenues as collected under the current scenario.

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

State employees are participating in this partnership, but the WPHRF will contribute additional resources above what the State contributes.

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

Was the solicitation (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?

No If "Yes", specify 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 | cedlefse | 05/08/2013 14:04:12 PM |
| Division Approval | cedlefse | 05/08/2013 14:04:16 PM |
| Department Approval | kwilliam | 05/08/2013 14:05:05 PM |
| Contract Manager Approval | cedlefse | 05/08/2013 14:06:24 PM |
| Budget Analyst Approval | knielsen | 05/14/2013 12:14:42 PM |
| BOE Agenda Approval | sbrown | 05/18/2013 09:15:24 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: **13558** Amendment Number: **1**

Agency Name: **HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE** Legal Entity Name: **BOARD OF REGENTS, NSHE**

Agency Code: **400** Contractor Name: **BOARD OF REGENTS, NSHE**

Appropriation Unit: **3200-19** Address: **4505 S. MARYLAND PARKWAY**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89154-1055**

If "No" please explain: **Not Applicable** Contact/Phone: **Monica Bolden 702-895-1357**

Vendor No.: **D35000813**

NV Business ID: **GOVERNMENT ENTITY**

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 % Slot Tax |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2012**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Data Collections**

5. Purpose of contract:

This is an amendment to the original interlocal agreement to conduct research and collect and report on data relating to state-funded problem gambling treatment programs. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$66,172 to \$166,172. In addition, this amendment increases the scope of work to reinstate long-term evaluation activities that were suspended during periods of funding reductions.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$66,172.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$100,000.00 |
| 4. New maximum contract amount: | \$166,172.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The arrangement between DHHS and UNLV-IGI is essential to the payment system set forth in the Problem Gambling Treatment Strategic Plan. UNLV-IGI collects encounter data from state-funded problem gambling treatment providers and generates payment reports from its database.

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

The database was created by UNLV-IGI for the express purposes of collecting problem gambling data and has been in use for more than four years. System maintenance and upgrades are done by UNLV-IGI staff and contractors who are familiar with the database, and the graduate students who manage the information stored in the database have knowledge and expertise in problem gambling. No one in the DHHS Grants Management Unit has similar experience.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 120604A
Approval Date: 04/10/2013

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

UNLV-IGI was the only data collection vendor to apply during the last competitive Problem Gambling Request for Applications process.

d. Last bid date: 09/01/2009 Anticipated re-bid date: 02/01/2014

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:

UNLV-IGI has worked on problem gambling issues with DHHS steadily since 2007. Their performance is outstanding.

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 | bvale1 | 05/03/2013 11:46:28 AM |
| Division Approval | bvale1 | 05/07/2013 10:39:47 AM |
| Department Approval | ecreceli | 05/07/2013 11:00:50 AM |
| Contract Manager Approval | bvale1 | 05/07/2013 11:02:43 AM |
| Budget Analyst Approval | nhovden | 05/14/2013 16:22:14 PM |
| BOE Agenda Approval | nhovden | 05/14/2013 16:22:21 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13557** Amendment Number: **1**
 Agency Name: **HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE** Legal Entity Name: **Problem Gambling Solutions**
 Agency Code: **400** Contractor Name: **Problem Gambling Solutions**
 Appropriation Unit: **3200-19** Address: **1602 S.W. Westwood Drive**
 Is budget authority available?: **Yes** City/State/Zip: **Portland, OR 97239**
 If "No" please explain: **Not Applicable** Contact/Phone: **Dr. Jeff Marotta 503-706-1197**
 Vendor No.: **T27018160**
 NV Business ID: **NV2010605733**

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 % Slot Tax |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2012**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2013**

Termination Date:

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

This is an amendment to the original contract, which provides technical assistance in the continued development of tools and procedures needed to administer the implementation of the strategic plan for problem gambling. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$33,487 to \$73,487. In addition, the scope of work has been revised to include the reintroduction of a prevention strategic plan.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$33,487.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$40,000.00 |
| 4. New maximum contract amount: | \$73,487.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor led an effort in FY11 to develop a Strategic Treatment Plan and establish a fee-for-service payment system for grants supported by the Revolving Account for Problem Gambling. Both projects were implemented July 1, 2011, and have increased the overall cost-effectiveness of efforts to address problem gambling behaviors in Nevada. The contractor will continue to work closely with DHHS and grantees in FY14 to ensure that the plan and payment system are successfully integrated into program activities and that the plan objectives for FY14 are rolled out as intended. In addition, the contractor will oversee the reintroduction and revision of the Prevention Strategic Plan that he was instrumental in developing in 2009. This plan was put on hold during Problem Gambling funding reductions from FY11 through FY13.

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

There are no state employees with the expertise necessary for this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 120603

Approval Date: 06/07/2012

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

This vendor participated in a competitive application process for FY10-11 and was awarded funds along with many other problem gambling vendors who received sub-grants. Awards to this vendor were renewed in the form of grants or contracts through FY13. DHHS planned to conduct a comprehensive Request for Applications (RFP) for FY14. However, the Grants Management Unit was unable to follow through with that plan due to the heavy workload associated with the 2013 Legislature, the FY14-15 budgeting process, and other competitive solicitations to grant out more than \$6.9 million for everything from hunger projects to child abuse prevention. A solicitation will be conducted before July 1, 2015.

d. Last bid date: 09/01/2009 Anticipated re-bid date: 07/01/2015

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:

This contractor currently has a contract with the Department of Health and Human Services Grants Management Unit and the work 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 | mweyland | 04/25/2013 14:04:17 PM |
| Division Approval | mweyland | 04/25/2013 14:04:22 PM |
| Department Approval | ecreceli | 04/25/2013 14:06:00 PM |
| Contract Manager Approval | bvale1 | 05/20/2013 13:27:50 PM |
| Budget Analyst Approval | nhovden | 05/20/2013 14:01:07 PM |
| BOE Agenda Approval | nhovden | 05/20/2013 14:01:25 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: **14468**

| | | | |
|---------------------------------|---|--------------------|-------------------------------------|
| Agency Name: | AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: | PCG Public Partners, LLC |
| Agency Code: | 402 | Contractor Name: | PCG Public Partners, LLC |
| Appropriation Unit: | 3266-16 | Address: | 148 State Street, 10th Floor |
| Is budget authority available?: | Yes | City/State/Zip: | Boston, MA 02109 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Marc Fenton 616-426-2026 |
| | | Vendor No.: | |
| | | NV Business ID: | NV20101382228 |

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

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 % Tobacco Settlement Funds |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2016**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **FMA Services**

5. Purpose of contract:

This is a new contract that continues ongoing financial management services in support of the Autism program. The program provides in-home behavioral therapy which helps to minimize the symptoms of Autism.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,500,000.00**

Other basis for payment: \$54.00 per family per month for administrative fees; case manager fees billed semi-monthly at exact cost; fees for behavioral aides billed semi-monthly at exact cost; with installments payable within 30-45 days of receipt of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

In-home behavioral therapy is one of the services provided to clients of the Aging and Disability Services Autism Program.

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

No state agencies or employees have the equipment or the experience to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3032, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/31/2013 Anticipated re-bid date: 03/31/2016

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 is currently providing these services to the Aging and Disability Services Division. Agency is satisfied with services provided.

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 | Igoulart | 05/14/2013 13:37:55 PM |
| Division Approval | Igoulart | 05/14/2013 13:37:59 PM |
| Department Approval | ecreceli | 05/14/2013 16:16:48 PM |
| Contract Manager Approval | agarland | 05/15/2013 08:15:32 AM |
| Budget Analyst Approval | eobrien | 05/15/2013 11:22:41 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 11:02:03 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 CONTRACT

1. Contract Number: **10257** Amendment Number: **1**

Agency Name: **HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Washoe County for/on behalf of**

Agency Code: **403** Contractor Name: **Washoe County for/on behalf of**

Appropriation Unit: **3157-00** Address: **Washoe County Juvenile Service PO Box 11130**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89520-0027**

If "No" please explain: **Not Applicable** Contact/Phone: **null775-785-8600**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2010-2015**

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 % County/Federal Match |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2009**

Anticipated BOE meeting date **04/2013**

Retroactive? **Yes**

If "Yes", please explain

This contract amendment will cover administrative costs as recommended by the Centers for Medicare and Medicaid Services (CMS) retroactively to July 1, 2012. The original contract did not include administrative costs.

3. Previously Approved Termination Date: **09/30/2014**

Contract term: **5 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **TCM federal funding**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to obtain and pass through new Title XIX and Title XXI federal funding for Targeted Case Management (TCM) to Washoe County Juvenile Services. This amendment revises language in Attachment A for TCM, incorporates new language for administrative services, and increases the maximum amount \$.01 to \$160,000 due to new administrative claims. Administrative services shall be effective retroactively to July 1, 2012.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$0.01 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$159,999.99 |
| 4. New maximum contract amount: | \$160,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?
Children within Juvenile Services in need of Targeted Case Management

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Agreement covers county reporting requirements only.

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

Was the solicitation (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?

No If "Yes", specify 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 | cmoriart | 02/22/2013 13:58:38 PM |
| Division Approval | trooker | 04/17/2013 16:59:34 PM |
| Department Approval | ecreceli | 04/23/2013 15:32:24 PM |
| Contract Manager Approval | cmoriart | 04/25/2013 14:25:49 PM |
| Budget Analyst Approval | nhovden | 05/14/2013 16:54:09 PM |
| BOE Agenda Approval | nhovden | 05/14/2013 16:54:14 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|--|
| 1. Contract Number: 11478 | Amendment Number: 1 |
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: Clark County on behalf of Clark County Juvenile Justice Services |
| Agency Code: 403 | Contractor Name: Clark County on behalf of Clark County Juvenile Justice Services |
| Appropriation Unit: 3158-24 | Address: 601 N. Pecos Road |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89101 |
| If "No" please explain: Not Applicable | Contact/Phone: null702-455-5210 |
| | Vendor No.: |
| | NV Business ID: Governemental Entity |

To what State Fiscal Year(s) will the contract be charged? **2010-2015**

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 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2010**

Anticipated BOE meeting date 01/2013

Retroactive? **Yes**

If "Yes", please explain

This contract amendment will cover administrative costs as recommended by the Centers for Medicare and Medicaid Services (CMS) retroactively to January 1, 2011. The original contract did not include administrative costs.

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **5 years and 180 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Title XIX & XXI TCM**

5. Purpose of contract:

This is the first amendment to the original contract, which provides Targeted Case Management (TCM) services for the juvenile justice population pursuant to recommendations from the Centers for Medicare and Medicaid Services (CMS). This amendment revises language in Attachment A for TCM and incorporates new language for administrative services. It also increases the maximum amount from \$.01 to \$400,000 due to the new administrative claims that will be paid.

6. CONTRACT AMENDMENT

- | | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$0.01 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$399,999.99 |
| 4. New maximum contract amount: | \$400,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Children within Juvenile Services in need of Targeted Case Management

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

Agreement covers county reporting requirements only.

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

Was the solicitation (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?

No If "Yes", specify 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 | cmoriart | 03/13/2013 14:56:57 PM |
| Division Approval | trooker | 05/01/2013 10:25:49 AM |
| Department Approval | ecreceli | 05/04/2013 09:48:12 AM |
| Contract Manager Approval | cmoriart | 05/07/2013 11:09:56 AM |
| Budget Analyst Approval | nhovden | 05/16/2013 13:24:06 PM |
| BOE Agenda Approval | nhovden | 05/16/2013 13:24:12 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14079**

| | |
|--|--|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: DEPARTMENT OF ADMINISTRATION |
| Agency Code: 403 | Contractor Name: DEPARTMENT OF ADMINISTRATION |
| Appropriation Unit: 3158-11 | Address: HEARINGS DIVISION 2200 S RANCHO DR STE 220 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89102 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/486-2527 |
| | Vendor No.: D08000001 |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 | 50.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 04/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Appeals Hearings**

5. Purpose of contract:

This is a new interlocal agreement to continue ongoing services that ensures those entitled are afforded the right to an appeals process when refused Medicaid benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,162.00**

Other basis for payment: as billed for hearings held

II. JUSTIFICATION

7. What conditions require that this work be done?

This service is Federally Mandated by 42 CFR 431.200-246

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

This contract is between State agencies

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

Was the solicitation (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 a State agency

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 | cmoriart | 02/11/2013 16:23:40 PM |
| Division Approval | trooker | 05/03/2013 09:02:20 AM |
| Department Approval | ecreceli | 05/03/2013 12:09:37 PM |
| Contract Manager Approval | cmoriart | 05/07/2013 10:49:58 AM |
| Budget Analyst Approval | nhovden | 05/14/2013 16:00:59 PM |
| BOE Agenda Approval | nhovden | 05/14/2013 16:01:05 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: **14275**

| | |
|--|---|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: MYERS & STAUFFER LC |
| Agency Code: 403 | Contractor Name: MYERS & STAUFFER LC |
| Appropriation Unit: 3158-04 | Address: 4400 Cox Road Suite 110 |
| Is budget authority available?: Yes | City/State/Zip: Glen Allen, VA 23060 |
| If "No" please explain: Not Applicable | Contact/Phone: Sheryl Pannell 804-270-2200 |
| | Vendor No.: T81098965A |
| | NV Business ID: NV20001070243 |

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 | 50.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Audit**

5. Purpose of contract:

This is a new contract to continue ongoing accounting services to audit Managed Care Organizations, Patient Trust Funds and Cost Reports of Nursing Facilities. These audits are in conjunction with Nursing Facility Rate setting support services including case mix indexes, acuity updates and health care medians, fair rental value and minimum data set audits as requested, Hospital Compliance Audits and Disproportionate Share Hospital audits in compliance with Nevada Administrative Code, Nevada Revised Statutes and Centers for Medicare and Medicaid Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,257,105.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal and State mandates require specific audits and rate settings be conducted for hospitals being paid Medicaid funds.

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

The State does not have the resources or expertise to perform this work.

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

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

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

Not Applicable

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

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

Exempt per NAC333.150 2. (5)

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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 | cmoriart | 04/09/2013 09:15:11 AM |
| Division Approval | trooker | 04/19/2013 08:52:33 AM |
| Department Approval | ecrecli | 04/30/2013 12:03:48 PM |
| Contract Manager Approval | cmoriart | 05/02/2013 12:49:20 PM |
| Budget Analyst Approval | nhovden | 05/17/2013 11:10:32 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 11:12:57 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14165**

| | |
|--|--|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: CLARK COUNTY SOCIAL SERVICES |
| Agency Code: 403 | Contractor Name: CLARK COUNTY SOCIAL SERVICES |
| Appropriation Unit: 3243-00 | Address: 1600 PINTO LN |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89106 |
| If "No" please explain: Not Applicable | Contact/Phone: null702-455-3283 |
| | Vendor No.: T41189000 |
| | NV Business ID: Government Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County provides non-federal share |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **County match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,440,124.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent and incapacitated persons who lawfully reside in the County and are not supported by other means. The County match program proves fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

Was the solicitation (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?

No If "Yes", specify 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 | cmoriart | 03/22/2013 13:34:47 PM |
| Division Approval | trooker | 04/17/2013 16:55:20 PM |
| Department Approval | ecreceli | 04/17/2013 16:57:49 PM |
| Contract Manager Approval | cmoriart | 04/22/2013 13:37:42 PM |
| Budget Analyst Approval | nhovden | 05/14/2013 16:42:15 PM |
| BOE Agenda Approval | nhovden | 05/14/2013 16:42:34 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11237** Amendment Number: **1**

Legal Entity Name: **Clark County School District**

Agency Name: **HEALTH CARE FINANCING & POLICY** Contractor Name: **Clark County School District**

Agency Code: **403** Address: **4260 Eucalyptus Avenue**

Appropriation Unit: **3243-20** **SEMS Dept 655**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89121**

If "No" please explain: **Not Applicable** Contact/Phone: **null702-799-5385**

Vendor No.:

NV Business ID: **Governmental Entity**

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 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % IGT from County for State share |

Agency Reference #: **403**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2009**

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **School-based service**

5. Purpose of contract:

This is the first amendment to the original revenue contract, which provides the non-federal share for school-based Medicaid services, medical screening and diagnostic services for children who are Nevada Medicaid/Check Up eligible. This amendment increases the maximum amount from \$7,847,486.40 to \$16,784,753.62 for the contract term due to increased anticipated revenue from the Intergovernmental Transfer Program.

6. CONTRACT AMENDMENT

| | |
|--|-----------------|
| 1. The maximum amount of the original contract: | \$7,847,486.40 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$8,937,267.22 |
| 4. New maximum contract amount: | \$16,784,753.62 |

II. JUSTIFICATION

7. What conditions require that this work be done?
Medicaid eligible children may have need for medical treatment services, medical screening and diagnostic services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
N/A Interlocal is with another government entity

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

Was the solicitation (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:

Previous contract between DHCFP and Clark County School District.

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 | 05/07/2013 11:32:48 AM |
| Division Approval | trooker | 05/07/2013 14:21:09 PM |
| Department Approval | ecreceli | 05/07/2013 14:21:50 PM |
| Contract Manager Approval | cmoriart | 05/07/2013 14:25:08 PM |
| Budget Analyst Approval | nhovden | 05/15/2013 17:18:06 PM |
| BOE Agenda Approval | nhovden | 05/15/2013 17:18:12 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14167**

| | |
|--|--|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: ELKO COUNTY |
| Agency Code: 403 | Contractor Name: ELKO COUNTY |
| Appropriation Unit: 3243-00 | Address: 571 IDAHO ST |
| Is budget authority available?: Yes | City/State/Zip: ELKO, NV 89801 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/738-4375 |
| | Vendor No.: T27000424 |
| | NV Business ID: Government Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County provides non federal share |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **County match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,295,735.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent and incapacitated persons who lawfully reside in the County and are not supported by other means. The County match program proves fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

Was the solicitation (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:

DHCFP has had similar contracts with the County for the County match program since 1989

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 | trooker | 04/17/2013 17:04:27 PM |
| Division Approval | trooker | 04/17/2013 17:04:32 PM |
| Department Approval | ecreceli | 04/23/2013 12:06:53 PM |
| Contract Manager Approval | cmoriart | 04/25/2013 13:39:12 PM |
| Budget Analyst Approval | nhovden | 05/15/2013 11:10:29 AM |
| BOE Agenda Approval | nhovden | 05/15/2013 11:10:37 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: **14190**

| | |
|--|--|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: ESMERALDA COUNTY TREASURER |
| Agency Code: 403 | Contractor Name: ESMERALDA COUNTY TREASURER |
| Appropriation Unit: 3243-00 | Address: PO BOX 547 |
| Is budget authority available?: Yes | City/State/Zip: GOLDFIELD, NV 89013 |
| If "No" please explain: Not Applicable | Contact/Phone: null7024853524 |
| | Vendor No.: T40267200 |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County provides non federal share |

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **County match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,191.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent and incapacitated persons who lawfully reside in the County and are not supported by other means. The County match program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

Was the solicitation (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?

No If "Yes", specify 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 | cmoriart | 04/17/2013 16:52:12 PM |
| Division Approval | trooker | 04/17/2013 17:04:57 PM |
| Department Approval | ecrecoli | 04/23/2013 12:09:38 PM |
| Contract Manager Approval | cmoriart | 04/25/2013 13:39:54 PM |
| Budget Analyst Approval | nhovden | 05/15/2013 16:46:19 PM |
| BOE Agenda Approval | nhovden | 05/15/2013 16:46:24 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14189**

| | |
|--|---|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: EUREKA COUNTY SCHOOL DISTRICT |
| Agency Code: 403 | Contractor Name: EUREKA COUNTY SCHOOL DISTRICT |
| Appropriation Unit: 3243-00 | Address: C/O COUNTY TREASURER PO BOX 677 |
| Is budget authority available?: Yes | City/State/Zip: EUREKA, NV 89316 |
| If "No" please explain: Not Applicable | Contact/Phone: null7022375373 |
| | Vendor No.: T40937600 |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County provides non federal share |

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 **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **County match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$108,842.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent and incapacitated persons who lawfully reside in the County and are not supported by other means. The County match program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

9. Were quotes or proposals solicited? **No**Was the solicitation (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?

No If "Yes", specify 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 | cmoriart | 05/07/2013 12:07:37 PM |
| Division Approval | trooker | 05/13/2013 11:07:12 AM |
| Department Approval | ecrecoli | 05/17/2013 10:44:48 AM |
| Contract Manager Approval | cmoriart | 05/22/2013 09:05:19 AM |
| Budget Analyst Approval | nhovden | 05/29/2013 16:34:57 PM |
| BOE Agenda Approval | nhovden | 05/29/2013 16:35:04 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14188**

| | |
|--|--|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: HUMBOLDT COUNTY INDIGENT |
| Agency Code: 403 | Contractor Name: HUMBOLDT COUNTY INDIGENT |
| Appropriation Unit: 3243-00 | Address: SERVICES |
| Is budget authority available?: Yes | 801 FAIRGROUNDS RD |
| If "No" please explain: Not Applicable | WINNEMUCCA, NV 89445 |
| | Contact/Phone: null775-623-6343 |
| | Vendor No.: T81012682 |
| | NV Business ID: Government Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County provides non federal share |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **County match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$829,270.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent and incapacitated persons who lawfully reside in the County and are not supported by other means. The County match program proves fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

Was the solicitation (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?

No If "Yes", specify 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 | trooker | 04/17/2013 17:05:25 PM |
| Division Approval | trooker | 04/17/2013 17:05:32 PM |
| Department Approval | ecreceli | 04/23/2013 12:02:58 PM |
| Contract Manager Approval | cmoriart | 04/25/2013 13:51:51 PM |
| Budget Analyst Approval | nhovden | 05/15/2013 16:50:56 PM |
| BOE Agenda Approval | nhovden | 05/15/2013 16:51:02 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14187**

| | |
|--|---|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: LANDER, COUNTY OF |
| Agency Code: 403 | Contractor Name: LANDER, COUNTY OF |
| Appropriation Unit: 3243-00 | Address: LANDER COUNTY SOCIAL SERVICES 315 S HUMBOLDT ST |
| Is budget authority available?: Yes | City/State/Zip: BATTLE MOUNTAIN, NV 89820 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/635-2503 |
| | Vendor No.: T40262000K |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County provides non federal match |

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **County match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$198,679.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent and incapacitated persons who lawfully reside in the County and are not supported by other means. The County match program proves fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

Was the solicitation (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?

No If "Yes", specify 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 | cmoriart | 04/22/2013 14:17:49 PM |
| Division Approval | trooker | 05/01/2013 10:26:55 AM |
| Department Approval | ecrecoli | 05/04/2013 09:42:45 AM |
| Contract Manager Approval | cmoriart | 05/07/2013 11:08:16 AM |
| Budget Analyst Approval | nhovden | 05/14/2013 13:02:00 PM |
| BOE Agenda Approval | nhovden | 05/14/2013 13:49:18 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14186**

| | |
|--|---|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: LINCOLN COUNTY HEALTH & HUMAN |
| Agency Code: 403 | Contractor Name: LINCOLN COUNTY HEALTH & HUMAN |
| Appropriation Unit: 3243-00 | Address: LINCOLN COUNTY HEALTH CENTER 36 SW NYE ST |
| Is budget authority available?: Yes | City/State/Zip: NEWPORT, OR 97365 |
| If "No" please explain: Not Applicable | Contact/Phone: null541/265-6611 |
| | Vendor No.: T27015049 |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County provides non federal share |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **County match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$122,663.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent and incapacitated persons who lawfully reside in the County and are not supported by other means. The County match program proves fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

Was the solicitation (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?

No If "Yes", specify 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 | cmoriart | 04/22/2013 15:31:41 PM |
| Division Approval | trooker | 05/03/2013 17:52:24 PM |
| Department Approval | ecreceli | 05/07/2013 14:07:48 PM |
| Contract Manager Approval | cmoriart | 05/14/2013 16:37:52 PM |
| Budget Analyst Approval | nhovden | 05/14/2013 16:38:27 PM |
| BOE Agenda Approval | nhovden | 05/14/2013 16:38:32 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: **CONV7131** Amendment Number: **2**

Agency Name: **HEALTH CARE FINANCING & POLICY** Legal Entity Name: **NV Division of Mental Health**

Agency Code: **403** Contractor Name: **NV Division of Mental Health**

Appropriation Unit: **3243-11** Address: **and Developmental Svc
4150Technology Way, STE 300**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89706**

If "No" please explain: **Not Applicable** Contact/Phone: **Jane Gruner 7756881930**

Vendor No.: **D40802005**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2009-2014**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/23/2009**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2013**

Contract term: **4 years and 192 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Health And Human Services**

5. Purpose of contract:

This is the second amendment to the original contract, which provides ongoing Medicaid eligible clients (mental retardation and related conditions) access to the Home and Community Based Waiver program and to ensure claims were coded correctly and data is evaluated to assess the effectiveness of the program. This amendment adds language to include behavioral health services and language and authority to include administrative services cost recovery. This amendment also increases the maximum amount from \$0 to 684,964 due to increased administrative services claiming.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$0.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$684,964.00 |
| 4. New maximum contract amount: | \$684,964.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Medicaid eligible persons with mental retardation and related conditions can be provided with Home and Community Based Waivers and necessary followup.

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

This is an Interlocal between sister agencies administering the program.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. Solicitation Waiver: **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?

No If "Yes", specify 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 | cmoriart | 03/28/2013 16:39:31 PM |
| Division Approval | trooker | 04/17/2013 16:57:07 PM |
| Department Approval | ecreceli | 04/23/2013 15:19:35 PM |
| Contract Manager Approval | cmoriart | 04/25/2013 14:28:54 PM |
| Budget Analyst Approval | nhovden | 05/17/2013 09:00:12 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 09:00:18 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: **14182**

| | |
|--|---|
| Agency Name: HEALTH CARE FINANCING & POLICY | Legal Entity Name: PERSHING COUNTY TREASURER |
| Agency Code: 403 | Contractor Name: PERSHING COUNTY TREASURER |
| Appropriation Unit: 3243-00 | Address: PO BOX 820 |
| Is budget authority available?: Yes | City/State/Zip: LOVELOCK, NV 89419 |
| If "No" please explain: Not Applicable | Contact/Phone: null7022737058 |
| | Vendor No.: T40262400 |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County provides non federal share |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **County match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match program for the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services (DWSS). The counties provide the non-federal share to DHCFP for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match program provides federal matching funds for indigent long-term care costs, when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$110,569.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent and incapacitated persons who lawfully reside in the County and are not supported by other means. The County match program proves fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

Was the solicitation (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?

No If "Yes", specify 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 | trooker | 04/17/2013 17:06:20 PM |
| Division Approval | trooker | 04/17/2013 17:06:23 PM |
| Department Approval | ecreceli | 04/23/2013 12:03:49 PM |
| Contract Manager Approval | cmoriart | 04/25/2013 13:47:37 PM |
| Budget Analyst Approval | nhovden | 05/15/2013 16:53:38 PM |
| BOE Agenda Approval | nhovden | 05/15/2013 16:53:42 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: **14295**

Agency Name: **HEALTH DIVISION**

Agency Code: **406**

Appropriation Unit: **3153-21**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WESTAT**

Contractor Name: **WESTAT**

Address: **1650 RESEARCH BLVD**

City/State/Zip: **ROCKVILLE, MD 20850**

Contact/Phone: null301/251-8255

Vendor No.: T32002257

NV Business ID: NV20071011755

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 #: HD 13168

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/12/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 19 days**

4. Type of contract: **Contract**

Contract description: **Cancer Registry Serv**

5. Purpose of contract:

This is a new contract to continue ongoing cancer registry services for the Nevada Cancer Registry, to collect and maintain incidences of cancer in the State of Nevada, and to report annually to national agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Data is required to be collected and reported by NRS, as well as federal law; and to be in compliance with the requirements of the Centers for Disease Control and Prevention/National Program of Cancer Registries.

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

The state does not have the resources to perform these functions.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen based on the review and recommendations of an evaluation committee.

d. Last bid date: 02/11/2013 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?

No If "Yes", specify 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 | 04/30/2013 11:10:25 AM |
| Division Approval | valpers | 04/30/2013 11:10:28 AM |
| Department Approval | ecreceli | 04/30/2013 16:23:19 PM |
| Contract Manager Approval | cschmid2 | 05/02/2013 10:06:52 AM |
| Budget Analyst Approval | bberry | 05/03/2013 12:15:15 PM |
| BOE Agenda Approval | jborrowm | 05/17/2013 14:35:55 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: **14333**Agency Name: **HEALTH DIVISION**Agency Code: **406**Appropriation Unit: **3219-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GNOMON INC**Contractor Name: **GNOMON INC**Address: **1601 FAIRVIEW DR STE F**City/State/Zip: **CARSON CITY, NV 89701-5860**

Contact/Phone: null775/885-2305

Vendor No.: T81005218

NV Business ID: NV19941043248

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: HD 14020

2. Contract start date:

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

Anticipated BOE meeting date 07/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **HIVAIDS Surveillance**

5. Purpose of contract:

This is a new contract, with the same vendor, that continues ongoing technical assistance for the update/upgrade of the Nevada Electronic Review Database System (NERDS). NERDS allows users to review and verify electronic (encrypted) laboratory messages for HIV/AIDS cases and import them into the Centers for Disease Control (CDC) supported surveillance system (eHARS) for HIV.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,445.00**

Other basis for payment: Payments will be made upon receipt of invoice for services provided as requested in support of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

NERDS allows users to review and verify electronic laboratory messages for of HIV/AIDS cases and import them into the CDC supported surveillance system (eHARS) for HIV. Without NERDS, eHARS would auto import all of the electronic messages and not allow data entry staff the ability to review and edit messages therefore would lead to an excess of laboratory information into the surveillance system that was duplicate as well as laboratory messages that were not actually HIV/AIDS cases.

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

The state does not have the expertise to upgrade and build the NERDS system to handle the additional laboratories and messages to the 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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

This vendor represented the response to the bid request, and the best value to the State.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2017

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?

No If "Yes", specify 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 | valpers | 05/03/2013 10:40:04 AM |
| Division Approval | valpers | 05/03/2013 10:40:06 AM |
| Department Approval | ecreceli | 05/04/2013 09:31:58 AM |
| Contract Manager Approval | cschmid2 | 05/06/2013 12:55:39 PM |
| DoIT Approval | ismolya1 | 05/07/2013 14:22:44 PM |
| Budget Analyst Approval | bberry | 05/08/2013 11:57:33 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 15:32:19 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14173**

| | |
|--|---|
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: CLARK, COUNTY OF |
| Agency Code: 407 | Contractor Name: CLARK, COUNTY OF |
| Appropriation Unit: 3230-15 | Address: REGIONAL TRANSPORTATION COMM 600 S GRAND CENTRAL PKWY # 350 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89106 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/676-1500 |
| | Vendor No.: PUR0003346A |
| | NV Business ID: Gov't Entity |

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 % |
| 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 **07/01/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **TANF NEON**

5. Purpose of contract:

This is a new interlocal agreement that continues providing bus passes to Temporary Assistance for Needy Families (TANF) eligible participants, who must participate in work activities as a condition of receiving cash benefits. 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 NEON program provides work-eligible individuals with job preparation, work opportunities and support services to enable them to become self-sufficient.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,080,000.00**

Other basis for payment: Actual per Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Providing bus passes to TANF eligible recipients assists them in fulfilling required job seeking activities.

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

Regional Transportation Commission is a public agency that provides public transit services.

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

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

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

Not Applicable

b. Solicitation Waiver: **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 DWSS and providing satisfactory service.

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 | tdufresn | 03/21/2013 17:55:10 PM |
| Division Approval | msmit5 | 04/12/2013 12:06:17 PM |
| Department Approval | ecreceli | 04/15/2013 10:13:16 AM |
| Contract Manager Approval | afrancis | 04/15/2013 15:52:57 PM |
| Budget Analyst Approval | sbarkdul | 04/26/2013 06:55:43 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:03:15 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: **14283**

Agency Name: **WELFARE AND SUPPORT SERVICES**

Agency Code: **407**
Appropriation Unit: **3230-25**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **JOHN J GRAVES JR ESQ PC**
Contractor Name: **JOHN J GRAVES JR ESQ PC**
Address: **601 S 6TH ST**
City/State/Zip: **LAS VEGAS, NV 89101-6919**
Contact/Phone: **null702/385-7277**
Vendor No.: **T80642680**
NV Business ID: **NV19801003294**

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 % |
| 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 **07/01/2013**

Anticipated BOE meeting date 06/2013

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: **TANF Kinship Care**

5. Purpose of contract:

This is a new contract, which continues to provide legal services for Temporary Assistance for Needy Families (TANF) eligible participants to attain assistance obtaining legal guardianship of qualified children they provide care for, through the TANF Block Grant from the U.S. Office of the Administration for Children and Families.

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 \$750.00 per Guardianship

II. JUSTIFICATION

7. What conditions require that this work be done?

Legal guardianship is a requirement for the Kinship Care Program, which is funded by the Temporary Assistance for Needy Families (TANF) Block Grant from the U.S. Office of the Administration for Children and Families, Office of Family Assistance.

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

State employees do not have the expertise to perform these duties.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor was the only respondent to the informal solicitation and is the current vendor providing these services.

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:

Currently under contract with DWSS and providing satisfactory service.

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 | tdufresn | 04/18/2013 08:18:54 AM |
| Division Approval | msmit5 | 04/30/2013 07:59:34 AM |
| Department Approval | ecreceli | 05/03/2013 16:03:49 PM |
| Contract Manager Approval | afrancis | 05/06/2013 08:58:56 AM |
| Budget Analyst Approval | sbarkdul | 05/07/2013 14:56:39 PM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:46:03 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14244**

Agency Name: **WELFARE AND SUPPORT SERVICES**
Agency Code: **407**
Appropriation Unit: **3233-07**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **MARSH, TAMRA J DBA**
Contractor Name: **MARSH, TAMRA J DBA**
Address: **ALL TOGETHER CLEANING
1300 BELAIRE LN
FALLON, NV 89406-8203**
City/State/Zip: **FALLON, NV 89406-8203**
Contact/Phone: null775/426-9052
Vendor No.: T27029851
NV Business ID: NV20101200977

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.

| | | | |
|------------------------|----------------|---------------|--------|
| X General Funds | 34.00 % | Fees | 0.00 % |
| X Federal Funds | 66.00 % | 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 **07/01/2013**
Anticipated BOE meeting date 06/2013

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: **Janitorial Service**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the Division of Welfare and Supportive Services District Office in Fallon, and includes the cleaning of the building's occupied spaces and common areas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,600.00**

Payment for services will be made at the rate of \$700.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are required for a clean and sanitary environment for DWSS staff and clients.

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

State Buildings and Grounds does not provide this service to rural areas.

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 selected as the lowest responsible vendor.

d. Last bid date: 02/11/2013 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:

Currently under contract with DWSS and providing satisfactory service.

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 | tdufresn | 04/08/2013 08:47:16 AM |
| Division Approval | msmit5 | 04/22/2013 10:16:40 AM |
| Department Approval | ecreceli | 04/25/2013 13:54:52 PM |
| Contract Manager Approval | afrancis | 04/25/2013 15:51:57 PM |
| Budget Analyst Approval | sbarkdul | 04/29/2013 14:42:02 PM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:11:16 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: **14240**

| | |
|--|---|
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: RHODE ISLAND, STATE OF |
| Agency Code: 407 | Contractor Name: RHODE ISLAND, STATE OF |
| Appropriation Unit: 3238-18 | Address: CHILD SUPPORT LIEN NETWORK 77 DORRANCE ST |
| Is budget authority available?: Yes | City/State/Zip: PROVIDENCE, RI 02903 |
| If "No" please explain: Not Applicable | Contact/Phone: null401-222-2887 |
| | Vendor No.: T80660150A |
| | NV Business ID: Gov't Entity |

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 % |
| 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 **07/01/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **CSEP Lien Network**

5. Purpose of contract:

This is a new interlocal agreement to join the State of Rhode Island Child Support Lien Network (CSLN), a multistate consortium of state child support agencies that provides a data matching process comparing child support debtors to insurance industry claimants. This agreement will increase child support collections by giving the Child Support Enforcement Program (CSEP) a way to identify and intercept insurance claims settlements before insurers send payments to claimants who owe past due child support.

6. NEW CONTRACT

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

Other basis for payment: As specified in section VIII. Charges and Billing of the Interstate Agreement.

II. JUSTIFICATION

7. What conditions require that this work be done?

Created in 1999 by Rhode Island, CSLN matches child support data from participating states with claimant information provided by over 1, 500 insurance carriers. Individual states then take action to seize the settlements as appropriate under individual state laws. With authorized access to over 70% of our nation's injury claims, the CSLN interface is expected to produce over \$1,000,000 annually in additional child support collections for Nevada's families.

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

Rhode Island is a State agency.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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 | tdufresn | 04/08/2013 08:54:19 AM |
| Division Approval | msmit5 | 04/30/2013 11:18:46 AM |
| Department Approval | ecreceli | 05/03/2013 15:47:17 PM |
| Contract Manager Approval | afrancis | 05/06/2013 09:01:24 AM |
| DoIT Approval | lsmolya1 | 05/07/2013 14:20:49 PM |
| Budget Analyst Approval | sbarkdul | 05/15/2013 10:02:15 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 16:53:52 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14307**

| | |
|--|--|
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: CHILDRENS CABINET INC, THE |
| Agency Code: 407 | Contractor Name: CHILDRENS CABINET INC, THE |
| Appropriation Unit: 3267-21 | Address: 1090 S ROCK BLVD |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502-7116 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/856-0111 |
| | Vendor No.: T80943883 |
| | NV Business ID: NV19851020784 |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 #: **RFP #2040**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Child Care Quality**

5. Purpose of contract:

This is a new contract, which continues to provide child care quality services associated with the Nevada Child Care and Development Fund. These services include improving the quality of licensed child care programs, providing professional development for child care providers, strengthening the infrastructure for early childhood systems and providing parent support and are funded through a grant from the U.S. Department of Health and Human Services. This contract contains an option to extend the term for an additional two year period.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,819,620.00**

Other basis for payment: **As per Attachment CC: Negotiated Cost Schedule.**

II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS receives funding from the US Administration for Children & Families, Child Care and Development Fund (CCDF) and a minimum of 4% of CCDF funds must be used to enhance child care quality and availability.

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

State employees do not have the resources or the expertise to perform these duties.

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 #2040, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/11/2013 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:

Currently contracted with DWSS and providing satisfactory services.

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 | tdufresn | 04/23/2013 08:36:02 AM |
| Division Approval | msmit5 | 04/29/2013 09:04:28 AM |
| Department Approval | ecreceli | 05/03/2013 15:57:36 PM |
| Contract Manager Approval | afrancis | 05/06/2013 09:03:53 AM |
| Budget Analyst Approval | sbarkdul | 05/07/2013 11:01:36 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:40:15 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 CONTRACT1. Contract Number: **14334**

| | | | |
|---------------------------------|-------------------------------------|--------------------|-----------------------------------|
| Agency Name: | WELFARE AND SUPPORT SERVICES | Legal Entity Name: | CHILDRENS CABINET INC, THE |
| Agency Code: | 407 | Contractor Name: | CHILDRENS CABINET INC, THE |
| Appropriation Unit: | 3267-20 | Address: | 1090 S ROCK BLVD |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89502-7116 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null775/856-0111 |
| | | Vendor No.: | T80943883 |
| | | NV Business ID: | NV1985102784 |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 #: RFP #3022

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Child Care Subsidy**

5. Purpose of contract:

This is a new contract, which continues to provide child care subsidy services for low income families associated with the Nevada Child Care and Development Fund in Northern and rural Nevada. These services include program development and management, enrollment and case management. Through a grant from the U.S. Department of Health and Human Services, Division of Welfare and Supportive Services collaborates with various private and non-profit agencies to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work or be involved in job search activities. This contract contains an option to extend the term for an additional two year period.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,378,294.00**

Other basis for payment: As specified in Attachment DD: Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations require the State Lead Agency to coordinate the provision of Child Care and Development Fund child care services with other federal, state, and local child care and early childhood development programs.

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

State employees do not have the resources or expertise to perform these duties.

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?

The selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/18/2013 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:

Currently under contract with DWSS and providing satisfactory service.

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 | tdufresn | 04/26/2013 15:38:59 PM |
| Division Approval | msmit5 | 05/03/2013 15:42:07 PM |
| Department Approval | ecreceli | 05/06/2013 15:25:06 PM |
| Contract Manager Approval | afrancis | 05/07/2013 11:58:05 AM |
| Budget Analyst Approval | sbarkdul | 05/08/2013 11:03:50 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:52:14 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: **14350**

| | |
|--|--|
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: CHILDRENS CABINET INC, THE |
| Agency Code: 407 | Contractor Name: CHILDRENS CABINET INC, THE |
| Appropriation Unit: 3267-20 | Address: 1090 S ROCK BLVD |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502-7116 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/856-0111 |
| | Vendor No.: T80943883 |
| | NV Business ID: NV19851020784 |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 #: **RFP #2039**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Child Care R&R**

5. Purpose of contract:

This is a new contract, which continues to provide child care resource and referral services associated with the Nevada Child Care and Development Fund in Northern and rural Nevada. A child care resource and referral network will help families find affordable, quality child care and help providers and communities provide affordable quality child care by providing resources, evaluating community needs, and creating solutions. This contract contains an option to extend the term for an additional two year period.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$638,080.00**

Other basis for payment: **As per Attachment DD: Contractor's Response.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations require the State Lead Agency to coordinate the provision of Child Care and Development Fund child care services with other federal, state, and local child care and early childhood development programs.

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

State employees do not have the resources or the expertise to perform these duties.

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?

The selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/04/2013 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:

Currently contracted with DWSS and providing satisfactory services.

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 | tdufresn | 05/01/2013 16:21:26 PM |
| Division Approval | msmit5 | 05/03/2013 15:37:55 PM |
| Department Approval | ecreceli | 05/06/2013 15:10:48 PM |
| Contract Manager Approval | afrancis | 05/07/2013 11:57:51 AM |
| Budget Analyst Approval | sbarkdul | 05/07/2013 15:24:58 PM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:55:39 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: **14289**

| | | | |
|---------------------------------|-------------------------------------|--------------------|--|
| Agency Name: | WELFARE AND SUPPORT SERVICES | Legal Entity Name: | Early Intervention Services |
| Agency Code: | 407 | Contractor Name: | Early Intervention Services |
| Appropriation Unit: | 3267-21 | Address: | Health Division 4150 Technology Way Carson City, NV 89706 |
| Is budget authority available?: | Yes | City/State/Zip: | Carson City, NV 89706 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702-486-9268 |
| | | Vendor No.: | D40675000 |
| | | NV Business ID: | Gov't Entity |

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 % |
| 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 **07/01/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Child Care Quality**

5. Purpose of contract:

This is a new interlocal agreement, which continues to provide services through the Nevada Early Intervention Services (NEIS) as federally mandated by the Individuals with Disabilities Education Act. NEIS identifies children age birth to three who are at-risk for, or who have developmental delays; provides services and support for families to meet the individualized developmental needs of their child; and facilitates the child's learning and participation in family and community life. NEIS will provide two services under this contract: training and technical assistance to child care providers so children with disabilities can attend licensed child care centers with their peers; and support so that qualified licensed child care facilities will become competent to include children with disabilities in the child care program and will be able to collaborate with early intervention consultants on the child's Individual Family Service Plan outcomes during daily routines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$585,072.00**

Other basis for payment: As specified per Attachment B: Proposed Budget.

II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS receives funding from the US Administration for Children & Families, Child Care and Development Fund (CCDF) and a minimum of 4% of CCDF funds must be used to enhance child care quality and availability.

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

Health Division, Nevada Early Intervention Services is a State agency.

9. Were quotes or proposals solicited?

No

Was the solicitation (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 DWSS and providing satisfactory service.

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 | tdufresn | 04/18/2013 08:14:24 AM |
| Division Approval | msmit5 | 04/30/2013 09:22:16 AM |
| Department Approval | ecreceli | 05/02/2013 16:54:29 PM |
| Contract Manager Approval | afrancis | 05/03/2013 14:05:42 PM |
| Budget Analyst Approval | sbarkdul | 05/21/2013 11:06:21 AM |
| BOE Agenda Approval | nhovden | 05/21/2013 11:27:47 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14348**

| | |
|--|--|
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: LAS VEGAS CLARK COUNTY URBAN |
| Agency Code: 407 | Contractor Name: LAS VEGAS CLARK COUNTY URBAN |
| Appropriation Unit: 3267-20 | Address: LEAGUE 930 W OWENS AVE |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89106-2516 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/410-9808 |
| | Vendor No.: T27009296 |
| | NV Business ID: NV20031302827 |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 #: **RFP #3022**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Child Care Subsidy**

5. Purpose of contract:

This is a new contract, which continues to provide child care subsidy services for low income families associated with the Nevada Child Care and Development Fund in Clark and Nye counties. These services include program development and management, enrollment and case management. Through a grant from the U.S. Department of Health and Human Services, Division of Welfare and Supportive Services collaborates with various private and non-profit agencies to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work or be involved in job search activities. This contract contains an option to extend the term for an additional two year period.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,577,600.00**

Other basis for payment: As specified in Attachment AA: Negotiation Points.

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations require the State Lead Agency to coordinate the provision of Child Care and Development Fund child care services with other federal, state, and local child care and early childhood development programs.

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

State employees do not have the resources or expertise to perform these duties.

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?
The selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/18/2013 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:

Currently under contract with DWSS and providing satisfactory service.

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 | tdufresn | 05/01/2013 16:21:49 PM |
| Division Approval | msmit5 | 05/06/2013 14:52:12 PM |
| Department Approval | ecrecli | 05/07/2013 09:21:21 AM |
| Contract Manager Approval | afrancis | 05/07/2013 11:46:16 AM |
| Budget Analyst Approval | sbarkdul | 05/08/2013 10:58:27 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:48:01 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14356**

| | |
|--|--|
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: LAS VEGAS CLARK COUNTY URBAN |
| Agency Code: 407 | Contractor Name: LAS VEGAS CLARK COUNTY URBAN |
| Appropriation Unit: 3267-20 | Address: LEAGUE |
| Is budget authority available?: Yes | 930 W OWENS AVE |
| If "No" please explain: Not Applicable | City/State/Zip: LAS VEGAS, NV 89106-2516 |
| | Contact/Phone: null702/410-9808 |
| | Vendor No.: T27009296 |
| | NV Business ID: NV20031302827 |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 #: **RFP #2039**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Child Care R & R**

5. Purpose of contract:

This is a new contract, which continues to provide child care resource and referral services associated with the Nevada Child Care and Development Fund in Clark and Nye counties. A child care resource and referral network will help families find affordable, quality child care and help providers and communities provide affordable quality child care by providing resources, evaluating community needs, and creating solutions. This contract contains an option to extend the term for an additional two year period.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$702,000.00**

Other basis for payment: **As per Attachment AA: Negotiated Points.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations require the State Lead Agency to coordinate the provision of Child Care and Development Fund child care services with other federal, state, and local child care and early childhood development programs.

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

State employees do not have the resources or expertise to perform these duties.

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?

The selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/04/2013 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:

Currently contracted with DWSS and providing satisfactory services.

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 | tdufresn | 05/01/2013 16:22:07 PM |
| Division Approval | msmit5 | 05/03/2013 11:53:56 AM |
| Department Approval | ecreceli | 05/04/2013 10:03:26 AM |
| Contract Manager Approval | afrancis | 05/06/2013 09:18:07 AM |
| Budget Analyst Approval | sbarkdul | 05/07/2013 08:14:08 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:21:35 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: | CONV6448 | Amendment Number: | 3 |
| Agency Name: | WELFARE AND SUPPORT SERVICES | Legal Entity Name: | The Children's Cabinet |
| Agency Code: | 407 | Contractor Name: | The Children's Cabinet |
| Appropriation Unit: | 3267-20 | Address: | 1090 S Rock Blvd |
| Is budget authority available?: | Yes | City/State/Zip: | Reno, NV 89502 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null7758566200 |
| | | Vendor No.: | T80943883 |
| | | NV Business ID: | NV19851020784 |

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 % |
| 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 **07/01/2009**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2013**

Termination Date:

Contract term: **4 years and 184 days**

4. Type of contract: **Contract**

Contract description: **Health And Human Services**

5. Purpose of contract:

This is the third amendment to the original contract, which continues to provide fiscal intermediary services associated with the Nevada Child Care and Development Fund in Northern and rural Nevada. These services include the disbursement of child care provider payments electronically and through printed checks. Through a grant from the U.S. Department of Health and Human Services, the Division of Welfare and Support Services collaborates with various private and non-profit agencies to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work or be involved in job search activities. This amendment extends the scope of work specific to fiscal intermediary services, increases the maximum amount from \$59,911,043 to \$64,175,213 and extends the termination date from June 30, 2013 to December 31, 2013 to allow sufficient time for the Request for Proposal process.

6. CONTRACT AMENDMENT

| | |
|--|-----------------|
| 1. The maximum amount of the original contract: | \$51,468,521.00 |
| 2. Total amount of any previous contract amendments: | \$8,442,522.00 |
| 3. Amount of current contract amendment: | \$4,264,170.00 |
| 4. New maximum contract amount: | \$64,175,213.00 |
| and/or the termination date of the original contract has changed to: | 12/31/2013 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations require the State Lead Agency to coordinate the provision of Child Care and Development Fund child care services with other federal, state, and local child care and early childhood development programs.

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

State employees do not have the resources or the expertise to perform these duties.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 090112C

Approval Date: 04/26/2013

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? 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 DWSS and providing satisfactory service.

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 | tdufresn | 04/29/2013 12:23:09 PM |
| Division Approval | msmit5 | 05/01/2013 14:19:07 PM |
| Department Approval | ecreceli | 05/04/2013 08:51:09 AM |
| Contract Manager Approval | afrancis | 05/06/2013 09:18:44 AM |
| Budget Analyst Approval | sbarkdul | 05/07/2013 10:22:11 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:36:04 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV6449** Amendment Number: **3**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **UNITED WAY OF SOUTHERN NEVADA**

Agency Code: **407** Contractor Name: **UNITED WAY OF SOUTHERN NEVADA**

Appropriation Unit: **3267-20** Address: **NEVADA CHILD CARE PROGRAM
5830 W FLAMINGO RD**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89103-0166**

If "No" please explain: **Not Applicable** Contact/Phone: **null702/892-2300**

Vendor No.: **T80964164B**

NV Business ID: **NV19571000657**

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 % |
| 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 **07/01/2009**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2013**

Termination Date:

Contract term: **4 years and 184 days**

4. Type of contract: **Contract**

Contract description: **Health And Human Services**

5. Purpose of contract:

This is the third amendment to the original contract, which continues to provide fiscal intermediary services associated with the Nevada Child Care and Development Fund in Southern Nevada, including Clark and Nye Counties. These services include the disbursement of child care provider payments electronically and through printed checks. Through a grant from the U.S. Department of Health and Human Services, the Division of Welfare and Support Services collaborates with various private and non-profit agencies to assist low-income families, families receiving temporary public assistance and those transitioning from public assistance in obtaining child care so they can work or be involved in job search activities. This amendment increases the maximum amount from \$88,464,920 to \$97,592,120 and extends the termination date from June 30, 2013 to December 31, 2013 to allow sufficient time for the Request for Proposal process.

6. CONTRACT AMENDMENT

| | |
|--|-----------------|
| 1. The maximum amount of the original contract: | \$88,237,013.00 |
| 2. Total amount of any previous contract amendments: | \$227,907.00 |
| 3. Amount of current contract amendment: | \$9,127,200.00 |
| 4. New maximum contract amount: | \$97,592,120.00 |
| and/or the termination date of the original contract has changed to: | 12/31/2013 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations require the State Lead Agency to coordinate the provision of Child Care and Development Fund child care services with other federal, state, and local child care and early childhood development programs.

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

State employees do not have the resources or the expertise to perform these duties.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 090214C

Approval Date: 04/26/2013

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? 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 | tdufresn | 04/26/2013 15:35:12 PM |
| Division Approval | msmit5 | 05/01/2013 14:15:54 PM |
| Department Approval | ecreceli | 05/04/2013 08:57:30 AM |
| Contract Manager Approval | afrancis | 05/06/2013 09:18:24 AM |
| Budget Analyst Approval | sbarkdul | 05/07/2013 10:31:31 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 17:33:18 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14145**

| | |
|---|---|
| Agency Name: WELFARE AND SUPPORT SERVICES Agency Code: 407 Appropriation Unit: 3267-21 Is budget authority available?: Yes If "No" please explain: Not Applicable | Legal Entity Name: WASHOE COUNTY SCHOOL DISTRICT Contractor Name: WASHOE COUNTY SCHOOL DISTRICT Address: 425 E. Ninth Street City/State/Zip: Reno, NV 89520 Contact/Phone: null775/348-0212 Vendor No.: T40234300C NV Business ID: Gov't Entity |
|---|---|

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 % |
| 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 **07/01/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Child Care Quality**

5. Purpose of contract:

This is a new interlocal agreement, which continues the Nevada Registry and the Nevada Early Learning Standards services for the Child Care and Development Program, through the use of federal Child Care and Development Funds. The Nevada Registry is a professional development system for early childhood professionals who work in child care programs. The Nevada Early Learning Standards provides training on Nevada's Revised Pre-K Standards and Infant Toddler Guidelines to help teachers further understand and use the standards within a variety of child care environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,624,940.00**

Other basis for payment: As specified in Attachment C: Proposed Budget.

II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS receives funding from the US Administration for Children & Families, Child Care and Development Fund (CCDF) and a minimum of 4% of CCDF funds must be used to enhance child care quality and availability.

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

State employees do not have the expertise to perform these duties and Washoe County School District is a government entity.

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

Was the solicitation (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 DWSS and providing satisfactory service.

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 | tdufresn | 03/29/2013 16:47:56 PM |
| Division Approval | msmit5 | 04/19/2013 11:43:00 AM |
| Department Approval | ecreceli | 04/22/2013 17:01:34 PM |
| Contract Manager Approval | afrancis | 04/25/2013 13:42:44 PM |
| Budget Analyst Approval | sbarkdul | 05/21/2013 09:26:51 AM |
| BOE Agenda Approval | nhovden | 05/21/2013 10:08:59 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13845**

| | |
|---|--|
| Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES | Legal Entity Name: Catamaran |
| Agency Code: 408 | Contractor Name: Catamaran |
| Appropriation Unit: 3161-40 | Address: 1650 Spring Gate Lane |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89134 |
| If "No" please explain: Not Applicable | Contact/Phone: Maureen Roy 866-308-4547 |
| | Vendor No.: |
| | NV Business ID: NV20051129438 |
| 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. | |
| 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 #1983 | |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**
Contract term: **3 years and 184 days**

4. Type of contract: **Contract**
Contract description: **Pharmacy Benefit Mng**

5. Purpose of contract:
This is a new contract that continues ongoing Pharmacy Benefit Manager services to review and process retail point of sale, mail order services and formulary management pharmacy billings for Southern Nevada Adult Mental Health Services, Northern Nevada Adult Mental Health Services and Rural Clinics.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$380,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
Per NRS 433A.650; determination of ability to pay pursuant to NRS 433A.640 shall include investigation of whether the client has benefits due and owing to the client for the cost of his or her treatment from third-party sources, such as Medicare, Medicaid, social security, medical insurance benefits, retirement programs, annuity plans, government benefits or any other financially responsible third parties. Catamaran will assist clients with Medicare Part D, provide cards to eligible clients, and monitor and submit bills for eligible medications expenses.

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

9. Were quotes or proposals solicited? **Yes**
Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #1983, and in accordance with NRS 333, the selected vendor was the only proposer who responded to the RFP.

d. Last bid date: 07/19/2012 Anticipated re-bid date: 07/20/2016

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:

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 | valpers | 05/03/2013 10:36:18 AM |
| Division Approval | valpers | 05/03/2013 10:36:21 AM |
| Department Approval | ecrecoli | 05/06/2013 13:01:41 PM |
| Contract Manager Approval | jpruneau | 05/06/2013 13:04:43 PM |
| Budget Analyst Approval | bberry | 05/20/2013 10:47:29 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 13:29:38 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14338**

| | | | |
|---------------------------------|---|--------------------|---------------------------------|
| Agency Name: | MENTAL HEALTH AND DEVELOPMENTAL SERVICES | Legal Entity Name: | WELL CARE PHARMACY LLC |
| Agency Code: | 408 | Contractor Name: | WELL CARE PHARMACY LLC |
| Appropriation Unit: | 3161-40 | Address: | 542 S DECATUR BLVD |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89107-3911 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Marce Casal 702/258-0235 |
| | | Vendor No.: | T29031225 |
| | | NV Business ID: | NV20071097520 |

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 | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 408

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Pharmacy Delivery**

5. Purpose of contract:

This is a new contract to provide fulfillment and delivery of prescribed injectable psychiatric medications to Southern Nevada Adult Mental Health Services' four urban clinics for the agency's patients who have medical insurance. Currently Southern Nevada Adult Mental Health Services has no formal process available to pick up injectable psychiatric medications from outside pharmacies and utilizes administrative assistants to pick up injectable medications at various community pharmacies. The administrative assistants utilize State issued procurement cards to pay our patient's co-pays and/or deductibles at the time of pick up. This contract provides for a local pharmacy to deliver these prescriptions directly to any clinic and invoice the agency monthly for our patient's co-pays and deductibles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,200.00**

Payment for services will be made at the rate of \$2,050.00 per month

Other basis for payment: The monthly rate is an estimate based on monthly use data for previous 12 month period, the actual usage will vary according to agency needs and is flexible as long as total payments do not exceed total amount of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Board of Pharmacy has informed the agency that licensed pharmacy professionals should be the only individuals transporting medications thus requiring the agency to seek deliverable products.

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

The agency does not have the FTEs available to perform these duties.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

The vendor was chosen through scoring process in an informal solicitation by an Evaluation Committee. WellCare Pharmacy achieved the best score based on established scoring criteria and presented the best value for State of Nevada funds.

d. Last bid date: 02/05/2013 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?

No If "Yes", specify 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 | valpers | 05/03/2013 10:37:01 AM |
| Division Approval | valpers | 05/03/2013 10:37:03 AM |
| Department Approval | ecrecli | 05/06/2013 09:42:56 AM |
| Contract Manager Approval | rfine | 05/06/2013 10:14:16 AM |
| Budget Analyst Approval | bberry | 05/08/2013 08:29:25 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 15:13:11 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: **14322**

| | |
|--|---|
| Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES | Legal Entity Name: ENVIRONMENTAL RESOURCES INC |
| Agency Code: 408 | Contractor Name: ENVIRONMENTAL RESOURCES INC |
| Appropriation Unit: 3162-07 | Address: DBA EASY ROOTER PO BOX 4246 |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89432-4246 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/331-3636 |
| | Vendor No.: T81092524 |
| | NV Business ID: NV19901008172 |

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

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: **Sewer services**

5. Purpose of contract:

This is a new contract that continues ongoing emergency response services on a 24/7 basis (including weekends and holidays) to clear sewer line blockages on the Northern Nevada Adult Mental Health Services and Lake's Crossing Center property for which the vendor must have heavy duty equipment.

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?

Northern Nevada Adult Mental Health Services facilities sewers are old and have shown to get clogged with tree roots, requiring heavy machinery to clear blockages. Age of buildings and increase of usage has increased sewer system backups. If left unattended could become a health issue.

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

Maintenance staff can clean and/or service minor problems. The facility does not have the necessary equipment for severe problems.

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 gives both facilities a preferred customer discount on labor and agreed to stable labor cost over term of contract.

d. Last bid date: 04/02/2013 Anticipated re-bid date: 04/02/2017

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:

1993 to present-Lake's Crossing Center-Satisfactory
2009 to present-Northern Nevada Adult Mental Health-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 | valpers | 05/03/2013 10:36:42 AM |
| Division Approval | valpers | 05/03/2013 10:36:44 AM |
| Department Approval | ecrecli | 05/06/2013 09:47:02 AM |
| Contract Manager Approval | jpruneau | 05/06/2013 10:11:33 AM |
| Budget Analyst Approval | bberry | 05/07/2013 15:21:16 PM |
| BOE Agenda Approval | jborrowm | 05/17/2013 14:46:07 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: **14358**

| | |
|--|---|
| Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES | Legal Entity Name: Kristie Walker |
| Agency Code: 408 | Contractor Name: Kristie Walker |
| Appropriation Unit: 3162-04 | Address: 1053 Brierwood Lane |
| Is budget authority available?: Yes | City/State/Zip: Fernley, NV 89408 |
| If "No" please explain: Not Applicable | Contact/Phone: Kristie Walker 775-813-1719 |
| | Vendor No.: T27024175 |
| | NV Business ID: N/A |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **HD14038**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Interpreter Services**

5. Purpose of contract:

This is a new contract that continues ongoing interpreter services for Northern Nevada Adult Mental Health Services (NNAMHS) and Lake's Crossing Center (LCC). The contractor is an expert in the field of American Sign Language and will use this knowledge to aid NNAMHS and LCC staff in assisting consumers and/or their families.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS Statute 433.482 Personal rights 6.To have reasonable access to an interpreter if the consumer does not speak English or is hearing impaired.

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

Northern Nevada Adult Mental Health Services (NNAMHS) and Lake's Crossing Center (LCC) do not have qualified staff member experts in the field of American Sign Language (ASL) to do this.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was not chosen in preference to others. This vendor was the only vendor who submitted a bid and was willing to provide these services and work in a forensic facility.

d. Last bid date: 04/01/2013 Anticipated re-bid date: 04/01/2015

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?

No If "Yes", specify 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?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | valpers | 05/08/2013 08:48:08 AM |
| Division Approval | valpers | 05/08/2013 08:48:11 AM |
| Department Approval | ecreceli | 05/08/2013 08:56:44 AM |
| Contract Manager Approval | jpruneau | 05/08/2013 09:17:53 AM |
| Budget Analyst Approval | bberry | 05/09/2013 09:34:04 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 16:50:53 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: **14339**Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES**Agency Code: **408**Appropriation Unit: **3162-00**Is budget authority available?: **No**

If "No" please explain: Revenue Contract

Legal Entity Name: Northern Nevada Child and Adolescent Services (NNCAS)

Contractor Name: **Northern Nevada Child and Adolescent Services (NNCAS)**Address: **2655 Enterprise Road**City/State/Zip: **Reno, NV 89512**

Contact/Phone: null775-688-1600

Vendor No.:

NV Business ID: N/A

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 % Rental Income |

Agency Reference #: HD14021

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Revenue Contract**Contract description: **Lease Agreement**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing rental space to Northern Nevada Child and Adolescent Services for their residential consumers located in two buildings on the Northern Nevada Adult Mental Health Services campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$184,116.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The need of rental space by Northern Nevada Child and Adolescent Services (NNCAS)

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

This is an Intrastate Interlocal Contract between public agencies for rental space.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

This is an Intrastate Interlocal Contract between public agencies.

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

This is an Intrastate Interlocal Contract between public agencies.

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:

NNCAS has been renting this space previously from NNAMHS-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 | valpers | 05/03/2013 10:42:09 AM |
| Division Approval | valpers | 05/03/2013 10:42:12 AM |
| Department Approval | ecreceli | 05/04/2013 09:38:28 AM |
| Contract Manager Approval | jpruneau | 05/06/2013 09:19:03 AM |
| Budget Analyst Approval | bberry | 05/20/2013 12:19:02 PM |
| BOE Agenda Approval | nhovden | 05/20/2013 15:54:32 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: **14329**

| | |
|--|---|
| Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES | Legal Entity Name: PUBLIC CONSULTING GROUP INC |
| Agency Code: 408 | Contractor Name: PUBLIC CONSULTING GROUP INC |
| Appropriation Unit: 3168-15 | Address: 148 STATE ST 10th FLOOR |
| Is budget authority available?: Yes | City/State/Zip: BOSTON, MA 02109 |
| If "No" please explain: Not Applicable | Contact/Phone: AMY FERRARO 617-426-2026 |
| | Vendor No.: T32000898 |
| | NV Business ID: NV20021466314 |

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 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Cost Allocation**

5. Purpose of contract:

This is a new contract that continues ongoing cost allocation development, maintenance, support and reporting services for Mental Health and Developmental Services. The vendor supports the efficient and proper use of the AlloCap software and approved cost allocation plans by agency staff, responds to inquiries on the system and cost allocation plans, resolves technical issues as necessary, develops additional reports as requested and assists with single state and/or federal audits on cost allocation issues.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Centers for Medicare and Medicaid Services' requirements. The Division of Mental Health and Developmental Services requires assistance to maximize federal revenues while complying with all federal regulations. This includes assistance with rate setting, complying with requirements for certified public expenditures, and changing maintenance of the new targeted case management State Plan amendment that affects billing.

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

The work requires individuals with a high level of expertise in federal cost allocation requirements and awareness of best practices for compliance while maximizing federal revenues, and the Division of Mental Health and Developmental Services does not have the level of expertise required. Centers for Medicare & Medicaid Services' requirements are becoming increasingly stringent, and failure to complete this work correctly and within required timeframes could seriously jeopardize federal funding.

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?

This vendor's proposal was rated the highest by the evaluation committee.

d. Last bid date: 03/29/2013 Anticipated re-bid date: 03/01/2015

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:

Currently contracted with the Division of Mental Health and Developmental Services from July 01, 2011 to present, vendor has performed satisfactorily.

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 | 05/03/2013 10:37:52 AM |
| Division Approval | valpers | 05/03/2013 10:37:55 AM |
| Department Approval | ecreceli | 05/06/2013 09:35:42 AM |
| Contract Manager Approval | jpruneau | 05/06/2013 09:38:26 AM |
| Budget Analyst Approval | bberry | 05/08/2013 09:24:19 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 15:18:29 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: **12928** Amendment Number: **1**

Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES** Legal Entity Name: **LOFTIN EQUIPMENT COMPANY**

Agency Code: **408** Contractor Name: **LOFTIN EQUIPMENT COMPANY**

Appropriation Unit: **3279-07** Address: **6280 S. VALLEY VIEW BLVD. #718**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118**

If "No" please explain: **Not Applicable** Contact/Phone: **Phil Pitney 602-315-6906**

Vendor No.: **T29001373**

NV Business ID: **NV19901033368**

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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 | 49.80 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 50.20 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2012**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2013**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Generator Service**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing semi-annual inspections and preventative maintenance service on two (2) natural gas, and one (1) diesel fired emergency back-up power generators. This amendment increases the maximum amount from \$9,642.00 to \$19,642.00 due to necessary unanticipated repairs.

6. CONTRACT AMENDMENT

| | | |
|----|---|-------------|
| 1. | The maximum amount of the original contract: | \$9,642.00 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | \$10,000.00 |
| 4. | New maximum contract amount: | \$19,642.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Code of Federal Regulations Title 42, Chapter 483.70 Physical environment - The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public.

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

Contracted services are used when required repairs or services exceed the skills of state employees. Agency staff do not have the required certifications for working on life safety emergency power generators.

9. Were quotes or proposals solicited?

Yes

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Lowest responsible vendor.

d. Last bid date: 08/17/2011 Anticipated re-bid date: 08/12/2013

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?

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

Nevada Department of Employment, Training and Rehabilitation, CY-2011 through current, quality of service verified as 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 | rhage1 | 05/02/2013 13:13:18 PM |
| Division Approval | rhage1 | 05/02/2013 13:13:22 PM |
| Department Approval | ecreceli | 05/04/2013 09:24:19 AM |
| Contract Manager Approval | jpruneau | 05/06/2013 09:20:03 AM |
| Budget Analyst Approval | bberry | 05/07/2013 15:27:56 PM |
| BOE Agenda Approval | jborrowm | 05/17/2013 14:58:09 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12927** Amendment Number: **1**

Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES** Legal Entity Name: **PHARMERICA MOUNTAIN INC**

Agency Code: **408** Contractor Name: **PHARMERICA CORPORATION**

Appropriation Unit: **3279-04** Address: **PHARMERICA**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89128-9032**

If "No" please explain: Not Applicable Contact/Phone: null7028711920

Vendor No.: T27020341

NV Business ID: NV20101468703

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 | 54.30 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 45.70 % | 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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Pharmacy Services**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing pharmaceutical services, the planning and implementation of in-service education, and monitoring and evaluation of pharmaceutical inventory and control systems. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$10,737.60 to \$21,475.20 due to the continued need for the service.

6. CONTRACT AMENDMENT

| | | |
|----|--|-------------|
| 1. | The maximum amount of the original contract: | \$10,737.60 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | \$10,737.60 |
| 4. | New maximum contract amount: | \$21,475.20 |
| | 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?

Per the Federal Code of Regulations Title 42, Chapter 483.60 Pharmacy services. The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in 483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

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

State employees, within DRC, are neither trained nor certified to perform these services.

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 04/11/2011 Anticipated re-bid date: 01/05/2015

- 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:

FY-2007 through present, Desert Regional Center, 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:

LLC

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

No b. If "No", please explain:

PHARMERICA MOUNTAIN, LLC owns PharmERICA Corporation

- 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 | dhanse6 | 04/26/2013 15:19:56 PM |
| Division Approval | rhage1 | 05/01/2013 13:31:51 PM |
| Department Approval | ecrecli | 05/04/2013 08:28:55 AM |
| Contract Manager Approval | dhanse6 | 05/06/2013 09:27:19 AM |
| Budget Analyst Approval | bberry | 05/07/2013 15:42:03 PM |
| BOE Agenda Approval | jborrowm | 05/17/2013 15:01:58 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|---|
| 1. Contract Number: 12387 | Amendment Number: 1 |
| Agency Name: MENTAL HEALTH AND DEVELOPMENTAL SERVICES | Legal Entity Name: UNLV-SCHOOL OF MEDICINE |
| Agency Code: 408 | Contractor Name: UNLV-SCHOOL OF MEDICINE |
| Appropriation Unit: 3279-04 | Address: 2040 W CHARLESTON 400 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89102 |
| If "No" please explain: Not Applicable | Contact/Phone: null702-671-2230 |
| | Vendor No.: T80970405 |
| | NV Business ID: NV19941111041 |

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 | 50.20 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 49.80 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2011**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2013**

Termination Date:

Contract term: **3 years and 320 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Medical Director**

5. Purpose of contract:

This is the first amendment to the original Interlocal Agreement, which continues ongoing Medical Director services for Desert Regional Center. The contractor oversees and monitors general health care and safety needs of all individuals; provides professional consultation to physicians, psychiatrists, and nursing services; participates in the development of applicable policies and procedures; attends meetings as needed for administrative and clinical issues; and actively participates in staff development. The Contractor also provides pre-employment medical examinations requested by DRC. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$96,060 to \$192,120 for continuation of the services.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$96,060.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$96,060.00 |
| 4. New maximum contract amount: | \$192,120.00 |
| 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?

Per the code of Federal Regulations Title 42, Chapter 4, Part 483.40 Physician Services: A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.

(a) Physician supervision. The facility must ensure that--

(1) The medical care of each resident is supervised by a physician;

and

(2) Another physician supervises the medical care of residents when their attending physician is unavailable.

(b) Physician visits. The physician must--

(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;

(2) Write, sign, and date progress notes at each visit; and

(3) Sign and date all orders.

(c) Frequency of physician visits.

(1) The resident must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter.

(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.

(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.

(4) At the option of the physician, required visits in SNFs after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist in accordance with paragraph (e) of this section.

(d) Availability of physicians for emergency care. The facility must provide or arrange for the provision of physician services 24 hours a day, in case of an emergency.

(e) Physician delegation of tasks in SNFs. (1) Except as specified in paragraph (e)(2) of this section, a physician may delegate tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who--

(i) Meets the applicable definition in Sec. 491.2 of this chapter or, in the case of a clinical nurse specialist, is licensed as such by the State;

(ii) Is acting within the scope of practice as defined by State law; and

(iii) Is under the supervision of the physician.

(2) A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.

(f) Performance of physician tasks in NFs. At the option of the State, any required physician task in a NF (including tasks which the regulations specify must be performed personally by the physician) may also be satisfied when performed by a nurse practitioner, clinical nurse specialist, or physician assistant who is not an employee of the facility but who is working in collaboration with a physician.

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

This is an interlocal contract, as such; it is an agreement with another State agency as authorized by NRS 277.080 of the Interlocal Cooperation Act.

9. Were quotes or proposals solicited? No

Was the solicitation (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:

FY03 - present DRC. Yes, the service has been verified as 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 | dhanse6 | 04/26/2013 15:18:53 PM |
| Division Approval | rhage1 | 05/01/2013 13:30:44 PM |
| Department Approval | ecreceli | 05/04/2013 08:22:38 AM |
| Contract Manager Approval | dhanse6 | 05/06/2013 09:26:52 AM |
| Budget Analyst Approval | bberry | 05/08/2013 11:29:08 AM |
| BOE Agenda Approval | jborrowm | 05/17/2013 15:22:39 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12367** Amendment Number: **1**

Agency Name: **MENTAL HEALTH AND DEVELOPMENTAL SERVICES** Legal Entity Name: **JC EHRLICH CO INC**

Agency Code: **408** Contractor Name: **WESTERN EXTERMINATOR COMPANY**

Appropriation Unit: **3279-07** Address: **2943 E ALEXANDER RD**

Is budget authority available?: **Yes** City/State/Zip: **NORTH LAS VEGAS, NV 89030-7593**

If "No" please explain: **Not Applicable** Contact/Phone: **null702/643-0998**

To what State Fiscal Year(s) will the contract be charged? **2012-2015** Vendor No.: **PUR0005242B**

NV Business ID: **NV20101438952**

What is the source of funds that 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 | 50.20 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 49.80 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2011**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 320 days**

4. Type of contract: **Contract**

Contract description: **Pest Control Service**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing pest control services at the Jones Blvd. campus of Desert Regional Center. This amendment extends the termination date from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$14,190 to \$28,380 due to the need for continuing services.

6. CONTRACT AMENDMENT

| | | |
|----|--|-------------|
| 1. | The maximum amount of the original contract: | \$14,190.00 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | \$14,190.00 |
| 4. | New maximum contract amount: | \$28,380.00 |
| | 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?

Per the Code of Federal Regulations Title 42, Chapter 4, Part 483.70:
The facility must provide a safe, functional, sanitary, and comfortable environment for the residents, staff and the public. (4)
The facility must maintain an effective pest control program so that the facility is free of pests and rodents.

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

Employees do not have necessary expertise or tools to perform this service.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Lowest responsible vendor

d. Last bid date: 02/24/2011 Anticipated re-bid date: 02/24/2015

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:

FY-08 to FY10 Desert Regional Center, the 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?

No b. If "No", please explain:

JC EHRLICH CO INC owns Western Exterminator Company

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 | dhanse6 | 04/25/2013 11:54:04 AM |
| Division Approval | rhage1 | 05/01/2013 13:32:38 PM |
| Department Approval | ecrecli | 05/04/2013 08:42:04 AM |
| Contract Manager Approval | dhanse6 | 05/06/2013 09:26:14 AM |
| Budget Analyst Approval | bberry | 05/07/2013 14:52:23 PM |
| BOE Agenda Approval | jborrowm | 05/17/2013 14:41:10 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: **14344**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | Clark, County of |
| Agency Code: | 409 | Contractor Name: | Clark, County of |
| Appropriation Unit: | 3147-11 | Address: | Dept of Juvenile Justice Svcs 601 N Pecos Rd |
| Is budget authority available?: | Yes | City/State/Zip: | Las Vegas, NV 89101 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702-455-5210 |
| | | Vendor No.: | |
| | | NV Business ID: | government |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **juvenile justice**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing funding for residential living care for boys and girls who have been adjudicated delinquent and committed by the Juvenile Division of the District Court to Spring Mountain Youth Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$974,500.00**

Payment for services will be made at the rate of \$40,604.16 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Legislative appropriation for the operation of Spring Mountain Youth Camp, a regional juvenile detention facility as defined in NRS 62A.280.

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

The State operates the correctional facilities and this facility is an alternative to State placement and is run by Clark County.

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

Was the solicitation (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?

Yes If "Yes", please explain

Clark County

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 under Interlocal Agreement with the Division of Child and Family Services for years and has provided residential living care for delinquent youth. The 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 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 | pcolegro | 04/26/2013 14:30:32 PM |
| Division Approval | dkluever | 04/29/2013 09:31:28 AM |
| Department Approval | ecreceli | 04/30/2013 14:56:47 PM |
| Contract Manager Approval | ihyman | 04/30/2013 16:26:03 PM |
| Budget Analyst Approval | eobrien | 05/03/2013 15:09:55 PM |
| BOE Agenda Approval | nhovden | 05/20/2013 14:28:21 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14400**

| | | | |
|---------------------------------|--|--------------------|---------------------------|
| Agency Name: | DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | Douglas, County of |
| Agency Code: | 409 | Contractor Name: | Douglas, County of |
| Appropriation Unit: | 3147-15 | Address: | PO Box 218 |
| Is budget authority available?: | Yes | City/State/Zip: | Minden, NV 89423 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null775-265-5350 |
| | | Vendor No.: | t40174400j |
| | | NV Business ID: | n/a |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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.

| | | | | |
|----------|---------------|----------------|------------------------|-----------------------|
| X | General Funds | 46.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | X Other funding | 54.00 % County |

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **juvenile justice**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing services to provide residential living care for boys and girls who have been adjudicated as delinquent and committed to China Springs Youth Camp or Aurora Pines Girls Facility as space is available. China Springs Youth Camp and Aurora Pines facilities are regional juvenile detention facilities as defined in NRS 62A.280 and are administered by county entities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,089,698.00**

Other basis for payment: upon receipt of billings and approval of invoices, not to exceed \$3,044,849 per year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Legislature has appropriated funding for the operation of China Spring Youth Camp and Aurora Pines Girls Facility as regional juvenile detention facilities as defined in NRS 62A.280.

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

Local juvenile facilities are administered by county entities.9. Were quotes or proposals solicited? **No**Was the solicitation (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?

Yes If "Yes", please explain

Douglas County

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:

Yes, by this agency and 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 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 | dkluever | 05/06/2013 13:50:06 PM |
| Division Approval | dkluever | 05/06/2013 13:50:09 PM |
| Department Approval | ecreceli | 05/06/2013 16:57:23 PM |
| Contract Manager Approval | ihyman | 05/06/2013 17:48:51 PM |
| Budget Analyst Approval | eobrien | 05/21/2013 08:18:20 AM |
| BOE Agenda Approval | nhovden | 05/21/2013 10:32:19 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14343**

| | | | |
|--|--|--------------------|--|
| Agency Name: | DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | AnaLisa Jackson & Bryan Jackson |
| Agency Code: | 409 | Contractor Name: | AnaLisa Jackson & Bryan Jackson |
| Appropriation Unit: | 3179-04 | Address: | PO Box 274 |
| Is budget authority available?: | Yes | City/State/Zip: | Caliente, NV 89008 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null775-726-3556 |
| | | Vendor No.: | |
| | | NV Business ID: | nv20111315990 |
| 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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **barber services**

5. Purpose of contract:

This is a new contract that continues ongoing barber services for youth at the Caliente Youth Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,288.00**

Payment for services will be made at the rate of \$7.00 per haircut

Other basis for payment: (about \$9,072.00 per fiscal year)

II. JUSTIFICATION

7. What conditions require that this work be done?

Youth in residence require routine barber services by licensed professionals to maintain appropriate grooming.

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

The Division does not employ a licensed barber.

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?

Other vendors did not respond or were not interested.

d. Last bid date: 03/06/2013 Anticipated re-bid date: 03/01/2017

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:

The Division of Child and Family Services considers this vendor's 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 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 | dkluever | 04/26/2013 14:13:43 PM |
| Division Approval | dkluever | 04/26/2013 14:13:47 PM |
| Department Approval | ecrecli | 04/30/2013 15:06:15 PM |
| Contract Manager Approval | ihyman | 04/30/2013 16:22:43 PM |
| Budget Analyst Approval | eobrien | 05/06/2013 11:47:47 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 14:25:47 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14251**

| | |
|---|--|
| Agency Name: DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: Lincoln County School District |
| Agency Code: 409 | Contractor Name: Lincoln County School District |
| Appropriation Unit: 3179-13 | Address: PO Box 118 |
| Is budget authority available?: Yes | City/State/Zip: Panaca, NV 89042 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-728-4471 |
| | Vendor No.: |
| | NV Business ID: n/a |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **educational services**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing educational services for youth residing at Caliente Youth Center. The superintendent of Caliente Youth Center is mandated by NRS 63.210 to provide for the educational needs of the youth in residence. There is only one school district in Lincoln County and it is the only state run accredited educational entity within the geographical location of Caliente Youth Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$643,520.00**

Payment for services will be made at the rate of \$80,440.00 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

The superintendent of Caliente Youth Center is mandated by NRS 63.210 to provide for the educational needs of the youth in residence. By statute, the superintendent of Caliente Youth Center is authorized to enter into contracts to provide these services and under NRS 63.210(3) the superintendent of Caliente Youth Center is authorized to contract for these services with the Lincoln County School District.

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

Caliente Youth Center does not have the accredited staff available to meet these educational requirements.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **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 with the Division of Child and Family Services. The 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 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 | jmorro5 | 04/04/2013 15:18:49 PM |
| Division Approval | jmorro5 | 04/04/2013 15:18:53 PM |
| Department Approval | ecreceli | 04/22/2013 14:32:30 PM |
| Contract Manager Approval | ihyman | 04/22/2013 15:17:25 PM |
| Budget Analyst Approval | eobrien | 04/25/2013 10:45:11 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 14:24:04 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14376**

| | |
|---|--|
| Agency Name: DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: Austin's House |
| Agency Code: 409 | Contractor Name: Austin's House |
| Appropriation Unit: 3229-10 | Address: 3589 N Sunridge Dr |
| Is budget authority available?: Yes | City/State/Zip: Carson City, NV 89705 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-684-4413 |
| | Vendor No.: PUR0005303 |
| | NV Business ID: nv20031564889 |

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 | 43.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 29.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 28.00 % Elks Fund |

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 06/2013

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: **emergency shelter**

5. Purpose of contract:

This is a new contract that continues ongoing services to provide a list of qualified providers of Emergency Shelter Care services for children or youth in the care or custody of the Division of Child and Family Services rural region within the State of Nevada. Emergency Shelter Care is defined as emergent, transitional, or short term care, usually not to exceed 30 days. Emergency Shelter Care is provided until long-range plans can be made for a child that cannot be maintained in his/her own home because he/she is in clear and present danger of abuse, neglect, or exploitation due to disruption of a subsequent out-of-home placement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$249,480.00**

Payment for services will be made at the rate of \$100.00 per child per day

II. JUSTIFICATION

7. What conditions require that this work be done?

When Rural Region staff are unable to find a suitable placement option for a child or sibling unit due to lack of availability, special needs, or size of a sibling unit, an emergency shelter placement option is needed while additional placement options are sought after.

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

The Division of Child and Family Services does not operate facilities that can provide emergency shelter care for children for up to 30 days.

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?

Pursuant to RFP #3030, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposers as determined by an independently appointed evaluation committee.

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:

This vendor is currently under contract with the Division of Child and Family Services and 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: 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 | pcolegro | 05/08/2013 11:31:09 AM |
| Division Approval | dcluever | 05/08/2013 15:48:20 PM |
| Department Approval | ecreceli | 05/08/2013 16:56:00 PM |
| Contract Manager Approval | ihyman | 05/09/2013 09:38:59 AM |
| Budget Analyst Approval | eobrien | 05/10/2013 09:59:51 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 15:43:46 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: **14375**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | Specialized Alternatives for Families and Youth of Nevada Inc |
| Agency Code: | 409 | Contractor Name: | Specialized Alternatives for Families and Youth of Nevada Inc |
| Appropriation Unit: | 3229-10 | Address: | SAFY 10100 Elida Rd |
| Is budget authority available?: | Yes | City/State/Zip: | Delphos, OH 45833 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null419-879-7877 |
| | | Vendor No.: | T81020773 |
| | | NV Business ID: | nv19931097485 |

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 | 43.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 29.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 28.00 % Elks Fund |

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 06/2013

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: **emergency shelter**

5. Purpose of contract:

This is a new contract that continues ongoing services to provide a list of qualified providers of Emergency Shelter Care services for children or youth in the care or custody of the Division of Child and Family Services rural region within the State of Nevada. Emergency Shelter Care is defined as emergent, transitional, or short term care, usually not to exceed 30 days. Emergency Shelter Care is provided until long-range plans can be made for a child that cannot be maintained in his/her own home because he/she is in clear and present danger of abuse, neglect, or exploitation due to disruption of a subsequent out-of-home placement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,720.00**

Payment for services will be made at the rate of \$81.65 per child per day

Other basis for payment: \$125.00 per child clothing allowance

II. JUSTIFICATION

7. What conditions require that this work be done?

When Rural Region staff are unable to find a suitable placement option for a child or sibling unit due to lack of availability, special needs, or size of a sibling unit, an emergency shelter placement option is needed while additional placement options are sought after.

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

The Division of Child and Family Services does not operate facilities that can provide emergency shelter care for children for up to 30 days.

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?

Pursuant to RFP #3030, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposers as determined by an independently appointed evaluation committee.

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:

This vendor is currently under contract with the Division of Child and Family Services and 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: 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 | pcolegro | 05/08/2013 11:32:29 AM |
| Division Approval | dcluever | 05/08/2013 15:49:38 PM |
| Department Approval | ecreceli | 05/08/2013 17:04:11 PM |
| Contract Manager Approval | ihyman | 05/09/2013 09:38:35 AM |
| Budget Analyst Approval | eobrien | 05/10/2013 09:19:34 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 15:41:26 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: **14380**

| | | | |
|--|--|--------------------|--|
| Agency Name: | DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | Great Basin Engineering Contractors LLC |
| Agency Code: | 409 | Contractor Name: | Great Basin Engineering Contractors LLC |
| Appropriation Unit: | 3259-07 | Address: | 3250 W Idaho St |
| Is budget authority available?: | No | City/State/Zip: | Elko, NV 89801 |
| If "No" please explain: This project was established as an emergency, budgeted authority will be fully funded with work program C26265 to be approved at the June Interim Finance Committee meeting. | | Contact/Phone: | null775-738-1265 |

Vendor No.:
NV Business ID: nv20101245658

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2013**

Contract term: **213 days**

4. Type of contract: **Contract**

Contract description: **Plumbing services**

5. Purpose of contract:

This is a new contract to provide emergency plumbing services at Nevada Youth Training Center. There is a hot water heat line leak that could be in one or two places which the vendor will need to determine and repair.

6. NEW CONTRACT

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

Other basis for payment: \$14,000.00 if leak in 100 ft pipe, \$29,000.00 if leak in separate 200 ft pipe, \$7,000.00 for contingencies

II. JUSTIFICATION

7. What conditions require that this work be done?

There is a break in a buried hot water line at Nevada Youth Training Center.

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

The Division of Child and Family Services does not have trained and licensed staff nor equipment to perform advanced plumbing 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?

This vendor responded sufficiently to the solicitation to indicate the ability to perform the needed repairs.

Prior to the solicitation, the Division of Child and Family Services could not estimate how much this repair would cost.

d. Last bid date: 03/01/2013 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:

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 | dkluever | 05/03/2013 14:15:16 PM |
| Division Approval | dkluever | 05/03/2013 14:15:19 PM |
| Department Approval | ecreceli | 05/06/2013 14:49:45 PM |
| Contract Manager Approval | ihyman | 05/06/2013 17:50:38 PM |
| Budget Analyst Approval | eobrien | 05/08/2013 09:44:45 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 13:28:04 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14352**

| | | | |
|---|--|--------------------|---|
| Agency Name: | DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | Jill Leslie Oswalt |
| Agency Code: | 409 | Contractor Name: | Jill Leslie Oswalt |
| Appropriation Unit: | 3259-04 | Address: | Jill Oswalt, MD Lucky Star Station PO Box 98 Deeth, NV 89823 |
| Is budget authority available?: | No | City/State/Zip: | Deeth, NV 89823 |
| If "No" please explain: (Budget Authority Available is \$39,000 available to cover first 6 months @ \$6,500 per month.) Pursuant to RFP#3036; State Purchasing solicited 122 vendors and Dr. Oswalt was the only vendor to propose on this RFP. The vendor has requested a substantial rate increase (\$7,975 per month). WORK PROGRAM #: C26626 will be submitted to support a future amendment to this contract to continue services past December 31, 2013 and increase the monthly rate to the \$7,975. | | Contact/Phone: | null775-752-3591 |

Vendor No.:
NV Business ID: nv20111047301

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 07/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**
Contract term: **1 year and 364 days**

4. Type of contract: **Contract**
Contract description: **Medical Services**

5. Purpose of contract:
This is a new contract to provide medical services for the wards of the Nevada Youth Training Center (NYTC). Dr. Oswalt is a Board Certified Emergency Physician who travels to Nevada Youth Training Center once per week to see youth in person, is on-call 24/7, and will make visits to Nevada Youth Training Center as needed for urgent care emergencies. Nevada Youth Training Center nurses have 24/7 access to Dr. Oswalt for consultations.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$143,550.00**
Payment for services will be made at the rate of \$6,500.00 per month (approval to December 31, 2013)
Other basis for payment: \$7,975.00 per month (January 1, 2014 to June 30, 2015)

II. JUSTIFICATION

7. What conditions require that this work be done?
The Nevada Youth Training Center requires the performance of any necessary medical/surgical services to the ward.

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

There are no employees on staff with the required medical license.

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 #3036, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. Dr. Oswald was the only vendor to propose on this RFP.

d. Last bid date: 02/20/2013 Anticipated re-bid date: 02/20/2015

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:

Yes. Dr. Oswald is the current vendor and the 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

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 | dkluever | 05/01/2013 16:35:23 PM |
| Division Approval | dkluever | 05/01/2013 16:35:27 PM |
| Department Approval | ecreceli | 05/08/2013 10:52:08 AM |
| Contract Manager Approval | ihyman | 05/20/2013 08:28:08 AM |
| Budget Analyst Approval | eobrien | 05/21/2013 11:35:14 AM |
| BOE Agenda Approval | nhovden | 05/21/2013 12:53:18 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12381** Amendment Number: **1**

Agency Name: **CHILD AND FAMILY SERVICES DIVISION** Legal Entity Name: **BHC HEALTH SERVICES OF NEVADA**

Agency Code: **409** Contractor Name: **BHC HEALTH SERVICES OF NEVADA**

Appropriation Unit: **3281-16** Address: **DBA WEST HILLS HOSPITAL
PO BOX 30012**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89520-3012**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/323-0478**

Vendor No.: **T80972445**

NV Business ID: **nv19931039404**

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2011**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2013**

Termination Date:

Contract term: **3 years and 320 days**

4. Type of contract: **Contract**

Contract description: **Psychiatric Care**

5. Purpose of contract:

This is the first amendment to the original contract, which provides inpatient psychiatric care services to both Northern Nevada Child and Adolescent Services and Rural Child Welfare youth. This amendment extends the termination date from June 30, 2013, to June 30, 2015, and increases the maximum amount from \$416,160.00 to \$877,320.00 due to an unexpected additional number of admissions in FY13 and to cover projections for FY14 and FY15.

6. CONTRACT AMENDMENT

| | | |
|----|--|--------------|
| 1. | The maximum amount of the original contract: | \$416,160.00 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | \$461,160.00 |
| 4. | New maximum contract amount: | \$877,320.00 |
| | 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?

The conditions for utilization of this service are to provide acute psychiatric hospitalization to children who represent a clear and immediate danger to themselves or others. The provisions of hospitalization are for clients who are suicidal, unable to care for themselves and/or at risk to harm others is the standard of care that insures client safety. The children who are provided services do not have health insurance that would ordinarily cover these services.

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

The state lacks the staffing resources and facilities to treat children in need of crisis intervention and acute care.

9. Were quotes or proposals solicited? No

Was the solicitation (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 #: 110507A
Approval Date: 03/07/2013

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

This vendor is a sole source for these services. There is no other choice in Northern Nevada.

d. Last bid date: 05/05/2011 Anticipated re-bid date: 02/02/2015

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:

Currently with the Department of Health and Human Services, Division of Child and Family Services. 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:
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 | dkluever | 04/29/2013 11:59:19 AM |
| Division Approval | dkluever | 04/29/2013 11:59:23 AM |
| Department Approval | ecreceli | 04/29/2013 13:18:54 PM |
| Contract Manager Approval | ihyman | 04/30/2013 16:03:41 PM |
| Budget Analyst Approval | eobrien | 05/10/2013 07:33:59 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 14:12:57 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14381**

Agency Name: **DIVISION OF CHILD AND FAMILY SERVICES**
Agency Code: **409**
Appropriation Unit: **3281-04**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Bonnie Vogler**
Contractor Name: **Bonnie Vogler**
Address: **PO Box 33333**
City/State/Zip: **Reno , NV 89533**
Contact/Phone: **null775-747-6872**
Vendor No.:
NV Business ID: **nv20111333491**

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 | 43.60 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 56.40 % | 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 **07/01/2013**
Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**
Contract term: **1 year and 364 days**

4. Type of contract: **Contract**
Contract description: **dietitian services**

5. Purpose of contract:

This is a new contract that continues ongoing dietary/nutritional consultation services to children under the care of Northern Nevada Child and Adolescent Services which includes family learning homes and the adolescent treatment center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,200.00**
Payment for services will be made at the rate of \$1,300.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Children under the care of Northern Nevada Child and Adolescent Services, which includes family learning homes and the adolescent treatment center, must be fed meals that meet their nutritional needs.

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

The Division of Child and Family Services does not have a licensed Dietitian on staff.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor best met the Division needs communicated in the solicitation provided.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2015

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:

This vendor is currently under contract with the Division of Child and Family Services and 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 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 | dkluever | 05/03/2013 14:17:03 PM |
| Division Approval | dkluever | 05/03/2013 14:17:05 PM |
| Department Approval | ecreceli | 05/06/2013 15:05:27 PM |
| Contract Manager Approval | ihyman | 05/06/2013 17:50:19 PM |
| Budget Analyst Approval | eobrien | 05/07/2013 12:36:26 PM |
| BOE Agenda Approval | nhovden | 05/20/2013 15:35:49 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: **14392**

| | |
|---|---|
| Agency Name: DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: ABM Building Services LLC |
| Agency Code: 409 | Contractor Name: ABM Building Services LLC |
| Appropriation Unit: 3646-07 | Address: 6280 S Valley View Blvd # 636 |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89118 |
| If "No" please explain: Not Applicable | Contact/Phone: null702-260-7012 |
| | Vendor No.: t27030600a |
| | NV Business ID: nv20031195467 |

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 | 43.10 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 53.70 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 3.20 % |

2. Contract start date:

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

Anticipated BOE meeting date: 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **HVAC maintenance**

5. Purpose of contract:

This is a new contract that continues ongoing heating, ventilation and air conditioning maintenance and repair services for Southern Nevada Child and Adolescent Services state owned buildings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,900.00**

Other basis for payment: Upon receipt and approval of invoice for completion of services requested.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC systems on State owned buildings in Las Vegas need routine maintenance to remain operational.

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

The Division of Child and Family Services does not have staff with advanced training sufficient to maintain HVAC systems.

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 response of this vendor best met the needs of the Division.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2015

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:

This vendor has been utilized by this agency and 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:

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 | dkluever | 05/06/2013 13:45:19 PM |
| Division Approval | dkluever | 05/06/2013 13:45:22 PM |
| Department Approval | ecreceli | 05/06/2013 16:16:44 PM |
| Contract Manager Approval | ihyman | 05/06/2013 17:51:41 PM |
| Budget Analyst Approval | eobrien | 05/07/2013 10:56:11 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 14:53:01 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12056** Amendment Number: **1**

Agency Name: **CHILD AND FAMILY SERVICES DIVISION** Legal Entity Name: **ALARMCO, INC.**

Agency Code: **409** Contractor Name: **ALARMCO, INC.**

Appropriation Unit: **3646-07** Address: **2007 LAS VEGAS BLVD S**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89104-2555**

If "No" please explain: **Not Applicable** Contact/Phone: **null702/382-5000**

To what State Fiscal Year(s) will the contract be charged? **2012-2015** Vendor No.: **T12898700**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **nv19641000258**

| | | | | |
|-------------------------------------|---------------|----------------|---|---------------|
| <input checked="" type="checkbox"/> | General Funds | 43.10 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 53.70 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 3.20 % |

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: **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Alarm Services**

5. Purpose of contract:

This is the first amendment to the original contract, which provides 24 hour monitoring of alarm systems located at 6171 West Charleston Boulevard and 4538 Craig Road in Las Vegas. This amendment extends the termination date from June 30, 2013, to June 30, 2015, and increases the maximum amount from \$21,840.00 to \$43,680.00. This amendment also reduces the monthly fee from \$910 to \$865 for the additional 24 months and retains the \$1,080.00 in savings for emergency repairs, parts, materials and/or labor as needed.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$21,840.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$21,840.00 |
| 4. New maximum contract amount: | \$43,680.00 |

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?

Continual alarm monitoring of burglar and smoke detection is necessary to ensure health and safety of our clients, families, visitors and staff.

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

There is not currently an agency that offers 24 hour remote monitoring of alarm and fire detection.

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 equipment currently used at each location is the property of Alarmco. To replace the equipment would be costly.

d. Last bid date: 01/05/2011 Anticipated re-bid date: 03/01/2015

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:

Currently with the Department of Health and Human Services, Division of Child and Family Services. 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:
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 | dkluever | 04/26/2013 13:52:02 PM |
| Division Approval | dkluever | 04/26/2013 13:52:05 PM |
| Department Approval | ecreceli | 04/30/2013 15:14:36 PM |
| Contract Manager Approval | ihyman | 04/30/2013 16:20:08 PM |
| Budget Analyst Approval | eobrien | 05/21/2013 07:16:48 AM |
| BOE Agenda Approval | nhovden | 05/21/2013 10:42:46 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14379**

| | | | |
|---------------------------------|--|--------------------|-------------------------------|
| Agency Name: | DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | Precision Electric Inc |
| Agency Code: | 409 | Contractor Name: | Precision Electric Inc |
| Appropriation Unit: | 3646-07 | Address: | 4250 S Cameron St |
| Is budget authority available?: | Yes | City/State/Zip: | Las Vegas, NV 89103 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702-368-0009 |
| | | Vendor No.: | |
| | | NV Business ID: | nv19841016121 |

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.

| | | | | |
|-------------------------------------|---------------|----------------|---|---------------|
| <input checked="" type="checkbox"/> | General Funds | 43.10 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 53.70 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 3.20 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **electrical services**

5. Purpose of contract:

This is a new contract that continues ongoing electrical inspection, repair, and maintenance services for Southern Nevada Child and Adolescent Services state owned buildings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,800.00**

Payment for services will be made at the rate of \$85.00 per hour regular hours

Other basis for payment: \$127.50 per hour after hours, \$170.00 per hour emergency

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings owned by the State require ongoing electrical service to remain in operating condition.

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

The Division of Child and Family Services does not have staff who are properly trained and licensed to perform advanced electrical 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?

This was the only vendor who responded.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2017

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:

This vendor is currently under contract with the Division of Child and Family Services and 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:

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 | dkluever | 05/03/2013 14:16:06 PM |
| Division Approval | dkluever | 05/03/2013 14:16:09 PM |
| Department Approval | ecreceli | 05/06/2013 14:58:13 PM |
| Contract Manager Approval | ihyman | 05/06/2013 17:51:19 PM |
| Budget Analyst Approval | eobrien | 05/07/2013 11:12:57 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 15:38:42 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: **14388**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: | Schneider Electric Buildings Americas Inc |
| Agency Code: | 409 | Contractor Name: | Schneider Electric Buildings Americas Inc |
| Appropriation Unit: | 3646-07 | Address: | 1650 W. Crosby Rd. PO Box 841868, Dallas, TX 7528 |
| Is budget authority available?: | Yes | City/State/Zip: | Carrolton, TX 75006 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null972-323-3318 |
| | | Vendor No.: | |
| | | NV Business ID: | nv20071402383 |

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 | 43.10 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 53.70 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 3.20 % |

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 06/2013

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: **electrical services**

5. Purpose of contract:

This is a new contract that continues ongoing routine and preventative maintenance for heating, ventilation and air conditioning system controls for Southern Nevada Child and Adolescent Services, Desert Willow Treatment Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,880.00**

Other basis for payment: quarterly FY14 \$1891.25, quarterly FY15 \$1938.50, quarterly FY16 \$1987.00, quarterly FY17 \$2036.75, \$10,466.00 contingency

II. JUSTIFICATION

7. What conditions require that this work be done?

Proprietary TAC controls for the HVAC system at Desert Willow Treatment Center require routine maintenance to remain operational.

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

The Division of Child and Family Services does not have staff who are trained or authorized to work on this proprietary 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?

Only Schneider Electric is authorized to maintain this proprietary equipment.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2017

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:

This vendor is currently under contract for this agency and 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 | dkluever | 05/03/2013 14:15:43 PM |
| Division Approval | dkluever | 05/03/2013 14:15:46 PM |
| Department Approval | ecreceli | 05/06/2013 14:40:53 PM |
| Contract Manager Approval | ihyman | 05/06/2013 17:50:58 PM |
| Budget Analyst Approval | eobrien | 05/07/2013 10:28:00 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 15:28:17 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: **14310**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3747-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Waters Septic Tank Services

Contractor Name: **Waters Septic Tank Services**Address: **DBAWaters Vacuum Truck Service****P.O. Box 18160**City/State/Zip: **Reno, NV 89511**

Contact/Phone: Jim Fish, General Manager 775/825-1595

Vendor No.: T80206180A

NV Business ID: NV19781005671

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Septic and Grease**

5. Purpose of contract:

This is a new contract that continues ongoing regularly scheduled septic and grease trap pumping services at Ely Conservation Camp, Ely State Prison and Pioche Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$83,556.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

For the health and safety of NDOC staff and inmates.

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

The Department does not have the staff, expertise and/or equipment. 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):

b. Solicitation Waiver: **Not Applicable**

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

NDOC determined that Waters Vacuum Truck Service's proposal demonstrated they are best able to meet the needs of the Department.

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:

FY03 - current; Nevada Department of Corrections. Service has been verified as 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 | carnol1 | 04/19/2013 07:22:13 AM |
| Division Approval | dmartine | 04/19/2013 08:57:44 AM |
| Department Approval | bfarris | 04/23/2013 09:20:34 AM |
| Contract Manager Approval | jhardy | 04/23/2013 17:04:57 PM |
| Budget Analyst Approval | cmurph3 | 04/25/2013 08:20:33 AM |
| BOE Agenda Approval | sbrown | 05/01/2013 13:44:49 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: **14316**

| | |
|--|---|
| Agency Name: DEPARTMENT OF CORRECTIONS | Legal Entity Name: Protokleen Inc |
| Agency Code: 440 | Contractor Name: Protokleen Inc |
| Appropriation Unit: 3752-09 | Address: 1418 Industrial Way, Suite D |
| Is budget authority available?: No | City/State/Zip: Gardnerville, NV 89410 |
| If "No" please explain: Work Program pending. | Contact/Phone: Vincent Lopez, President 775/265-5600 |
| | Vendor No.: T29031869 |
| | NV Business ID: NV20121637609 |
| 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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

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: **Kitchen Exhaust**

5. Purpose of contract:

This is a new contract that continues ongoing semi-annual steam cleaning of the kitchen exhaust systems at multiple correctional facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$66,450.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To preserve State Property and for the health and safety of NDOC staff and inmates.

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 qualified personnel and/or the equipment necessary to perform these services. 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):

b. Solicitation Waiver: **Not Applicable**

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

Protokleen, Inc. was the only vendor to submit a bid.

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:

FY01 to FY12 under the name of Industrial Services and FY12 to current under the name change of Protokleen, Inc. Nevada Department of Corrections. Service has been verified as 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 | clyons | 04/22/2013 09:02:20 AM |
| Division Approval | dmartine | 04/22/2013 12:40:12 PM |
| Department Approval | bfarris | 04/23/2013 11:59:15 AM |
| Contract Manager Approval | jhardy | 04/23/2013 17:05:44 PM |
| Budget Analyst Approval | cmurph3 | 04/25/2013 08:32:22 AM |
| BOE Agenda Approval | sbrown | 05/14/2013 12:34:16 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: **14306**

| | |
|---|--|
| Agency Name: DEPARTMENT OF CORRECTIONS | Legal Entity Name: S.P.B. Utilities Services, Inc. |
| Agency Code: 440 | Contractor Name: S.P.B. Utilities Services, Inc. |
| Appropriation Unit: 3759-09 | Address: DBA SPB Utility Services, Inc. 430 Stoker Ave Ste 207 |
| Is budget authority available?: No | City/State/Zip: Reno, NV 89503 |
| If "No" please explain: Work Program pending | Contact/Phone: Linda Peterson, Secretary Treasurer 775/329-7757 |
| | Vendor No.: t80794830 |
| | NV Business ID: NV19831010170 |

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 | 100.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

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: **Professional Service**

5. Purpose of contract:

This is a new contract that continues ongoing monitoring and management of water distribution systems and waste water distribution systems, alert and advise on issues, perform testing and reporting in accordance with all operational standards and guidelines mandated by the Nevada Division of Environmental Protection at the following correctional facilities: Lovelock Correctional Center, Humboldt Conservation Camp, Carlin Conservation Camp, Wells Conservation Camp, Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp, Jean Conservation Camp, Southern Nevada Correctional Center, High Desert State Prison, Southern Desert Correctional Center, Three Lakes Valley Conservation Camp, and Tonopah Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$571,652.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To preserve State property, and to ensure the health and safety of staff and inmates at these institutions and facilities is maintained.

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

Technical expertise and certification required by Nevada Division of Environmental Protection to monitor and test water distribution systems and waste water treatment. Employees for the Department of Corrections do not have the necessary qualifications or equipment to provide these services. 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):

b. Solicitation Waiver: **Not Applicable**

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

SPB Utilities Services was the only respondent to the RFP 201317. Over 135 vendors were sent the RFP as well as advertising in the Las Vegas Review Journal, Reno Gazette Journal and posted to State Purchasing website.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2017

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:

FY03 to current; Nevada Department of Corrections. Service has been verified as 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 | carnol1 | 04/22/2013 12:48:13 PM |
| Division Approval | dmartine | 04/22/2013 15:01:32 PM |
| Department Approval | bfarris | 04/23/2013 15:40:35 PM |
| Contract Manager Approval | jhardy | 04/23/2013 17:02:52 PM |
| Budget Analyst Approval | cmurph3 | 04/25/2013 08:52:40 AM |
| BOE Agenda Approval | sbrown | 05/10/2013 17:04:01 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14304**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3760-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Western Commercial Services LLC

Contractor Name: **Western Commercial Services LLC**Address: **2311 Industrial Rd.**City/State/Zip: **Las Vegas, NV 89102**

Contact/Phone: Jack Grace 702/384-7907

Vendor No.: T81087616

NV Business ID: NV19971049704

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 | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Exhaust Systems**

5. Purpose of contract:

This is a new contract that continues ongoing regularly scheduled steam cleaning of the kitchen exhaust systems at the following correctional facilities: Casa Grande Transitional Housing, Florence McCure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

For the health and safety of staff and inmates.

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 qualified personnel and/or the equipment necessary to perform these services. 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):

b. Solicitation Waiver: **Not Applicable**

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

Western Commercial Services was the only respondent to Solicitation 201322; however, they have demonstrated through past contract services that they are able to satisfactorily meet the needs of the Department.

d. Last bid date: 03/15/2013 Anticipated re-bid date: 03/15/2017

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:

FY01 - Current; Nevada Department of Corrections. Service has been verified as 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 | dbretche | 04/18/2013 11:01:31 AM |
| Division Approval | dmartine | 04/19/2013 08:29:30 AM |
| Department Approval | bfarris | 04/23/2013 09:29:34 AM |
| Contract Manager Approval | jhardy | 04/23/2013 16:55:26 PM |
| Budget Analyst Approval | cmurph3 | 04/25/2013 08:12:46 AM |
| BOE Agenda Approval | sbrown | 05/06/2013 14:25:38 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14274**

Agency Name: **DEPARTMENT OF AGRICULTURE**
Agency Code: **550**
Appropriation Unit: **4554-04**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: American Chiller Service, Inc.
Contractor Name: **American Chiller Service, Inc.**
Address: **745 E. Greg St.**
City/State/Zip: **Sparks, NV 89431**
Contact/Phone: Ken Putman 775-322-9900
Vendor No.: T29015907
NV Business ID: NV19921063155

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 % Cost Allocation |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2015**

Contract term: **1 year and 323 days**

4. Type of contract: **Contract**

Contract description: **New Contract**

5. Purpose of contract:

This contract is a service agreement for preventative maintenance of the chiller system to the HVAC in the main Agriculture building in Sparks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,276.00**

Payment for services will be made at the rate of \$2,409.50 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

Periodic preventative maintenance is performed to assure this part of the building heating and air conditioning system continues to operate and to avoid sudden major malfunctions.

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

The Department of Agriculture staff does not have the expertise to perform this service.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

American Chiller Service has the expert knowledge of this particular system.

d. Last bid date: 03/01/2011 Anticipated re-bid date: 04/08/2015

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?

No If "Yes", specify 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 | jmccuin | 04/30/2013 08:55:22 AM |
| Division Approval | jmccuin | 04/30/2013 08:55:27 AM |
| Department Approval | jmccuin | 04/30/2013 08:55:31 AM |
| Contract Manager Approval | mwhitney | 04/30/2013 11:04:36 AM |
| Budget Analyst Approval | cwatson | 05/16/2013 13:23:27 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 13:23:31 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14383**

| | |
|--|--|
| Agency Name: DPS-EMERGENCY MANAGEMENT | Legal Entity Name: ESI Acquisition Inc |
| Agency Code: 654 | Contractor Name: ESI Acquisition Inc |
| Appropriation Unit: 3673-04 | Address: 823 Broad St |
| Is budget authority available?: Yes | City/State/Zip: Augusta, GA 30901 |
| If "No" please explain: Not Applicable | Contact/Phone: Linda Smith-Jones 706-823-0911 |
| | Vendor No.: PUR0003675 |
| | NV Business ID: NV20121279219 |
| To what State Fiscal Year(s) will the contract be charged? | 2014-2015 |

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 % |

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 06/2013

Retrospective? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **WEB Eoc**

5. Purpose of contract:

This is a new contract to continue ongoing software support and license renewal for the division's Crisis Information Management Software. This program is web-based and allows emergency management agencies throughout the state to share information in real time.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,736.00**

Other basis for payment: up to 15,002.00 annually upon acceptance of invoice for the first year of the contract and up to 15,072.60 annually upon acceptance of invoice for the second year of the contract. Additionally up to 6,000.00 for Tech Services and 18,662.00 for Travel upon approval & acceptance of invoice during the term of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for the maintenance and technical support of the State Emergency Operations Center (SEOC) system software. The SEOC utilizes a networked computerized system for collection, storing and managing incident information before, during and after emergencies.

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

This is a vendor specific product that integrates within the Division of Emergency Management's information management system (WebEOC).9. Were quotes or proposals solicited? **No**Was the solicitation (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 is currently under contract with Division of Emergency Management and 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 | 05/07/2013 13:02:53 PM |
| Division Approval | jdibasil | 05/07/2013 13:02:57 PM |
| Department Approval | mteska | 05/07/2013 13:08:50 PM |
| Contract Manager Approval | jbauer | 05/07/2013 14:17:27 PM |
| Budget Analyst Approval | jstrandb | 05/09/2013 10:31:05 AM |
| BOE Agenda Approval | cwatson | 05/16/2013 11:21:38 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14349**

| | |
|--|---|
| Agency Name: DPS-EMERGENCY MANAGEMENT | Legal Entity Name: X-Tec, Incorporated |
| Agency Code: 654 | Contractor Name: X-Tec, Incorporated |
| Appropriation Unit: 3673-53 | Address: 11180 Sunrise Valley Drive |
| Is budget authority available?: Yes | Suite 301 |
| If "No" please explain: Not Applicable | City/State/Zip: Reston, VA 20191 |
| | Contact/Phone: Arthur Keels 703-547-3524 |
| | Vendor No.: |
| | NV Business ID: NV20121751429 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2013**Contract term: **111 days**4. Type of contract: **Contract**Contract description: **Responder Credential**

5. Purpose of contract:

This is a new contract to provide for credentialing of first responders as a part of emergency management. Credentialing is essential to the emergency management community in that it ensures and validates the identity and attributes (e.g., affiliations, skills, or privileges) of individuals or members of response teams through specific standards.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$298,264.33**

Other basis for payment: 80% payable upon receipt and acceptance of invoice & 20% payable 90 days after completion pending full testing and acceptance by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) developed the National Incident Management System (NIMS) Guideline for the Credentialing of Personnel (the guideline) to describe national credentialing standards and to provide written guidance regarding the use of those standards. The State of Nevada has developed additional credentials to describe specialty functions within the State. A federally interoperable system of identity/credential cards is needed statewide to validate a responder's identity as well as hold their current qualifications. Having established standards allows the community to plan for, request, and have confidence in resources deployed from other jurisdictions for emergency assistance. Credentialing ensures that personnel resources match requests, and it supports effective management of deployed responders. The credentialing and typing process identifies tools which emergency managers at all levels of government may use both routinely and to facilitate multijurisdictional coordinated responses. The PIV (Personal Identity Verification) standard encourages interoperability among Federal, State, local, territorial, tribal, and private sector officials in order to facilitate emergency responder deployment for response, recovery, and restoration. The intent is to build on existing processes and systems to improve the delivery of intra and interstate mutual aid.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 There are no state employees or agencies who can provide the equipment or have the expertise to perform the 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):

- b. Solicitation Waiver: **Not Applicable**
- c. Why was this contractor chosen in preference to other?
 This vendor's proposal scored highest by an evaluation committee in accordance with RFP requirements.
- d. Last bid date: 01/08/2013 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?
No If "Yes", specify 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 | jdibasil | 04/29/2013 15:03:06 PM |
| Division Approval | jdibasil | 04/29/2013 15:03:09 PM |
| Department Approval | mteska | 05/06/2013 12:45:50 PM |
| Contract Manager Approval | jbauer | 05/06/2013 13:13:21 PM |
| DoIT Approval | ismolya1 | 05/07/2013 14:25:53 PM |
| Budget Analyst Approval | jstrandb | 05/09/2013 10:43:08 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 08:54:15 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14332**Agency Name: **DPS-PAROLE BOARD**Agency Code: **660**Appropriation Unit: **3800-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-SCS**Contractor Name: **BOARD OF REGENTS-SCS**
Address: **SYSTEMS COMPUTING CENTER**
1664 N VIRGINIA ST STOP 270
City/State/Zip: **RENO, NV 89557**Contact/Phone: **Bill King 775-789-3714**Vendor No.: **D35000811**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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.

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 #: **2013 NSHE 001**

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 **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **NSHE Video**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing services to connect the Nevada Board of Parole Commissioners to the Nevada System of Higher Education network to gain access to the wide area video capabilities of NevadaNet for educational and public agency purposes.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,666.00**

Payment for services will be made at the rate of \$19,333.00 per fiscal year

Other basis for payment: N/A

II. JUSTIFICATION

7. What conditions require that this work be done?

The Parole Board uses video conferencing equipment in order to conduct parole hearings. To use this equipment, the Board requires dependable, high-speed video network access. The Nevada System of Higher Education (NSHE) has this infrastructure in place and provides a high level of service.

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

Parole Board employees do not have the necessary technical expertise. The contractor is another State agency.9. Were quotes or proposals solicited? **No**Was the solicitation (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:

The NSHE provides video conferencing infrastructure for the NDOC, state educational institutions and a variety of other State agencies. The NSHE has been providing a high-level of service to the Parole Board for over five years.

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 | jdibasil | 05/13/2013 13:05:31 PM |
| Division Approval | jdibasil | 05/13/2013 13:10:35 PM |
| Department Approval | mteska | 05/13/2013 14:05:02 PM |
| Contract Manager Approval | jbauer | 05/13/2013 15:35:23 PM |
| Budget Analyst Approval | jstrandb | 05/14/2013 15:28:50 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 11:19:05 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14264**

| | |
|--|---|
| Agency Name: COLORADO RIVER COMMISSION | Legal Entity Name: Fennemore Craig, P.C. |
| Agency Code: 690 | Contractor Name: Fennemore Craig, P.C. |
| Appropriation Unit: 4490-04 | Address: 2394 East Camelback Road, Suite 600 |
| Is budget authority available?: Yes | City/State/Zip: Phoenix, AZ 85016-3429 |
| If "No" please explain: Not Applicable | Contact/Phone: Lauren Caster 602-916-5367 |
| | Vendor No.: |
| | NV Business ID: NV20061183222 |
| 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 % Water and Power Administrative Charges |

2. Contract start date:

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

Anticipated BOE meeting date: **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/13/2015**

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

4. Type of contract: **Contract**

Contract description: **Fennemore Craig**

5. Purpose of contract:

This is a new contract to provide legal services to the agency for the purpose of resolving the water rights claims of the Navajo Nation and the Hopi Tribe in the case before the Superior Court of Arizona involving the Little Colorado River System, and to provide legal representation in the Navajo Nation v. United States Department of the Interior et al., case relating to the Colorado River water rights, and to provide legal services for any future action related to these issues. This contract includes an amendment requested by the Attorney General to add the Attorney General as a party and language to provide the contractor with special designation from the Attorney General to represent the agency and state in these matters.

6. NEW CONTRACT

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

Other basis for payment: Payment at rates included in attachment AA, not to exceed maximum of \$150,000 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

Legal action involving the Colorado River and its tributaries with regard to Indian water rights. The particular rights in question involve Arizona tribes. Due to lack of expertise in the agency and with the assigned deputy Attorney General with Arizona Indian water law and specifically with Colorado issues the agency needed to find external assistance. Investigation by the Deputy Attorney General into lawyers able to perform this work led to the proposed contractor.

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

Insufficient legal experience in Arizona Indian water law and water rights to support the positions of the state in the existing legal actions under consideration.

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

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

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

Not Applicable

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

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

Inquiry into capable legal services in this action led to this contractor as being the most knowledgeable in the field. The need involves attorney services/special witness as defined in NAC 333.150

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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 | jsalo | 05/24/2013 14:51:55 PM |
| Division Approval | jsalo | 05/24/2013 14:52:00 PM |
| Department Approval | jsalo | 05/24/2013 14:52:06 PM |
| Contract Manager Approval | jsalo | 05/24/2013 14:52:12 PM |
| Budget Analyst Approval | jborrowm | 05/29/2013 09:29:06 AM |
| BOE Agenda Approval | jborrowm | 05/29/2013 09:29:12 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14292**

| | | | |
|---------------------------------|---|--------------------|--|
| Agency Name: | CONSERVATION & NATURAL RESOURCES | Legal Entity Name: | DEPARTMENT OF INTERIORS |
| Agency Code: | 700 | Contractor Name: | DEPARTMENT OF INTERIORS |
| Appropriation Unit: | 4144-50 | Address: | BUREAU OF LAND MANAGEMENT 1340 FINANCIAL BLVD |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89502-7147 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null775/861-6500 |
| | | Vendor No.: | T80964941 |
| | | NV Business ID: | na |

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 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Interlocal Agreement**Contract description: **Surveys**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing cadastral survey services. The information collected will provide the necessary data required to acquire title to the federal land, designated in White Pine County Lands Bill, to transfer to the State of Nevada for annexation to the Cave Lake State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To transfer federal lands to the State of Nevada

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?

Yes If "Yes", please explain

BLM

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 | sdecrona | 04/15/2013 11:58:49 AM |
| Division Approval | sdecrona | 04/15/2013 11:58:52 AM |
| Department Approval | sdecrona | 04/15/2013 11:58:56 AM |
| Contract Manager Approval | sdecrona | 04/15/2013 11:58:59 AM |
| Budget Analyst Approval | jrodrig9 | 04/24/2013 16:21:46 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 09:23:07 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: **13937** Amendment Number: **1**

Agency Name: **WILDLIFE** Legal Entity Name: **SEFTON, DONALD H DBA**

Agency Code: **702** Contractor Name: **SEFTON, DONALD H DBA**

Appropriation Unit: **4461-11** Address: **SYSTEMS CONSULTANTS**

Is budget authority available?: **Yes** City/State/Zip: **FALLON, NV 89406**

If "No" please explain: Not Applicable Contact/Phone: null775/423-1345

Vendor No.: T80965873

NV Business ID: NV20101587444

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 % | X | Fees | 100.00 % License and Boating Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: 13-23

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **271 days**4. Type of contract: **Contract**Contract description: **Automated System**

5. Purpose of contract:

This is the first amendment to the original contract, which provides for the maintenance and enhancement of the Nevada Wildlife Data System. An RFP for a new contract has been prepared and is about to be issued. This amendment extends the termination date from June 30, 2013 to September 30, 2013 and increases the maximum amount from \$174,084 to \$231,126 to cover three months of maintenance at the current monthly rate due to the continued need for these services during the RFP contracting process.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$174,084.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$57,042.00 |
| 4. New maximum contract amount: | \$231,126.00 |
| and/or the termination date of the original contract has changed to: | 09/30/2013 |

II. JUSTIFICATION

7. What conditions require that this work be done?

As of today (5/2/13) the RFP for a new contract is just about to be released. NDOW needs - and Purchasing granted - a three month extension of the existing contract because preparing the information Purchasing needed to create the RFP took more time than NDOW planned and at the same time NDOW was working on the RFP for the much larger hunting tag sales/award system. The Nevada Wildlife Data System (NWDS) processes the sale, recording and issuance of hunting and fishing licenses, boat registrations and boat titles, and processes registration for hunter education classes, data from the Harvest Information Program and citations by game wardens. It is imperative that these functions - especially collections and license processing - continue uninterrupted.

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

Software system maintenance and enhancement requires specialized knowledge of the system and expertise beyond that of State staff.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

As of today (May 2, 2013), the RFP for a new NWDS contract is just about to be distributed. Purchasing Division granted permission for a three-month extension of the existing contract, which, according to the RFP timeline, should accommodate the bid and evaluation process, with a new contract going before the August or September BOE meeting for approval.

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 developed and managed transaction processing systems for NDOW for processing hunting license applications; processing tag applications and awarding tags; education tracking; and boating licenses. SCI has also has processed manual transactions in connection with licenses and tags. 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:

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

mkrumena

05/02/2013 14:56:23 PM

| | | |
|---------------------------|----------|------------------------|
| Division Approval | mkrumena | 05/02/2013 14:56:26 PM |
| Department Approval | mkrumena | 05/02/2013 14:56:28 PM |
| Contract Manager Approval | mkrumena | 05/06/2013 08:45:36 AM |
| DoIT Approval | lsmolya1 | 05/07/2013 14:30:23 PM |
| Budget Analyst Approval | cwatson | 05/17/2013 08:46:31 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 08:46:35 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14470**

| | |
|--|--|
| Agency Name: FORESTRY DIVISION | Legal Entity Name: Storey County |
| Agency Code: 706 | Contractor Name: Storey County |
| Appropriation Unit: 4227-09 | Address: PO Box 176 |
| Is budget authority available?: Yes | City/State/Zip: Virginia City, NV 89440 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-847-0954 |
| | Vendor No.: |
| | NV Business ID: NA |
| 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 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Fire District Funds |

2. Contract start date:

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

Anticipated BOE meeting date: **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Dissolve 473 Dist**

5. Purpose of contract:

This is a new interlocal agreement to dissolve the existing Storey County 473 Sierra Fire Protection District. As Storey County has submitted a request to participate in the Wildland Fire Protection Program, it is the desire of Storey County and the State of Nevada Department of Conservation and Natural Resources and Division of Forestry to dissolve the Sierra Fire Protection District and transfer day to day operations, wildland firefighting response, emergency response, firefighting training, and fiscal control of the Sierra Forest Fire Protection District's finances and budget to Storey County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Payment for services will be made at the rate of \$0.00 per N/A

II. JUSTIFICATION

7. What conditions require that this work be done?

Storey County has submitted a request to participate in the Nevada Division of Forestry's Wildland Fire Protection Program and, as such, it is the desire of Storey County and the State of Nevada Department of Conservation and Natural Resources and Division of Forestry to dissolve the Sierra Fire Protection District and transfer day to day operations, wildland firefighting response, emergency response, firefighting training, and fiscal control of the Sierra Forest Fire Protection District's finances and budget to Storey County.

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

Not applicable

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

Was the solicitation (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?

Yes If "Yes", please explain

Storey County is a political subdivision of the State of Nevada.

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 | gleiss | 05/22/2013 08:18:51 AM |
| Division Approval | dprather | 05/22/2013 08:43:11 AM |
| Department Approval | dprather | 05/22/2013 08:43:15 AM |
| Contract Manager Approval | ldunn | 05/22/2013 09:43:41 AM |
| Budget Analyst Approval | sday | 05/24/2013 11:33:10 AM |
| BOE Agenda Approval | sday | 05/24/2013 11:45:22 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14463**

Agency Name: **FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **All Budget Accounts - Category 00**
 Is budget authority available?: **No**

Legal Entity Name: **Churchill County**
 Contractor Name: **Churchill County**
 Address: **155 North Taylor Street**
 City/State/Zip: **Fallon, NV 89406**
 Contact/Phone: **null775-423-5136**

If "No" please explain: The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed at this time to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

Vendor No.:
 NV Business ID: **NA**

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County Funds |

Agency Reference #: **NDF13-011**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new services under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and Churchill County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$6,250.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 of each state fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Churchill County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. 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?

Yes If "Yes", please explain

Churchill County is a political subdivision of the State of Nevada.

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 | gleiss | 05/09/2013 11:51:07 AM |
| Division Approval | dprather | 05/09/2013 12:09:48 PM |
| Department Approval | dprather | 05/09/2013 12:09:52 PM |
| Contract Manager Approval | ldunn | 05/09/2013 12:16:55 PM |
| Budget Analyst Approval | jrodrig9 | 05/09/2013 17:52:23 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:43:16 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14461**

| | |
|---|--|
| Agency Name: FORESTRY DIVISION | Legal Entity Name: Consolidated Municipality of Carson City |
| Agency Code: 706 | Contractor Name: Consolidated Municipality of Carson City |
| Appropriation Unit: All Budget Accounts - Category 00 | Address: 201 N. Carson Street |
| Is budget authority available?: No | City/State/Zip: Carson City, NV 89701 |
| If "No" please explain: The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed at this time to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013). | Contact/Phone: null775-887-2100 |
| | Vendor No.: |
| | NV Business ID: N/A |

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

2014-2015

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 % Carson City Funds |

Agency Reference #: NDF13-009

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new services under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and the Consolidated Municipality of Carson City will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wild land fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wild land fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$37,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 of each state fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Division of Forestry and the Consolidated Municipality of Carson City will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the consolidated municipality will make payment to the division.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. 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?

Yes If "Yes", please explain

Consolidated municipality is a political subdivision of the State of Nevada

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 | gleiss | 05/09/2013 11:50:45 AM |
| Division Approval | dprather | 05/09/2013 12:10:15 PM |
| Department Approval | dprather | 05/09/2013 12:10:18 PM |
| Contract Manager Approval | ldunn | 05/09/2013 12:15:27 PM |
| Budget Analyst Approval | jrodrig9 | 05/09/2013 18:07:14 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:48:52 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14464**

Agency Name: **FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **All Budget Accounts - Category 00**
 Is budget authority available?: **No**

Legal Entity Name: **Humboldt County**
 Contractor Name: **Humboldt County**
 Address: **50 West 5th Street**
 City/State/Zip: **Winnemucca, NV 89445**
 Contact/Phone: **null775-623-6300**

If "No" please explain: The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

Vendor No.:
 NV Business ID: **NA**

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County Funds |

Agency Reference #: **NDF13-012**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new services under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and Humboldt County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$25,000.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 of each state fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Humboldt County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. 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?

Yes If "Yes", please explain

County is a political subdivision of the State of Nevada.

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 | gleiss | 05/09/2013 12:39:33 PM |
| Division Approval | dprather | 05/09/2013 13:01:25 PM |
| Department Approval | dprather | 05/09/2013 13:01:29 PM |
| Contract Manager Approval | ldunn | 05/09/2013 13:24:00 PM |
| Budget Analyst Approval | jrodrig9 | 05/09/2013 18:16:45 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:44:42 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14459**

Agency Name: **FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **All Budget Accounts - Category 00**
 Is budget authority available?: **No**

Legal Entity Name: **Lander County**
 Contractor Name: **Lander County**
 Address: **315 South Humboldt Street**
 City/State/Zip: **Battle Mountain, NV 89820**
 Contact/Phone: **null775-635-2885**

If "No" please explain: The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed at this time to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

Vendor No.:
 NV Business ID: **N/A**

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County Funds - Revenue |

Agency Reference #: **NDF13-008**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new services under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and Lander County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wild land fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wild land fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$37,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 of each state fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Lander County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. 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?

Yes If "Yes", please explain

County is a political subdivision of the State of Nevada.

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 | gleiss | 05/09/2013 07:25:27 AM |
| Division Approval | dprather | 05/09/2013 07:31:13 AM |
| Department Approval | dprather | 05/09/2013 07:31:20 AM |
| Contract Manager Approval | ldunn | 05/09/2013 12:13:56 PM |
| Budget Analyst Approval | jrodrig9 | 05/09/2013 18:15:01 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:47:54 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: **14495**

| | |
|--|---|
| Agency Name: FORESTRY DIVISION | Legal Entity Name: Lincoln County Fire Protection District |
| Agency Code: 706 | Contractor Name: Lincoln County Fire Protection District |
| Appropriation Unit: All Budget Accounts - Category 00 | Address: P.O. Box 90 |
| Is budget authority available?: Yes | City/State/Zip: Pioche, NV 89043 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-962-5390 |
| | Vendor No.: |
| | NV Business ID: N/A |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County Funds |

Agency Reference #: NDF13-014

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new services under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and Lincoln County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$12,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 of each state fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Lincoln County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which Lincoln County will make payment to the division.

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

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

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

Not Applicable

b. 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?

Yes If "Yes", please explain

Lincoln County is a political subdivision of the State of Nevada.

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 | gleiss | 05/16/2013 14:27:02 PM |
| Division Approval | dprather | 05/16/2013 14:28:03 PM |
| Department Approval | dprather | 05/16/2013 14:28:07 PM |
| Contract Manager Approval | ldunn | 05/16/2013 14:34:42 PM |
| Budget Analyst Approval | awilli10 | 05/24/2013 12:23:24 PM |
| BOE Agenda Approval | awilli10 | 05/24/2013 12:25:45 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14504**

| | |
|--|---|
| Agency Name: FORESTRY DIVISION | Legal Entity Name: North Lake Tahoe Fire Protection District |
| Agency Code: 706 | Contractor Name: North Lake Tahoe Fire Protection District |
| Appropriation Unit: All Budget Accounts - Category 00 | Address: 866 Oriole Way |
| Is budget authority available?: Yes | City/State/Zip: Incline Village, NV 89451 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-831-0351 |
| | Vendor No.: |
| | NV Business ID: NA |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % Fire Protection District Funds |

Agency Reference #: NDF13-015

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new services under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and North Lake Tahoe Fire Protection District will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$120,000.00**

Payment for services will be made at the rate of \$15,000.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 of each state fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and North Lake Tahoe Fire Protection District will work closely together to maintain effective wildfire management without duplicate and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which North Lake Tahoe Fire Protection District will make payment to the Division.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. 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?

Yes If "Yes", please explain

North Lake Tahoe Fire Protection District is a political subdivision of the State of Nevada.

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 | gleiss | 05/20/2013 10:46:35 AM |
| Division Approval | dprather | 05/20/2013 14:53:55 PM |
| Department Approval | dprather | 05/20/2013 14:53:58 PM |
| Contract Manager Approval | ldunn | 05/20/2013 14:55:37 PM |
| Budget Analyst Approval | sday | 05/24/2013 11:27:59 AM |
| BOE Agenda Approval | sday | 05/24/2013 11:28:19 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14458**

Agency Name: **FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **All Budget Accounts - Category 00**
 Is budget authority available?: **No**

Legal Entity Name: **Pershing County**
 Contractor Name: **Pershing County**
 Address: **400 Main Street**
 City/State/Zip: **Lovelock, NV 89419**
 Contact/Phone: **null775-273-2342**

If "No" please explain: The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed at this time to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

Vendor No.:
 NV Business ID: **N/A**

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County Funds |

Agency Reference #: **NDF13-007**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new services under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and Pershing County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wild land fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wild land fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$12,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 of each state fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Pershing County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. 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?

Yes If "Yes", please explain

County is a political subdivision of the State of Nevada.

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 | gleiss | 05/09/2013 07:23:56 AM |
| Division Approval | dprather | 05/09/2013 07:30:37 AM |
| Department Approval | dprather | 05/09/2013 07:30:49 AM |
| Contract Manager Approval | ldunn | 05/09/2013 12:14:59 PM |
| Budget Analyst Approval | jrodrig9 | 05/09/2013 18:08:38 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:49:58 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14499**

Agency Name: **FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **All Budget Accounts - Category 00**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **SMITH VALLEY FIRE DISTRICT**
 Contractor Name: **SMITH VALLEY FIRE DISTRICT**
 Address: **1 HARDIE LN**
 City/State/Zip: **SMITH, NV 89430**
 Contact/Phone: **Rob Loveberg 775/465-2577**
 Vendor No.: **T29014327**
 NV Business ID: **N/A**

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % Fire District Funds |

Agency Reference #: **706**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new service under the Wildland Fire Protection Program, under which the Nevada Division of Forestry and Smith Valley Fire Protection District will work closely together to maintain effective wildfire management with duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$2,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 on each state fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and the Smith Valley Fire Protection District will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which Smith Valley Fire Protection District will make payment to the Division.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

N/A

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

Smith Valley Fire Protection District is a political subdivision of the State of Nevada

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 | gleiss | 05/17/2013 11:07:36 AM |
| Division Approval | dprather | 05/17/2013 11:14:08 AM |
| Department Approval | dprather | 05/17/2013 11:35:00 AM |
| Contract Manager Approval | pmisch | 05/17/2013 11:40:04 AM |
| Budget Analyst Approval | sday | 05/24/2013 11:32:31 AM |
| BOE Agenda Approval | sday | 05/24/2013 11:32:35 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14462**

Agency Name: **FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **All Budget Accounts - Category 00**
 Is budget authority available?: **No**

Legal Entity Name: **Storey County**
 Contractor Name: **Storey County**
 Address: **PO Box 176**
 City/State/Zip: **Virginia City, NV 89440**
 Contact/Phone: **null775-847-0968**

If "No" please explain: The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed at this time to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

Vendor No.:
 NV Business ID: **NA**

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % County Funds |

Agency Reference #: **NDF13-010**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide new services under the Wild Land Fire Protection Program, under which the Nevada Division of Forestry and Storey County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wild land fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wild land fires. The program, and thus, the agreement are contingent upon the 2013 Legislature's approval of the agency's request to establish the new program as requested in the agency's 2013-15 Governor's Recommended budget. BOE approval is needed to ensure that the state can begin receiving funds with the commencement of the new fiscal year (July 1, 2013).

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$37,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter starting July 1 of each state fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Storey County will work closely together to maintain effective wildfire management without duplication and coordinate efforts with federal cooperators to quickly suppress wildland fires regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contact to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. 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?

Yes If "Yes", please explain

County is a political subdivision of the State of Nevada.

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 | gleiss | 05/09/2013 11:50:55 AM |
| Division Approval | dprather | 05/09/2013 12:10:41 PM |
| Department Approval | dprather | 05/09/2013 12:10:45 PM |
| Contract Manager Approval | ldunn | 05/09/2013 12:16:15 PM |
| Budget Analyst Approval | jrodrig9 | 05/09/2013 18:01:11 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:50:56 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: **14467**Agency Name: **STATE LANDS**Agency Code: **707**Appropriation Unit: **4173-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WEBSOFT DEVELOPERS INC**Contractor Name: **WEBSOFT DEVELOPERS INC**Address: **2020 RESEARCH PARK DR STE 140**City/State/Zip: **DAVIS , CA 95616-6150**Contact/Phone: **SEAN DINGMAN 530-759-8754**Vendor No.: **PUR0004383**NV Business ID: **NV20121454363**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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **06/2013**Retroactive? **Yes**

If "Yes", please explain

Due to an administrative oversight this original FY11 contract was inadvertently approved as a Clerk of the Board contract. The contract should have been gone through the BOE approval cycle. This original contract is being submitted to the BOE at this time for retro-active approval so that the agency may appropriately submit contract amendment #1 to the contract for BOE approval. This is a companion contract to contract 13699 amendment #1.

3. Termination Date: **06/30/2013**Contract term: **29 days**4. Type of contract: **Contract**Contract description: **Websoft**

5. Purpose of contract:

This is a new contract to provide ongoing system maintenance and support for the Nevada Division of State Lands custom Land Management System (LMS) application. Websoft Developers will provide technical support in response to specific inquiries as well as software maintenance by way of patches, updates, and upgrades as applicable. Software updates are provided only for standard hardware platforms and operating systems supported by Websoft.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,000.00**

Payment for services will be made at the rate of \$14,000.00 per null

Other basis for payment: Full amount to be paid upon approval of this contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Land Management System (LMS) was designed and developed Websoft Developers during the 2009-2010 fiscal years. Due to the critical nature of the database, ongoing support from the developer is essential.

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

The Division of State Lands does not have the in-house programming expertise or expert knowledge of the system that is required to provide the ongoing maintenance.

9. Were quotes or proposals solicited?

No

Was the solicitation (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 #: 120707

Approval Date: 07/17/2012

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

Websoft is the developer and sole expert in the Land Management System.

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:

State Lands 4/8/0/-7/31/2012 - satisfactory
Water Resources 1/12/10 - 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:
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 | bre00 | 05/10/2013 13:38:33 PM |
| Division Approval | bre00 | 05/10/2013 13:38:39 PM |
| Department Approval | abrook1 | 05/14/2013 12:31:07 PM |
| Contract Manager Approval | bre00 | 05/14/2013 13:34:44 PM |
| DoIT Approval | lmuelle1 | 05/20/2013 17:23:15 PM |
| Budget Analyst Approval | jrodrig9 | 05/22/2013 14:04:44 PM |
| BOE Agenda Approval | cwatson | 05/22/2013 14:09:26 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: **13699** Amendment Number: **1**

Agency Name: **STATE LANDS** Legal Entity Name: **WEBSOFT DEVELOPERS INC**

Agency Code: **707** Contractor Name: **WEBSOFT DEVELOPERS INC**

Appropriation Unit: **4173-26** Address: **2020 RESEARCH PARK DR STE 140**

Is budget authority available?: **Yes** City/State/Zip: **DAVIS, CA 95618-6150**

If "No" please explain: Not Applicable Contact/Phone: **SEAN DINGMAN 530-759-8754**

Vendor No.: **PUR0004383**

NV Business ID: **NV20121454363**

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 | 100.00 % | Fees | 0.00 % |
| | Federal Funds | 0.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **IT maintenance**

5. Purpose of contract:

This is the first amendment to the original contract, which provides ongoing system maintenance and support for the Nevada Division of State Lands custom Land Management System application. Websoft Developers will provide technical support in response to specific inquiries as well as software maintenance by way of patches, updates, and upgrades as applicable. Software updates are provided only for standard hardware platforms and operating systems supported by Websoft. This amendment extends the termination date from June 30, 2013 to June 30, 2015 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$14,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$31,500.00 |
| 4. New maximum contract amount: | \$45,500.00 |
| 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?

The Land Management System (LMS) was designed and developed by Websoft Developers during the 2009-2010 fiscal years. Due to the critical nature of the database, ongoing support from the developer is essential.

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

The Division of State Lands does not have the in-house programming expertise or expert knowledge of the system that is required to provide the ongoing maintenance.

9. Were quotes or proposals solicited? No

Was the solicitation (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 #: 120707

Approval Date: 07/17/2012

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

Websoft is the developer and sole expert in the Land Management System.

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:

State Lands 4/8/08- current - satisfactory
Water Resources 1/12/10 - 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:

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 | bre00 | 05/14/2013 11:17:38 AM |
| Division Approval | bre00 | 05/14/2013 11:17:43 AM |
| Department Approval | abrook1 | 05/14/2013 13:38:03 PM |
| Contract Manager Approval | bre00 | 05/14/2013 13:38:24 PM |
| DoIT Approval | bbohm | 05/21/2013 07:03:35 AM |
| Budget Analyst Approval | jrodrig9 | 05/22/2013 14:05:02 PM |
| BOE Agenda Approval | cwatson | 05/22/2013 14:14:57 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14098**

Agency Name: **ENVIRONMENTAL PROTECTION**
Agency Code: **709**
Appropriation Unit: **3187-56**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-UNR**
Contractor Name: **BOARD OF REGENTS-UNR**
Address: **UNR CONTROLLERS OFFICE
MAIL STOP 0124**
City/State/Zip: **RENO, NV 89557-0025**
Contact/Phone: **CHRIS LYNCH 775/784-4062**
Vendor No.: **D35000816**
NV Business ID: **Govt entity**

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 % | X | Fees | 62.00 % | Hazardous waste fees |
| X Federal Funds | 38.00 % | | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | | Other funding | 0.00 % | |

Agency Reference #: **DEP 14-001**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **UNR BEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing free and confidential technical assistance and consulting services to the business community. The services provided by the university's Small Business Development Center (SBDC) will allow a business to seek environmental regulatory assistance without threat of regulatory intervention. The services provided by the SBDC are confidential to the business and the client specific information derived from the interaction between SBDC and the business will not be made available to the division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$315,757.00**

Other basis for payment: By task per approved contract budget.

II. JUSTIFICATION

7. What conditions require that this work be done?

Public education reduces the number and severity of violations and threats to human health and the environment.

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

NDEP does not have the resources to conduct the required 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?

UNR-BEP is a state agency and the staff is uniquely trained in providing environmental assistance.

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 | lfleming | 04/19/2013 13:15:50 PM |
| Division Approval | jtrent | 04/22/2013 09:28:44 AM |
| Department Approval | rnoack | 04/22/2013 12:20:29 PM |
| Contract Manager Approval | dbenson | 04/25/2013 09:46:38 AM |
| Budget Analyst Approval | jrodrig9 | 05/02/2013 10:52:13 AM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:33:48 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14371**Agency Name: **ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3187-54**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KLEINFELDER GROUP INC**Contractor Name: **KLEINFELDER GROUP INC**Address: **KLEINFELDER WEST INC****4835 LONGLEY LN**City/State/Zip: **RENO, NV 89502**

Contact/Phone: null775/689-7800

Vendor No.: T80967348C

NV Business ID: NV#19801004246

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: RFP #3044 / DEP#14-008

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years**4. Type of contract: **Other (include description): Consulting Services**Contract description: **NV Brownfields Progr**

5. Purpose of contract:

This is a new contract to provide ongoing services for the Nevada Brownfields Program. Funds will be used to conduct site-specific assesment and cleanup activities along with other redevelopment activities at eligible brownfield sites.

6. NEW CONTRACT

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

Other basis for payment: \$

II. JUSTIFICATION

7. What conditions require that this work be done?

The Small Business Lieability Relief and Brownfields Revitalization Act (1-11-2002) set various initiatives and provisions to aid in the identification, assessment, and remediation of properties where expansion, reuse, or redevelopment has been complicated due to the presence, or potential presence, of a hazardous substance, pollutant, or contaminant. US EPA provides grants to NDEP to assist in meeting Federal and State requirements to address corrections at sites where groundwater or soil is affected by hazardous substance contamination.

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.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 #3044, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/06/2013 Anticipated re-bid date: 03/06/2017

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 performed services under a past and current contract with NDEP for services under the Brownfields Program. The contractor has performed satisfactorily.

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 | lfleming | 05/03/2013 10:26:46 AM |
| Division Approval | demme | 05/06/2013 15:39:27 PM |
| Department Approval | demme | 05/06/2013 15:39:30 PM |
| Contract Manager Approval | sgotta | 05/07/2013 15:58:43 PM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:11:43 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:11:33 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14346**Agency Name: **ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3187-54**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MCGINLEY & ASSOCIATES INC**Contractor Name: **MCGINLEY & ASSOCIATES INC**Address: **815 MAESTRO DR**City/State/Zip: **RENO, NV 89511-2387**

Contact/Phone: null775/829-2245

Vendor No.: T81202459

NV Business ID: NV20021218343

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: RFP #3044 / DEP#14-008

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **NV Brownfields Progr**

5. Purpose of contract:

This is a new contract to provide ongoing services for the Nevada Brownfields Program. Funds will be used to conduct site-specific assesment and cleanup activities along with other redevelopment activities at eligible brownfield sites.

6. NEW CONTRACT

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

Other basis for payment: \$

II. JUSTIFICATION

7. What conditions require that this work be done?

The Small Business Lieability Relief and Brownfields Revitalization Act (1-11-2002) set various initiatives and provisions to aid in the identification, assessment, and remediation of properties where expansion, reuse, or redevelopment has been complicated due to the presence, or potential presence, of a hazardous substance, pollutant, or contaminant. US EPA provides grants to NDEP to assist in meeting Federal and State requirements to address corrections at sites where groundwater or soil is affected by hazardous substance contamination.

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.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 #3044, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/06/2013 Anticipated re-bid date: 03/06/2017

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 service under this program for the last two years. NDEP has been satisfied with their performance and quality of work.

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 | lfleming | 05/03/2013 10:27:22 AM |
| Division Approval | demme | 05/06/2013 15:38:52 PM |
| Department Approval | demme | 05/06/2013 15:38:56 PM |
| Contract Manager Approval | sgotta | 05/07/2013 15:59:08 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 17:52:59 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:16:46 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 CONTRACT

1. Contract Number: **12358** Amendment Number: **1**
 Agency Name: **ENVIRONMENTAL PROTECTION** Legal Entity Name: **MCGINLEY & ASSOCIATES INC**
 Agency Code: **709** Contractor Name: **MCGINLEY & ASSOCIATES INC**
 Appropriation Unit: **3187-75** Address: **815 MAESTRO DR**
 Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511-2387**
 If "No" please explain: Not Applicable Contact/Phone: **Brian Rakvica 775/829-2245**
 Vendor No.: **T81202459**
 NV Business ID: **NV20021218343**

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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 % | X | Fees | 100.00 % Hazardous Waste Fund |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: **DEP 11-037 RFP 2007**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2011**
 Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **2 years and 320 days**

4. Type of contract: **Other (include description): New Contract**
 Contract description: **Professional Service**

5. Purpose of contract:
This is the first amendment to the original contract, which provides ongoing technical review services and recommendations regarding reports generated by companies responsible for the environmental cleanup at the Black Mountain Industrial Complex near Henderson, Nevada. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$1,958,529 to \$2,848,529 due to an increased volume of required tasks and oversight.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$1,958,529.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$890,000.00 |
| 4. New maximum contract amount: | \$2,848,529.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?
 To provide technical reviews and provide comments to the State on required reports generated by the companies responsible for the environmental cleanup at the Black Mountain Industrial (BMI) Complex near Henderson, NV. NDEP regulatory oversight requires the scientific/technical support and advisory assistance services of several specialist including toxicologists and risk assessors, chemists, statisticians, hydrogeologists, and environmental/civil engineers.

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 or expertise available 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):

b. Solicitation Waiver: **Not Applicable**

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

The contractor was chosen based on a weighted average of evaluation criteria. This contractor had the highest overall score as determined by the evaluation committee.

d. Last bid date: 04/01/2011 Anticipated re-bid date: 03/01/2015

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:

Nevada Department of Environmental Protection, BCA has utilized this contractor for this project from 2002-2011. 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: 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 | lfleming | 05/08/2013 11:01:55 AM |
| Division Approval | demme | 05/08/2013 13:18:45 PM |
| Department Approval | demme | 05/08/2013 13:18:50 PM |
| Contract Manager Approval | sgotta | 05/08/2013 13:28:04 PM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 16:58:26 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:30:18 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: **14378**

| | |
|--|--|
| Agency Name: ENVIRONMENTAL PROTECTION | Legal Entity Name: SOUTHERN NEVADA HEALTH |
| Agency Code: 709 | Contractor Name: SOUTHERN NEVADA HEALTH |
| Appropriation Unit: 3187-20 | Address: DISTRICT |
| Is budget authority available?: Yes | PO BOX 3902 |
| If "No" please explain: Not Applicable | City/State/Zip: LAS VEGAS, NV 89127-3902 |
| | Contact/Phone: null702/759-1540 |
| | Vendor No.: T27001231B |
| | NV Business ID: N/A |
| 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 % |
| 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 **07/01/2013**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **UST/LUST SNHD**

5. Purpose of contract:

This is a new interlocal agreement to implement the Underground and Leaking Underground Storage Tank (UST/LUST) program in Southern Nevada. This includes program implementation, UST notifications, compliance and enforcement, monitoring and tracking, and quarterly reporting activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$680,000.00**

Payment for services will be made at the rate of \$170,000.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

Regulated Underground Storage Tank Systems require periodic compliance inspections to prevent and/or discover leaks in a timely manner. Enforcement activities on facilities, owners/operators may be required if not in compliance. If a regulated underground storage tank system has a release, repair and appropriate corrective action will be taken.

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

NDEP does not have the staff to perform all of the compliance and oversight services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

Yes If "Yes", please explain

Southern Nevada Health District is a political subdivision of the State of Nevada.

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:

DCNR-NDEP-BCA has contracted for the same services with SNHD for the past 18 years.

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 | lfleming | 05/06/2013 11:31:07 AM |
| Division Approval | demme | 05/06/2013 15:39:50 PM |
| Department Approval | demme | 05/06/2013 15:39:53 PM |
| Contract Manager Approval | sgotta | 05/07/2013 15:58:14 PM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 17:01:12 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:09:38 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14097**

| | |
|--|--|
| Agency Name: ENVIRONMENTAL PROTECTION | Legal Entity Name: WASHOE, COUNTY OF |
| Agency Code: 709 | Contractor Name: WASHOE, COUNTY OF |
| Appropriation Unit: 3187-56 | Address: WASHOE COUNTY HEALTH DISTRICT PO BOX 11130 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89520-0027 |
| If "No" please explain: Not Applicable | Contact/Phone: JAMES ENGLISH 775/328-2510 |
| | Vendor No.: T40283400Q |
| | NV Business ID: GOVT ENTITY |
| 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 % | X | Fees | 100.00 % Hazardous Waste Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: **DEP 14-002**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **CESQG inspections**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Resource Conservation and Recovery Act Information inspections at small quantity and conditionally exempt hazardous waste generator sites in Washoe County on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$250.00 per inspection

II. JUSTIFICATION

7. What conditions require that this work be done?

Inspection of hazardous waste generators is required by the EPA/NDEP RCRA grant.

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

The state is required to inspect large quantity generators and permitted sites where hazardous waste is generated. The state has limited resources to conduct additional RCRA inspections at small quantity and conditionally exempt hazardous waste generator sites.

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

Was the solicitation (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?

Washoe County Health District is the solid waste authority in Washoe County. Washoe County Health District can provide all required contractual services.

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 | lfleming | 03/05/2013 13:12:24 PM |
| Division Approval | jtrent | 03/06/2013 09:20:59 AM |
| Department Approval | rnoack | 03/06/2013 11:55:52 AM |
| Contract Manager Approval | dbenson | 04/10/2013 12:04:03 PM |
| Budget Analyst Approval | jrodrig9 | 04/22/2013 15:50:44 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:54:55 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14250**

Agency Name: **ENVIRONMENTAL PROTECTION**
Agency Code: **709**
Appropriation Unit: **3187-20**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **WASHOE, COUNTY OF**
Contractor Name: **WASHOE, COUNTY OF**
Address: **WASHOE COUNTY HEALTH DISTRICT
PO BOX 11130
RENO, NV 89520-0027**
City/State/Zip: **RENO, NV 89520-0027**
Contact/Phone: **James English 775/328-2423**
Vendor No.: **T40283400Q**
NV Business ID: **N/A**

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **DEP #14-003**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **UST/LUST WCHD**

5. Purpose of contract:

This is a new interlocal agreement to implement the Underground and Leaking Underground Storage Tank (UST/LUST) program in Washoe County to include program implementation, UST notifications, compliance and enforcement, monitoring and tracking, and quarterly reporting activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$748,000.00**

Payment for services will be made at the rate of \$187,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Regulated Underground Storage Tank Systems require periodic compliance inspections to prevent and/or discover leaks in a timely manner. Enforcement activities on facilities, owners/operators may be required if not in compliance. If a regulated underground storage tank system has a release, repair and appropriate corrective action will be taken.

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

NDEP does not have the staff to perform all of the compliance and oversight services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

Washoe County Health District is a political subdivision of the State of Nevada.

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:

DCNR-NDEP-BCA has contracted for the same services with WCHD for the past 24 years.

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 | lfleming | 05/10/2013 09:30:40 AM |
| Division Approval | glovato | 05/10/2013 10:54:56 AM |
| Department Approval | demme | 05/10/2013 12:11:13 PM |
| Contract Manager Approval | sgotta | 05/15/2013 14:10:41 PM |
| Budget Analyst Approval | jrodrig9 | 05/16/2013 16:43:56 PM |
| BOE Agenda Approval | cwatson | 05/17/2013 08:52:58 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14238**Agency Name: **ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3193-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GREAT BASIN OUTDOOR SCHOOL**Contractor Name: **GREAT BASIN OUTDOOR SCHOOL**Address: **% SUE JACOX BOARD PRESIDENT
5535 GOLDENROD DR**City/State/Zip: **RENO, NV 89511**

Contact/Phone: null775/849-1890

Vendor No.: T81087416A

NV Business ID: NV19981256137

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **DEP 13-020**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2015**Contract term: **2 years and 213 days**4. Type of contract: **Contract**Contract description: **Education/Outreach**

5. Purpose of contract:

This is a new contract to provide environmental education to youth and adults to help them better understand their local watersheds and the impacts of nonpoint source pollution on the water quality of Lake Tahoe and the adjacent watersheds. Great Basin Outdoor School will conduct 4 four-day field studies and residential camps that build academic and social skills and develop understanding of the natural world. Fifth and sixth grade classes, high school and college students, and teachers study local ecology with standards-based lessons at Camp Galilee, Lake Tahoe during spring, fall, and winter programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,912.00**

Other basis for payment: Quarterly, based on work completed

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Environmental Protection Agency provides federal Clean Water Act Section 319 funds to the State of Nevada, Division of Environmental Protection for the specific purpose of addressing nonpoint source pollution through watershed restoration and environmental education projects.

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

The Nevada Division of Environmental Protection, Nonpoint Source Pollution Management Program issues an annual request for proposals (RFP) for the distribution of federal Clean Water Act Section 319 funds for the implementation of environmental restoration and education projects to control nonpoint source pollution. The local match funds generated through the projects fulfill the State's non-federal match obligation for the federal funds.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 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:

2003-2004 & 2008 - current, Division of Environmental Protection, Bureau of Water Quality Planning. 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 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 | 04/05/2013 09:46:44 AM |
| Division Approval | ksertic | 04/09/2013 15:23:20 PM |
| Department Approval | ksertic | 04/09/2013 15:23:28 PM |
| Contract Manager Approval | sneudaue | 05/03/2013 11:31:29 AM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 17:47:53 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 08:05:32 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14341**Agency Name: **ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3197-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GLOBAL ENVIRONMENTAL**Contractor Name: **GLOBAL ENVIRONMENTAL CONSULTING INC**Address: **1500 N MARKDALE UNIT32**City/State/Zip: **MESA, AZ 85201-2442**Contact/Phone: **KATE DAHL 480/827-9827**Vendor No.: **T81087161A**NV Business ID: **NV20111348631**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 14-007**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2015**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract that continues ongoing maintenance and support for a web based data system, data migration assistance, support, and training for the Safe Drinking Water Information System (SDWIS) and proprietary add on tools used by the division. SDWIS is used to assure all public water systems are in compliance with the requirements of Nevada's public water system laws and regulations and the federal Safe Drinking Water Act. The contractor will also provide training and support for electronic data submittal from laboratories.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$162,700.00**

Other basis for payment: Paid monthly

II. JUSTIFICATION

7. What conditions require that this work be done?

The NDEP is responsible for implementing the Safe Drinking Water Program (SDWIS) to assure that public health is protected and is the primacy agency for the federal program. The Division utilizes the USEPA's SDWIS, which includes a federally mandated data system for reporting to the USEPA used to manage all monitoring, compliance, inspection and operator certification information for approximately 600 regulated water systems. The addition of federal Rules implemented by the Division and web based upgrades that EPA has made to SDWIS, necessitate the Division's license upgrades of database add-on tools for effective program management

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

This is a highly specialized application developed by the USEPA which has add-on proprietary tools developed by the Division through this contractor

9. Were quotes or proposals solicited? No
 Was the solicitation (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?

As per NAC333.150(2)(a)(b)
 Denied as submitted---not required per G. Smith 4/18/13
 SEE: Attached Addl. Info

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 State has received services provided by the contractor since April 2000. The services provided have met the State's expectations.

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 | ahanso1 | 05/01/2013 09:29:14 AM |
| Division Approval | jcarr | 05/03/2013 07:43:05 AM |
| Department Approval | jcarr | 05/03/2013 07:43:09 AM |
| Contract Manager Approval | pglass | 05/06/2013 14:25:14 PM |
| DoIT Approval | lsmolya1 | 05/07/2013 14:21:37 PM |
| Budget Analyst Approval | jrodrig9 | 05/08/2013 15:03:57 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:32:26 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 CONTRACT1. Contract Number: **14335**Agency Name: **ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3197-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **INCLINE VILLAGE GENERAL**Contractor Name: **INCLINE VILLAGE GENERAL**Address: **IMPROVEMENT DISTRICT****1220 SWEETWATER RD**City/State/Zip: **INCLINE VILLAGE, NV 89451-9214**

Contact/Phone: null775/832-1337

Vendor No.: T81019194A

NV Business ID: Government Entity

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 % **X** Fees **100.00 % Licenses and fees**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: NDEP 13-033

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2014**Contract term: **1 year and 29 days**4. Type of contract: **Interlocal Agreement**Contract description: **Specialty**

5. Purpose of contract:

This is a new interlocal agreement to assist the division in re-evaluating the risk for microbial contamination to two Lake Tahoe drinking water intakes for Nevada public water systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$74,000.00**

Other basis for payment: Lump Sum per Task, not exceeding \$40,000.00 in State Fiscal Year 2013 and \$74,000.00 total

II. JUSTIFICATION

7. What conditions require that this work be done?

Two significant public beach projects have been proposed for development in the Southeast area of Lake Tahoe. These projects have the potential to adversely affect the microbial quality of drinking water for nearby public water system intakes. As a result of the need to re-evaluate the potential risk of increased beach access and usage, the NDEP has requested that the Incline Village General Improvement District (IVGID) coordinate a project to re-model this portion of the Lake by updating the work that was done between 2005 and 2008.

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

The NDEP does not have the personnel with the expertise to conduct this project.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **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?

No If "Yes", specify 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 | ahanso1 | 05/01/2013 09:24:14 AM |
| Division Approval | jcarr | 05/03/2013 07:43:59 AM |
| Department Approval | jcarr | 05/03/2013 07:44:02 AM |
| Contract Manager Approval | pglass | 05/06/2013 14:57:16 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 14:11:35 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:28:41 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14336**

| | |
|--|--|
| Agency Name: ENVIRONMENTAL PROTECTION | Legal Entity Name: SOUTHERN NEVADA HEALTH |
| Agency Code: 709 | Contractor Name: SOUTHERN NEVADA HEALTH |
| Appropriation Unit: 3197-10 | Address: DISTRICT |
| Is budget authority available?: Yes | PO BOX 3902 |
| If "No" please explain: Not Applicable | City/State/Zip: LAS VEGAS, NV 89127-3902 |
| | Contact/Phone: null702/759-1540 |
| | Vendor No.: T27001231B |
| | NV Business ID: Government Entity |
| 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 14-006**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing assistance to the division in applying Nevada laws governing public water systems. The contractor will conduct and document sanitary surveys within Clark County; review and update the Safe Drinking Water Information System with the data collected and analyzed; participate in associated training programs; assist the state in preparing relevant reports; assist the state in implementing the new U.S. Environmental Protection Agency rules that have not yet been adopted at the state level; and maintain forms and applications for the Drinking Water State Revolving Fund Grant Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00**

Other basis for payment: **Invoiced expenses per quarter not to exceed 90,000.00 per year**

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada laws and regulations covering public water systems.

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

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada's public water system laws within their jurisdiction. Implementation at th local level allows the agency to be more responsive to public health issues and emergencies.

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

Was the solicitation (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:

Contractor has performed these same services for the Health Division / Bureau of Health Protection Services until July 2005 and then for NDEP from July 2005 until the present time. Most recent contract services have been performed satisfactorily.

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 | ahanso1 | 04/29/2013 11:42:25 AM |
| Division Approval | jcarr | 05/02/2013 07:51:37 AM |
| Department Approval | jcarr | 05/02/2013 07:51:42 AM |
| Contract Manager Approval | pglass | 05/06/2013 14:44:12 PM |
| Budget Analyst Approval | jrodrig9 | 05/07/2013 14:14:41 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:27:40 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14337**

| | |
|--|--|
| Agency Name: ENVIRONMENTAL PROTECTION | Legal Entity Name: WASHOE, COUNTY OF |
| Agency Code: 709 | Contractor Name: WASHOE, COUNTY OF |
| Appropriation Unit: 3197-10 | Address: WASHOE COUNTY HEALTH DISTRICT PO BOX 11130 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89520-0027 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/328-2510 |
| | Vendor No.: T40283400Q |
| | NV Business ID: Government Entity |
| 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 14-005**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing assistance to the division in applying Nevada laws governing public water systems. The contractor will conduct and document sanitary surveys within Washoe County; review and update the Safe Drinking Water Information System with the data collected and analyzed; participate in associated training programs; assist the state in preparing relevant reports; assist the state in implementing the new U.S. Environmental Protection Agency rules that have not yet been adopted at the state level; and maintain forms and applications for the Drinking Water State Revolving Fund Grant Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00**

Other basis for payment: Invoiced expenses per Quarter not to exceed \$90,000.00 per year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada laws and regulations covering public water systems.

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

NRS 445A.925 requires district boards of health to implement Nevada's public water system laws within their jurisdiction. Implementation at the local level allows the agency to be more responsive to public health issues and emergencies.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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 performed these same services for the Health Division / Bureau of Health Protection Services until July of 2005, and then for NDEP from July 2005 until the present time. Most recent contract services have been performed satisfactorily.

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 | ahanso1 | 04/30/2013 14:52:35 PM |
| Division Approval | jcarr | 05/03/2013 07:44:25 AM |
| Department Approval | jcarr | 05/03/2013 07:44:28 AM |
| Contract Manager Approval | pglass | 05/06/2013 14:50:34 PM |
| DoIT Approval | ismolya1 | 05/07/2013 14:23:20 PM |
| Budget Analyst Approval | cwatson | 05/16/2013 10:25:27 AM |
| BOE Agenda Approval | cwatson | 05/16/2013 10:25:32 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14369**

| | |
|--|---|
| Agency Name: INSURANCE DIVISION | Legal Entity Name: Wakely Consulting Group |
| Agency Code: 741 | Contractor Name: Wakely Consulting Group |
| Appropriation Unit: 3813-13 | Address: 9777 Pyramind Ct. Ste 260 |
| Is budget authority available?: Yes | City/State/Zip: Englewood, CO 80112 |
| If "No" please explain: Not Applicable | Contact/Phone: Ross Winkelman 720-226-9801 |
| | Vendor No.: |
| | NV Business ID: NV20131175443 |
| To what State Fiscal Year(s) will the contract be charged? | 2014-2016 |

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 % |
| X Federal Funds | 100.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **RFP # 3040**

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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2015**

Contract term: **2 years and 183 days**

4. Type of contract: **Contract**

Contract description: **Wakely Consulting**

5. Purpose of contract:

This is a new contract with a nationally recognized actuarial consulting firm to provide the required actuarial review of rate filings for health benefit plans in the individual and small group markets of Nevada. The Affordable Care Act defines the requirements for a state to be considered an "effective review state" to which Nevada has been designated. To maintain that designation and the autonomous state rights that accompany the designation, the division must maintain an accredited actuarial review of the data that accompanies the rate filings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,200,000.00**

Other basis for payment: Not to Exceed Hourly Rate 7/1/13 to 6/30/14 - Actuarial Analyst \$175/hr, Senior Actuarial Analyst or Associate Actuary \$205/hr, Consulting Actuary \$285/hr, Senior Consulting Actuary \$355/hr, Director and Senior Consulting Actuary \$405/hr, Managing Director and Senior Consulting Actuary \$425/hr.....Not to Exceed Hourly Rate 7/1/14 to 12/30/15 - Actuarial Analyst \$185/hr, Senior Actuarial Analyst or Associate Actuary \$215/hr, Consulting Actuary \$300/hr, Senior Consulting Actuary \$375/hr, Director and Senior Consulting Actuary \$425/hr, Managing Director and Senior Consulting Actuary \$445/hr

II. JUSTIFICATION

7. What conditions require that this work be done?

The Insurance Division and other State agencies do not have the certified or qualified staff trained in this area of expertise or time capability to do this type of work.

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

The Insurance Division and other State agencies do not have the certified or qualified staff trained in this area of expertise or time capability to do this type of 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):

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3040, 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?

No If "Yes", specify 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 | ddennis | 05/02/2013 14:11:01 PM |
| Division Approval | ddennis | 05/02/2013 14:11:10 PM |
| Department Approval | dburn4 | 05/06/2013 08:15:44 AM |
| Contract Manager Approval | ddennis | 05/06/2013 08:18:46 AM |
| Budget Analyst Approval | sbarkdul | 05/07/2013 09:45:42 AM |
| BOE Agenda Approval | nhovden | 05/17/2013 11:42:48 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV6619** Amendment Number: **3**
 Agency Name: **INDUSTRIAL RELATIONS DIV** Legal Entity Name: **SCARPELLO & HUSS, LTD.**
 Agency Code: **742** Contractor Name: **SCARPELLO & HUSS, LTD.**
 Appropriation Unit: **4682-04** Address: **600 EAST WILLIAM STREET, SUITE**
 Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89701**
 If "No" please explain: Not Applicable Contact/Phone: null7758825577
 Vendor No.: T80744450
 NV Business ID: NV19721000457

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 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % WORKERS COMPENSATION AND SAFETY FUND |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2009**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Consulting Services**

5. Purpose of contract:

This is the third amendment to the original contract, which provides services as special counsel to the Nevada Occupational Safety and Health Review Board. This amendment extends the termination date from June 30, 2013 to June 30, 2014 due to the continued need for these services. This amendment also increases the maximum amount from \$ 720,000.00 to \$ 845,000.00 due to an increased volume of hearings.

6. CONTRACT AMENDMENT

- 1. The maximum amount of the original contract: \$250,000.00
 - 2. Total amount of any previous contract amendments: \$470,000.00
 - 3. Amount of current contract amendment: \$125,000.00
 - 4. New maximum contract amount: \$845,000.00
- and/or the termination date of the original contract has changed to: 06/30/2014

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 618.585(2) "The Board may employ legal counsel to advise it concerning matters which come before it."

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

Legal Services must be provided by an attorney duly licensed to practice in the State of Nevada.

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

Was the solicitation (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?

Past performance has been excellent. Contractor has experience with the Board and has passed all Federal OSHA audits.

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:

1999-2013 - Industrial Relations Division
Quality of 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 | lhemovic | 05/01/2013 12:43:56 PM |
| Division Approval | lhemovic | 05/01/2013 12:43:59 PM |
| Department Approval | lhemovic | 05/01/2013 12:44:02 PM |
| Contract Manager Approval | pverma | 05/01/2013 12:47:06 PM |
| Budget Analyst Approval | sbarkdul | 05/07/2013 15:15:48 PM |
| BOE Agenda Approval | nhovden | 05/17/2013 12:49:06 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: 10603 | Amendment Number: 4 |
| Agency Name: DEPT OF MOTOR VEHICLES | Legal Entity Name: AFFILIATED COMPUTER SRVCS INC |
| Agency Code: 810 | Contractor Name: AFFILIATED COMPUTER SRVCS INC |
| Appropriation Unit: 4717-15 | Address: PO BOX 201322 |
| Is budget authority available?: Yes | City/State/Zip: DALLAS, TX 75320 |
| If "No" please explain: Not Applicable | Contact/Phone: Debbie Sheren 602-300-8886 602/252-8550 |
| | Vendor No.: T81030939B |
| | NV Business ID: NV19911026030 |

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 % |
| X Highway Funds | 100.00 % | Other funding | 0.00 % |

Agency Reference #: **ZA0433**

2. Contract start date:

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

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Licensing/Tax Admin**

5. Purpose of contract:

This is the fourth amendment to the original contract, which provides the standardized services and systems support to the DMV facilitating commercial vehicle licensing and tax administration for the Motor Carrier Division operations. This amendment extends the termination from June 30, 2013 to June 30, 2015 and increases the maximum amount from \$882,906.48 to \$1,330,626.24 due to utilizing the two-year renewal option agreed upon by both parties in the first amendment.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$467,236.16 |
| 2. Total amount of any previous contract amendments: | \$415,670.32 |
| 3. Amount of current contract amendment: | \$447,719.76 |
| 4. New maximum contract amount: | \$1,330,626.24 |
| 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?

The DMV is a member of the International Fuel Tax Agreement (IFTA) as defined under NRS366.175 and the International Registration Plan (IRP) as defined under NRS 706.826; and such as required to collect registration and fuel taxes for 56 jurisdictions utilizing their fee schedules, tax rates, and credit policies.

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

These are unique tax and licensing computer systems in accordance with the IFTA and IRP mandates. It is cost and time prohibitive to design, program and maintain comparable systems with the existing data.

9. Were quotes or proposals solicited? No
Was the solicitation (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 #: 090905
Approval Date: 09/14/2009

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 contracted with DMV since 1991. 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 | 05/07/2013 12:03:01 PM |
| Division Approval | cmunoz | 05/07/2013 12:03:05 PM |
| Department Approval | dcook | 05/07/2013 14:06:12 PM |
| Contract Manager Approval | hazevedo | 05/07/2013 15:31:49 PM |
| Budget Analyst Approval | cwatson | 05/17/2013 09:28:13 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 09:28:17 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: **CONV7145** Amendment Number: **1**
 Agency Name: **DEPT OF MOTOR VEHICLES** Legal Entity Name: **AAMVA**
 Agency Code: **810** Contractor Name: **AAMVA**
 Appropriation Unit: **4735-04** Address: **4301 Wilson Blvd Suite 400**
 Is budget authority available?: **Yes** City/State/Zip: **Arlington, VA 22203**
 If "No" please explain: Not Applicable Contact/Phone: Paul Blanchard 7039085780
 Vendor No.: PUR0000174
 NV Business ID: NV20121424796

To what State Fiscal Year(s) will the contract be charged? **2010-2021**

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

| | | | |
|------------------------|----------------|------------------------|---------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| X Highway Funds | 92.00 % | X Other funding | 8.00 % Grant |

Agency Reference #: ZA0431

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2009**
 Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **11 years and 298 days**

4. Type of contract: **Contract**
 Contract description: **Communications and Media Related Services**

5. Purpose of contract:
This is the first amendment to the original contract, which provides access to data bases and other information systems to which the DMV has separately been provided authorized access. The American Assocation of Motor Vehicle Administrators operates as a clearing house for access to each state's data for various data bases. This amendment extends the termination date from June 30,2013 to June 30, 2021 and increases the maximum amount from \$1,200,000 to \$3,600,000 due to the extention.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$1,200,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$2,400,000.00 |
| 4. New maximum contract amount: | \$3,600,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2021 |

II. JUSTIFICATION

7. What conditions require that this work be done?
 The services that are provided are a Federal requirment for various commercial driver and vehicle programs. Nevada needs a single central secure location to act as a clearing house for informational queries. These services provide vital data to ensure our records are accurate.

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

There are on State employees to provide this service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 130405A
Approval Date: 04/23/2013

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? 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:

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 | cmunoz | 05/07/2013 12:04:31 PM |
| Division Approval | cmunoz | 05/07/2013 12:04:33 PM |
| Department Approval | dcook | 05/07/2013 14:06:27 PM |
| Contract Manager Approval | hazevedo | 05/07/2013 15:32:38 PM |
| Budget Analyst Approval | cwatson | 05/17/2013 09:50:36 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 09:50:40 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|---|
| 1. Contract Number: 10534 | Amendment Number: 2 |
| Agency Name: DEPT OF MOTOR VEHICLES | Legal Entity Name: COMPUTERIZED VEHICLE |
| Agency Code: 810 | Contractor Name: COMPUTERIZED VEHICLE |
| Appropriation Unit: 4741-50 | Address: REGISTRATION |
| Is budget authority available?: Yes | PO BOX 88930 |
| If "No" please explain: Not Applicable | City/State/Zip: CHICAGO, IL 60680-1930 |
| | Contact/Phone: 800-333-6995 800/333-6995 |
| | Vendor No.: T29015703A |
| | NV Business ID: NV20101338969 |

To what State Fiscal Year(s) will the contract be charged? **2013-2021**

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

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

Agency Reference #: 810

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **8 years and 31 days**

4. Type of contract: **Contract**

Contract description: **Electronic DRS**

5. Purpose of contract:

This is the second amendment to the original contract which provides a product that allows selected licensed Nevada car dealers to electronically transfer certain information as required by the DMV that is contained on the Dealer's Report of Sale to the DMV. This transfer of information allows the customer to register their newly purchased vehicle over the internet and not have to physically visit a DMV office. This amendment extends the termination date from June 30, 2013 to June 30, 2021 and increases the maximum amount from \$367,424.40 to \$710,177.46 to cover the extension.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$216,132.00 |
| 2. Total amount of any previous contract amendments: | \$151,292.40 |
| 3. Amount of current contract amendment: | \$342,753.06 |
| 4. New maximum contract amount: | \$710,177.46 |
| and/or the termination date of the original contract has changed to: | 06/30/2021 |

II. JUSTIFICATION

7. What conditions require that this work be done?

This process enables customers to conduct DMV business without physically visiting a DMV office.

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

There are no state employees available in the area to provide this service.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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:

Previously contracted with the DMV. 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 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 | 05/07/2013 12:01:13 PM |
| Division Approval | cmunoz | 05/07/2013 12:01:16 PM |
| Department Approval | dcook | 05/07/2013 14:05:48 PM |
| Contract Manager Approval | hazevedo | 05/07/2013 15:30:21 PM |
| Budget Analyst Approval | cwatson | 05/17/2013 09:25:39 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 09:25:45 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14441**

| | |
|--|---|
| Agency Name: DEPT OF MOTOR VEHICLES | Legal Entity Name: DOUGLAS, COUNTY OF |
| Agency Code: 810 | Contractor Name: DOUGLAS, COUNTY OF |
| Appropriation Unit: 6220 - All Categories | Address: DOUGLAS COUNTY CLERK |
| Is budget authority available?: Yes | PO BOX 218 |
| If "No" please explain: Not Applicable | City/State/Zip: MINDEN, NV 89423 |
| | Contact/Phone: Sondra Condron 775/586-7270 |
| | Vendor No.: T40174400H |
| | NV Business ID: Governmental Entity |
| 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 % Motor Vehicle Fund |

2. Contract start date:

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

Anticipated BOE meeting date: 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new interlocal agreement for the ongoing completion of registration transactions by the Douglas County Clerk Treasurer's office on behalf of the Department of Motor Vehicles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$2.00 per Registration Transaction

Other basis for payment: \$50,000.00 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 482.160 and NRS 482.180 (6)

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

Services are provided in areas where there are no DMV offices available.

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

Was the solicitation (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?

[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?

Yes If "Yes", please explain

Douglas County Clerk Treasurer's office is a governmental entity.

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 providing registration services.

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

[Empty text box]

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 | cmunoz | 05/07/2013 14:08:44 PM |
| Division Approval | cmunoz | 05/07/2013 14:08:47 PM |
| Department Approval | dcook | 05/07/2013 14:09:56 PM |
| Contract Manager Approval | hazevedo | 05/07/2013 15:33:18 PM |
| Budget Analyst Approval | cwatson | 05/17/2013 09:30:40 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 09:30:44 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: **14481**

Agency Name: **DEPT OF MOTOR VEHICLES**
Agency Code: **810**
Appropriation Unit: **6220 - All Categories**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **ESMERALDA COUNTY ASSESSOR**
Contractor Name: **ESMERALDA COUNTY ASSESSOR**
Address: **ELIZABETH KNIGHT
PO BOX 471
GOLDFIELD, NV 89013**
City/State/Zip: **GOLDFIELD, NV 89013**
Contact/Phone: null775-485-6380
Vendor No.: T40395201
NV Business ID: Governmental Entity

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 % Motor Vehicle Fund |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new interlocal agreement for the ongoing completion of registration transactions by the Esmeralda County Assessor's office on behalf of the Department of Motor Vehicles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$50,000.00 per Fiscal Year

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 482.160 and NRS 482.180 (6)

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

Services are provided in areas where there are no DMV offices available.

9. Were quotes or proposals solicited? No

Was the solicitation (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?

Yes If "Yes", please explain

Esmeralda County Assessor's office is a governmental is a governmental entity.

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 Esmeralda County Assessor for providing registration services.

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 | cmunoz | 05/16/2013 16:05:31 PM |
| Division Approval | cmunoz | 05/16/2013 16:05:35 PM |
| Department Approval | akeillor | 05/16/2013 16:11:42 PM |
| Contract Manager Approval | hazevedo | 05/17/2013 12:57:56 PM |
| Budget Analyst Approval | cwatson | 05/18/2013 07:41:16 AM |
| BOE Agenda Approval | cwatson | 05/18/2013 07:41:20 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14500**

| | |
|--|---|
| Agency Name: DEPT OF MOTOR VEHICLES | Legal Entity Name: EUREKA, COUNTY OF |
| Agency Code: 810 | Contractor Name: EUREKA, COUNTY OF |
| Appropriation Unit: 6220 - All Categories | Address: EUREKA COUNTY ASSESSOR |
| Is budget authority available?: Yes | PO BOX 88 |
| If "No" please explain: Not Applicable | City/State/Zip: EUREKA, NV 89316 |
| | Contact/Phone: null775/237-5270 |
| | Vendor No.: T80975988E |
| | NV Business ID: Governmental Entity |
| 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 % Motor Vehicle Fund |

2. Contract start date:

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

Anticipated BOE meeting date: **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new interlocal agreement for the ongoing completion of registration transactions by the Eureka County Assessor's office on behalf of the Department of Motor Vehicles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$2.00 per Registration Transaction

Other basis for payment: \$50,000.00 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 482.160 and NRS 482.180 (6)

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

Services are provided in areas where there are no DMV offices.

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

Was the solicitation (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?

[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?

Yes If "Yes", please explain

Eureka County Assessor's office is a governmental entity.

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 providing registration services.

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

[Empty text box]

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 | csthil | 05/17/2013 13:55:03 PM |
| Division Approval | csthil | 05/17/2013 13:55:06 PM |
| Department Approval | akeillor | 05/17/2013 14:00:38 PM |
| Contract Manager Approval | hazevedo | 05/17/2013 14:04:07 PM |
| Budget Analyst Approval | cwatson | 05/18/2013 07:39:44 AM |
| BOE Agenda Approval | cwatson | 05/18/2013 07:39:49 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: **14494**

Agency Name: **DEPT OF MOTOR VEHICLES**
Agency Code: **810**
Appropriation Unit: **6220 - All Categories**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **LANDER, COUNTY OF**
Contractor Name: **LANDER, COUNTY OF**
Address: **LANDER COUNTY RECORDER
315 S HUMBOLD ST
BATTLE MOUNTAIN, NV 89820**
City/State/Zip: **BATTLE MOUNTAIN, NV 89820**
Contact/Phone: null775-485-6380
Vendor No.: T40262000J
NV Business ID: Governmental Entity

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 % Motor Vehicle Fund |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new interlocal agreement for the ongoing completion of registration transactions by the Lander County Recorder's office on behalf of the Department of Motor Vehicles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Payment for services will be made at the rate of \$2.00 per Registration Transaction
Other basis for payment: \$50,000.00 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 482.160 and NRS 482.180 (6)

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

Services are provided in areas where there are no DMV offices.

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

Was the solicitation (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?

[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?

Yes If "Yes", please explain

Lander County Recorder's office is a governmental entity.

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 providing registration services.

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

[Empty text box]

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 | cmunoz | 05/16/2013 16:06:03 PM |
| Division Approval | cmunoz | 05/16/2013 16:06:13 PM |
| Department Approval | akeillor | 05/16/2013 16:11:58 PM |
| Contract Manager Approval | hazevedo | 05/17/2013 12:57:19 PM |
| Budget Analyst Approval | cwatson | 05/18/2013 07:40:31 AM |
| BOE Agenda Approval | cwatson | 05/18/2013 07:40:34 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: **14510**

Agency Name: **DEPT OF MOTOR VEHICLES**
Agency Code: **810**
Appropriation Unit: **6220 - All Categories**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **LINCOLN, COUNTY OF**
Contractor Name: **LINCOLN, COUNTY OF**
Address: **LINCOLN COUNTY ASSESSOR
PO BOX 420
PIOCHE, NV 89043**
City/State/Zip: **PIOCHE, NV 89043**
Contact/Phone: null775/962-5890
Vendor No.: T40267400F
NV Business ID: Governmental Entity

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 % Motor Vehicle Fund |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new interlocal agreement for the ongoing completion of registration transactions by the Lincoln County Assessor's office on behalf of the Department of Motor Vehicles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Payment for services will be made at the rate of \$2.00 per Registration Transactions
Other basis for payment: \$50,000.00 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 482.160 and NRS 482.180 (6)

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

Services are provided in areas where there are no DMV offices.

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

Was the solicitation (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?

[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?

Yes If "Yes", please explain

Lincoln County Assessor's office is a governmental entity.

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 providing registration services.

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

[Empty text box]

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 | cmunoz | 05/20/2013 15:41:13 PM |
| Division Approval | cmunoz | 05/20/2013 15:41:15 PM |
| Department Approval | akeillor | 05/20/2013 15:43:41 PM |
| Contract Manager Approval | hazevedo | 05/20/2013 15:58:14 PM |
| Budget Analyst Approval | cwatson | 05/22/2013 07:08:22 AM |
| BOE Agenda Approval | cwatson | 05/22/2013 07:08:28 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14442**

Agency Name: **DEPT OF MOTOR VEHICLES**
Agency Code: **810**
Appropriation Unit: **6220 - All Categories**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **PERSHING, COUNTY OF**
Contractor Name: **PERSHING, COUNTY OF**
Address: **PERSHING COUNTY ASSESSOR
PO BOX 89
LOVELOCK, NV 89419**
City/State/Zip: **LOVELOCK, NV 89419**
Contact/Phone: null775-273-2401
Vendor No.: T81041592V
NV Business ID: Governmental Entity

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 % Motor Vehicle Fund |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is new interlocal agreement for the ongoing completion of registration transactions by the Pershing County Assessor's office on behalf of the Department of Motor Vehicles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$2.00 per Registration Transaction

Other basis for payment: \$50,000.00 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 482.160 and NRS 482.180 (6)

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

Services are provided in areas where there are no DMV offices.

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

Was the solicitation (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?

[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?

Yes If "Yes", please explain

Pershing County Assessor's office is a governmental entity.

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 providing registration services.

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

[Empty text box]

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 | cmunoz | 05/07/2013 14:09:10 PM |
| Division Approval | cmunoz | 05/07/2013 14:09:14 PM |
| Department Approval | dcook | 05/07/2013 14:10:08 PM |
| Contract Manager Approval | hazevedo | 05/07/2013 15:33:56 PM |
| Budget Analyst Approval | cwatson | 05/17/2013 09:31:35 AM |
| BOE Agenda Approval | cwatson | 05/17/2013 09:31:39 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14501**

Agency Name: **DEPT OF MOTOR VEHICLES**
 Agency Code: **810**
 Appropriation Unit: **6220 - All Categories**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **STOREY, COUNTY OF**
 Contractor Name: **STOREY, COUNTY OF**
 Address: **STOREY COUNTY ASSESSOR
 PO BOX 494
 VIRGINIA CITY, NV 89440**
 City/State/Zip: **VIRGINIA CITY, NV 89440**
 Contact/Phone: null775/847-0961
 Vendor No.: T80054670B
 NV Business ID: Governmental Entity

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 % Motor Vehicle Fund |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new interlocal agreement for the ongoing completion of registration transactions by the Storey County Assessor's office on behalf of the Department of Motor Vehicles.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$2.00 per Registration Transaction

Other basis for payment: \$50,000.00 per fiscal year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 482.160 and NRS 482.180 (6)

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

Services are provided in areas where there are no DMV offices.

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

Was the solicitation (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?

[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?

Yes If "Yes", please explain

Storey County Assessor's office is a governmental entity.

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 providing registration services.

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

[Empty text box]

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 | csthil | 05/17/2013 13:55:24 PM |
| Division Approval | csthil | 05/17/2013 13:55:27 PM |
| Department Approval | akeillor | 05/17/2013 14:00:51 PM |
| Contract Manager Approval | hazevedo | 05/17/2013 14:04:33 PM |
| Budget Analyst Approval | cwatson | 05/18/2013 07:36:51 AM |
| BOE Agenda Approval | cwatson | 05/18/2013 07:36:55 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11993** Amendment Number: **1**

Agency Name: **REHABILITATION DIVISION** Legal Entity Name: **RON'S REFRIGERATION, INC.**

Agency Code: **901** Contractor Name: **RON'S REFRIGERATION, INC.**

Appropriation Unit: **3253-10** Address: **2068 S EDMONDS DR
PO BOX 1423**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89701**

If "No" please explain: Not Applicable Contact/Phone: Richard Allison, President 775-882-4845

Vendor No.: T80789920

NV Business ID: NV19791011556

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 Enterprises Set Aside |

Agency Reference #: 1627-13-BEN

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 06/2013

Retrospective? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **3 years and 274 days**4. Type of contract: **Contract**Contract description: **Refrigeration Units**

5. Purpose of contract:

This is the first amendment to the original contract, which continues to provide maintenance and repair services for commercial refrigeration units and move equipment for northern Business Enterprises of Nevada locations. This amendment extends the termination date from June 30, 2013 to March 31, 2015, and increases the maximum amount from \$30,000 to \$45,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$30,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$15,000.00 |
| 4. New maximum contract amount: | \$45,000.00 |
| and/or the termination date of the original contract has changed to: | 03/31/2015 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has a substantial inventory of equipment at various locations that need on-going repair, maintenance and re-location.

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

This work requires specialization in refrigeration services.

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?

Of the four vendors solicited, Rons Refrigeration and Absolute Zero Refrigeration were the only two that responded. Contracts are being awarded to both vendors to form a pool of vendors for this service.

d. Last bid date: 01/19/2011 Anticipated re-bid date: 01/19/2015

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:

The contractor is currently providing satisfactory services 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 June 2000.

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 | 04/25/2013 14:51:47 PM |
| Division Approval | mcol1 | 05/02/2013 13:42:19 PM |
| Department Approval | tnash | 05/03/2013 14:57:38 PM |
| Contract Manager Approval | tnash | 05/07/2013 10:24:06 AM |
| Budget Analyst Approval | knielsen | 05/08/2013 10:39:20 AM |
| BOE Agenda Approval | sbrown | 05/14/2013 11:55:59 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|---|
| 1. Contract Number: 12019 | Amendment Number: 1 |
| Agency Name: REHABILITATION DIVISION | Legal Entity Name: WESTERN COMMERCIAL SERVICES LLC |
| Agency Code: 901 | Contractor Name: WESTERN COMMERCIAL SERVICES LLC |
| Appropriation Unit: 3253-10 | Address: 2311 S INDUSTRIAL RD |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89102 |
| If "No" please explain: Not Applicable | Contact/Phone: Jack Grace 702/384-7907 |
| | Vendor No.: T81087616 |
| | NV Business ID: NV19971049704 |

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 Enterprises Set-Aside |

Agency Reference #: **1633-13-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 **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 291 days**

4. Type of contract: **Contract**

Contract description: **Kitchen Cleaning**

5. Purpose of contract:

This is the first amendment to the original contract, which continues to provide on a time and material basis, cleaning and detailing of heavy duty commercial kitchen equipment and facilities; air conditioning/ventilation systems; laundry and trash chutes, back loading docks, dumpster areas, awnings, and the cleaning of rooftop grease and oil. This amendment extends the termination date from June 30, 2013 to March 31, 2015, and increases the maximum amount from \$19,560 to \$34,560 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$19,560.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$15,000.00 |
| 4. New maximum contract amount: | \$34,560.00 |
| and/or the termination date of the original contract has changed to: | 03/31/2015 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has a substantial inventory of equipment at various sites that require thorough cleaning for the health and safety of staff and customers and to meet the city, county and state health codes.

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 and experience involved in the thorough cleaning required of this service.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Of the eight vendors solicited, only three responded, Western Commercial Services LLC, Southern Nevada Environmental Services Inc and Accurate Building Maintenance. Contracts are being awarded to all three to form a pool of vendors.

d. Last bid date: 02/02/2011 Anticipated re-bid date: 02/02/2015

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:

It has been verified that this contractor has been under contract with the Department of Corrections and has performed satisfactorily.

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 | 04/16/2013 09:33:38 AM |
| Division Approval | mcol1 | 04/25/2013 14:31:11 PM |
| Department Approval | tnash | 05/03/2013 15:50:38 PM |
| Contract Manager Approval | tnash | 05/07/2013 10:26:54 AM |
| Budget Analyst Approval | knielsen | 05/08/2013 10:34:46 AM |
| BOE Agenda Approval | sbrown | 05/14/2013 12:36:28 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: 12100 | Amendment Number: 1 |
| Agency Name: REHABILITATION DIVISION | Legal Entity Name: IRON DATA SOLUTIONS, INC. |
| Agency Code: 901 | Contractor Name: IRON DATA SOLUTIONS, INC. |
| Appropriation Unit: 3269-26 | Address: PO BOX 643845 |
| Is budget authority available?: Yes | City/State/Zip: CINCINNATI, OH 45264-3845 |
| If "No" please explain: Not Applicable | Contact/Phone: Karen M. Edelen 314/744-7317 |
| | Vendor No.: T29027255B |
| | NV Business ID: NV197911011556 |

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

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 #: 1640-13-BDA

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Software Support**

5. Purpose of contract:

This is the first amendment to the original contract, which continues to provide software support services and maintenance for the Social Security Administration Disability Determination system currently installed with the Department of Employment, Training, and Rehabilitation, Rehabilitation Division, Bureau of Disability Adjudication. This amendment changes the agency point of contact and extends the termination date from June 30, 2013 to June 30, 2015, increases the maximum amount from \$98,000 to \$175,350 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$98,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$77,350.00 |
| 4. New maximum contract amount: | \$175,350.00 |
| 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?

Federal Law, regulations and Social Security Administration policy.

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

State employees do not have the needed expertise and Iron Data Solutions, Inc. owns proprietary rights to the software currently installed with the social Security Administration disability determination system and as such are the sole source for support service and maintenance.

9. Were quotes or proposals solicited? No
Was the solicitation (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 #: 110407

Approval Date: 04/12/2011

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

Iron Data Solutions, Inc. owns proprietary rights to the software currently installed for the Social Security Administration disability determination system.

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 contractor has been performing satisfactory service for the Department of Employment, Training and Rehabilitation, Rehabilitation Division, Bureau of Disability Adjudication since July 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:
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 | 05/21/2013 10:40:48 AM |
| Division Approval | tnash | 05/21/2013 10:41:33 AM |
| Department Approval | tnash | 05/21/2013 10:41:36 AM |
| Contract Manager Approval | tnash | 05/21/2013 10:41:38 AM |
| DoIT Approval | lmuelle1 | 05/22/2013 11:13:16 AM |
| Budget Analyst Approval | knielsen | 05/22/2013 13:50:24 PM |
| BOE Agenda Approval | sbrown | 05/28/2013 09:55:33 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13534** Amendment Number: **2**

Agency Name: **EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **COMMUNITY SERVICES AGENCY OF**

Agency Code: **902** Contractor Name: **COMMUNITY SERVICES AGENCY OF**

Appropriation Unit: **4770-12** Address: **WASHOE COUNTY/CACFP**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89510**

If "No" please explain: Not Applicable Contact/Phone: **Cloyd Phillips 702/786-6023**

Vendor No.: **T11677300**

NV Business ID: **NV19651000782**

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 % Career Enhancement Program |

Agency Reference #: **FY13-CEP-CSA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2012**Anticipated BOE meeting date **06/2013**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2013**Contract term: **1 year and 79 days**4. Type of contract: **Interlocal Agreement**Contract description: **Jobs for Graduates**

5. Purpose of contract:

This is the second amendment to the original contract, which continues to provide training to improve the outcomes of public education, improve work opportunities, and increase college enrollment and completion rates for high-risk youth populations. This amendment extends the termination date from June 30, 2013 to September 30, 2013 and increases the maximum amount from \$598,749 to \$860,406 due to the continuation of these services.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$450,000.00 |
| 2. Total amount of any previous contract amendments: | \$148,749.00 |
| 3. Amount of current contract amendment: | \$261,657.00 |
| 4. New maximum contract amount: | \$860,406.00 |
| and/or the termination date of the original contract has changed to: | 09/30/2013 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The State has committed to providing training for high-risk youth to improve outcomes for public education and improve work opportunities.

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

The Jobs for America's Graduates model requires that the state contract with a qualified non-profit organization to administer this program in the state of Nevada.

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?

Purchasing granted exemption of a formal solicitation per NRS 333.300(3). Quality of proposal; scored the highest of the three vendors that were solicited and submitted proposals.

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 | tmyler | 04/22/2013 13:43:04 PM |
| Division Approval | rolso1 | 04/22/2013 17:05:51 PM |
| Department Approval | tnash | 04/22/2013 17:12:42 PM |
| Contract Manager Approval | tnash | 04/24/2013 15:53:22 PM |
| Budget Analyst Approval | knielsen | 05/14/2013 14:04:23 PM |
| BOE Agenda Approval | sbrown | 05/18/2013 09:21:01 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14309**

Agency Name: **EMPLOYMENT SECURITY DIVISION**
Agency Code: **902**
Appropriation Unit: **4770-12**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: DEPARTMENT OF CORRECTIONS
Contractor Name: **DEPARTMENT OF CORRECTIONS**
Address: **ATTN BABB, PAM ADMINISTRATION
PO BOX 7011**
City/State/Zip: **CARSON CITY, NV 89702-7011**
Contact/Phone: Gary Rosenfeld 775-887-3219
Vendor No.: D44000026
NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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 % Career Enhancement Program |

Agency Reference #: **FY14-CEP-PRIDE**

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 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Prison Re-entry**

5. Purpose of contract:

This is a new intrastate interlocal agreement that continues ongoing funding for the Purpose, Respect, Integrity, Determination, and Excellence (PRIDE) Program which will provide pre-release and post-release assistance to inmates and felons through a holistic program. The program incorporates intensive case management, transitional housing, employment training and placement, life skills training, mental health services, substance and drug abuse counseling, mentoring, and other comprehensive transitional services. The Nevada Department of Corrections (NDOC) will oversee all aspects of the project and coordinate with service providers to ensure a seamless transition, participate in coalitions and advisory groups that relate to overcoming barriers to prisoner re-entry, and refer a sufficient number of post-release individuals to selected service providers to meet the condition of program participation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$510,000.00**

Other basis for payment: NDOC agrees to provide services at a cost not to exceed \$510,000. Payments to be made upon approval of the request for funds from NDOC, normally once a month, with the total contract amount not to exceed \$510,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State needs to provide specialized service to prison inmates and felons because of the high recidivism rates.

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

The department does not have employees who can provide on-site inmate support to assist this organization with workforce system capacity building 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?

Intrastate 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?

No If "Yes", specify 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 | tmyler | 04/22/2013 13:48:04 PM |
| Division Approval | rolso1 | 04/22/2013 17:06:23 PM |
| Department Approval | tnash | 04/22/2013 17:10:02 PM |
| Contract Manager Approval | tnash | 04/24/2013 15:55:05 PM |
| Budget Analyst Approval | knielsen | 04/26/2013 10:49:54 AM |
| BOE Agenda Approval | sbrown | 05/06/2013 14:26:13 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: 12350 | Amendment Number: 2 |
| Agency Name: EMPLOYMENT SECURITY DIVISION | Legal Entity Name: NETWORK INTERPRETING SERVICE |
| Agency Code: 902 | Contractor Name: NETWORK INTERPRETING SERVICE |
| Appropriation Unit: All Budget Accounts - Category 04 | Address: INC |
| Is budget authority available?: Yes | City/State/Zip: BURLEY, ID 83318-1933 |
| If "No" please explain: Not Applicable | Contact/Phone: Lindsey Udy 800/284-1043 |
| | Vendor No.: T81106736 |
| | NV Business ID: NV20101886492 |

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.

| | | | |
|---|----------------|---|---|
| <input checked="" type="checkbox"/> General Funds | 1.90 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 69.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 29.10 % BEN, ESD Special Fund and Career Enhancement Program |

Agency Reference #: 1656-13-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2011**
Anticipated BOE meeting date 07/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2013**

Contract term: **4 years and 17 days**

4. Type of contract: **Contract**

Contract description: **Interpreting Service**

5. Purpose of contract:

This is the second amendment to the original contract, which continues to provide American Sign Language interpreting services in compliance with the Americans With Disabilities Act, for the State of Nevada, Department of Employment, Training and Rehabilitation. This amendment extends the termination date from July 31, 2013 to July 31, 2015 due to the continued need for these services and increases the maximum amount from \$15,000 to \$27,500 due to an increased volume of services requiring certified deaf instructors.

6. CONTRACT AMENDMENT

- | | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,500.00 |
| 2. Total amount of any previous contract amendments: | \$5,500.00 |
| 3. Amount of current contract amendment: | \$12,500.00 |
| 4. New maximum contract amount: | \$27,500.00 |
| and/or the termination date of the original contract has changed to: | 07/31/2015 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada, Department of Employment, Training, and Rehabilitation must contract for interpreting services for compliance with the Americans with Disabilities Act.

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

State of Nevada Employees do not provide this service in-house.

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?

One in a vendor pool.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 05/01/2015

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:

Network Interpreting Service, Inc. LLC has been providing satisfactory service to the Department of Employment, Training and Rehabilitation since July, 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 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 | tmyler | 04/22/2013 14:00:44 PM |
| Division Approval | tnash | 04/22/2013 14:12:49 PM |
| Department Approval | tnash | 04/22/2013 14:12:51 PM |
| Contract Manager Approval | tnash | 04/24/2013 15:55:53 PM |
| Budget Analyst Approval | knielsen | 04/26/2013 13:50:30 PM |
| BOE Agenda Approval | sbrown | 05/01/2013 13:40:22 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: 12601 | Amendment Number: 1 |
| Agency Name: DETR ADMINISTRATIVE SERVICES | Legal Entity Name: ROLLINS HT INC DBA |
| Agency Code: 908 | Contractor Name: ROLLINS HT INC DBA |
| Appropriation Unit: All Budget Accounts - Category 04 | Address: HOME TEAM PEST DEFENSE 6450 CAMERON ST STE 100 LAS VEGAS, NV 89118-4337 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118-4337 |
| If "No" please explain: Not Applicable | Contact/Phone: Robert Ratliff 702/388-7500 |
| | Vendor No.: T27027294 |
| | NV Business ID: NV20081144578 |

To what State Fiscal Year(s) will the contract be charged? **2012-2014**

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 | 1.90 % | Fees | 0.00 % | |
| <input checked="" type="checkbox"/> Federal Funds | 69.00 % | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 29.10 % | BEN, ESD Special Fund and Career Enhancement Program |

Agency Reference #: 1672-13-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2011**

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2013**

Contract term: **2 years and 40 days**

4. Type of contract: **Contract**

Contract description: **Pest Control**

5. Purpose of contract:

This is the first amendment to the original contract, which continues to provide pest control services on a regular or as needed basis at various Department of Employment, Training and Rehabilitation facilities in southern Nevada. This amendment increases the maximum amount from \$9,500 to \$15,000 due to an increased need for services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,500.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$5,500.00 |
| 4. New maximum contract amount: | \$15,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Pest control is necessary to maintain the health and safety of staff and the public.

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

State employees do not have the equipment or expertise to perform this work.

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to respond to the solicitation.

d. Last bid date: 07/27/2011 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?

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

Rollins HT INC DBA Hometeam Pest Defense has provided satisfactory service to the Department of Emploment, Training, and Rehabilitation since July, 2007.

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 | mcost1 | 04/15/2013 14:00:14 PM |
| Division Approval | tnash | 04/15/2013 14:09:52 PM |
| Department Approval | tnash | 04/15/2013 14:09:54 PM |
| Contract Manager Approval | tnash | 04/17/2013 09:06:18 AM |
| Budget Analyst Approval | knielsen | 04/23/2013 15:03:13 PM |
| BOE Agenda Approval | sbrown | 04/24/2013 09:59:03 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14465**

| | |
|--|--|
| Agency Name: PUBLIC EMPLOYEES BENEFITS | Legal Entity Name: HEALTHSCOPE BENEFITS INC |
| Agency Code: 950 | Contractor Name: HEALTHSCOPE BENEFITS INC |
| Appropriation Unit: 1338-10 | Address: 27 CORPORATE HILL DR |
| Is budget authority available?: Yes | City/State/Zip: LITTLE ROCK, AR 72205-4537 |
| If "No" please explain: Not Applicable | Contact/Phone: null501/218-7810 |
| | Vendor No.: T29028424 |
| | NV Business ID: NV20011223201 |
| 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 % to be paid via automatic monthly deduction from participant's FSA account. FSA is voluntary. |

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 06/2013

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: **Flexible Spending Ac**

5. Purpose of contract:

This is a new contract for an existing service to provide Flexible Spending Account administration.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$125,000.00**

Payment for services will be made at the rate of \$3.25 per participant per month

Other basis for payment: automatically deducted from the FSA account of participants who chose to enroll in this benefit

II. JUSTIFICATION

7. What conditions require that this work be done?

Flexible Spending Accounts are a voluntary benefit approved by the PEBP Board.

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

State employees are not licensed to provide this service.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3028, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2017

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:

HealthSCOPE Benefits is PEBP's current third party administrator. PEBP is very satisfied by the services provided by HealthSCOPE.

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 | mstron1 | 05/09/2013 14:49:05 PM |
| Division Approval | mstron1 | 05/09/2013 14:49:08 PM |
| Department Approval | mstron1 | 05/09/2013 14:49:10 PM |
| Contract Manager Approval | mstron1 | 05/09/2013 14:49:13 PM |
| Budget Analyst Approval | jstrandb | 05/10/2013 14:42:49 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 11:20:42 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14512**

| | |
|---|---|
| Agency Name: PUBLIC EMPLOYEES BENEFITS | Legal Entity Name: HOMETOWN HEALTH PROVIDERS |
| Agency Code: 950 | Contractor Name: HOMETOWN HEALTH PROVIDERS |
| Appropriation Unit: 1338-10 | Address: INS CO INC |
| Is budget authority available?: Yes | 830 HARVARD WAY |
| If "No" please explain: Not Applicable | City/State/Zip: RENO, NV 89506 |
| | Contact/Phone: null775/982-3186 |
| | Vendor No.: T29003541A |
| | NV Business ID: NV19871019956 |

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 % 67% State Subsidy/ 33% Premium Revenue |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2014**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **UM/ CM**

5. Purpose of contract:

This is a new contract to provide ongoing service of the utilization management and case management for participants of the Public Employees' Benefits Program. Utilization management provides pre-certification of hospital stays, organ transplants, chemotherapy, dialysis, certain cardiac procedures, and the purchase of durable medical equipment. Case management provides PEBP participants with a case manager nurse who assists the most medically vulnerable with care coordination, navigation, and additional resources for more complex illnesses or longer inpatient stays.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$796,000.00**

Payment for services will be made at the rate of \$2.97 per participant per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program (PEBP) oversees the administration of the self-funded medical, dental and vision plans. The medical plan requires a vendor to provide pre-certification for certain medical services/ procedures. Case management provides participant assistance during large or high dollar claims events.

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

State employees are not licensed to provide this service.

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

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

Not Applicable

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

Approval #: 130506

Approval Date: 05/20/2013

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

Hometown Health is an established partner of PEBP and would have minimal implementation time to continue this service. Hometown Health is familiar with the Plan, the Master Plan Document and the benefit structure of PEBP and will have minimal disruption for those currently enrolled in case management or receiving utilization management.

d. Last bid date: 11/01/2010 Anticipated re-bid date: 11/01/2013

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?

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

Hometown Health is PEBP's current vendor for the northern Nevada HMO and for the Statewide PPO Network. PEBP and its participants are satisfied with the services provided by Hometown Health.

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 | mstron1 | 05/20/2013 16:34:14 PM |
| Division Approval | mstron1 | 05/20/2013 16:34:15 PM |
| Department Approval | mstron1 | 05/20/2013 16:34:18 PM |
| Contract Manager Approval | mstron1 | 05/20/2013 16:34:20 PM |
| Budget Analyst Approval | jstrandb | 05/22/2013 07:54:26 AM |
| BOE Agenda Approval | cwatson | 05/22/2013 09:23:37 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: **14406**

| | |
|---|---|
| Agency Name: PUBLIC EMPLOYEES BENEFITS | Legal Entity Name: LIBERTY MUTUAL GROUP |
| Agency Code: 950 | Contractor Name: LIBERTY MUTUAL GROUP |
| Appropriation Unit: 1338-10 | Address: PO BOX 1525 |
| Is budget authority available?: Yes | City/State/Zip: DOVER, NH 03821 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-323-8600 |
| | Vendor No.: T32000912 |
| | NV Business ID: NV20091010345 |
| 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 % |
| | Paid via automatic payroll deductions by PEBP participants who choose to enroll for this service |

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 06/2013

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: **Voluntary Home/ Auto**

5. Purpose of contract:

This is a new contract to continue ongoing voluntary home/auto/property insurance for participants who choose to enroll for this service.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,034,788.00**

Other basis for payment: Paid via automatic payroll deductions for PEBP participants who choose to enroll for this service.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program issues an RFP and selects vendors who can provide voluntary home/ auto/ property insurance for participants of the program with group discounts on premiums.

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

The state of Nevada is not licensed to provide this type of insurance to employees.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This is the incumbent vendor who has consistently provided high customer service with group discounts for PEBP participants. This vendor was chosen by the evaluation committee and was ratified by the PEBP Board.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2017

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:

Liberty Mutual has been PEBP's vendor for voluntary home/ auto/ property insurance for over 12 years. PEBP and its participants are very satisfied by the services and discounts provided by Liberty Mutual.

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 | mstron1 | 05/07/2013 08:46:52 AM |
| Division Approval | mstron1 | 05/07/2013 08:46:55 AM |
| Department Approval | mstron1 | 05/07/2013 08:46:58 AM |
| Contract Manager Approval | mstron1 | 05/07/2013 08:47:02 AM |
| Budget Analyst Approval | jstrandb | 05/08/2013 16:11:25 PM |
| BOE Agenda Approval | cwatson | 05/16/2013 11:14:18 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: **11308** Amendment Number: **2**
 Agency Name: **PUBLIC EMPLOYEES BENEFITS** Legal Entity Name: **STANDARD INSURANCE COMPANY**
 Agency Code: **950** Contractor Name: **STANDARD INSURANCE COMPANY**
 Appropriation Unit: **1338-00** Address: **1100 SW 6TH AVE**
 Is budget authority available?: **Yes** City/State/Zip: **PORTLAND, OR 97204-1010**
 If "No" please explain: Not Applicable Contact/Phone: null800/247-6888
 Vendor No.: T29000017
 NV Business ID: NV19971294431

To what State Fiscal Year(s) will the contract be charged? **2008-2014**
 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 % paid via voluntary automatic payroll deductions from PEBP participants who choose this service |

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2007**
 Anticipated BOE meeting date 06/2013
 Retroactive? **No**
 If "Yes", please explain
Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **7 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **Voluntary STD**

5. Purpose of contract:
This is the second amendment to the original contract, which provides voluntary short term disability insurance to eligible participants paid via automatic payroll deduction. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$1,500,000 to \$2,000,000. This one year extension will allow staff additional time to prepare an RFP that better solicits the needs of the program.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$1,000,000.00 |
| 2. Total amount of any previous contract amendments: | \$500,000.00 |
| 3. Amount of current contract amendment: | \$500,000.00 |
| 4. New maximum contract amount: | \$2,000,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2014 |

II. JUSTIFICATION

7. What conditions require that this work be done?
This is a voluntary product for state employees.

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

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? Yes

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen by the evaluation committee and ratified by the PEBP Board. This vendor is licensed by the State of Nevada.

d. Last bid date: 02/01/2007 Anticipated re-bid date: 02/01/2014

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:

The Standard is PEBP's current basic life, voluntary short term disability and voluntary life insurance vendor. PEBP is satisfied with the services provided by The Standard.

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 | mstron1 | 04/18/2013 16:03:53 PM |
| Division Approval | mstron1 | 04/18/2013 16:03:56 PM |
| Department Approval | mstron1 | 04/18/2013 16:03:58 PM |
| Contract Manager Approval | mstron1 | 04/24/2013 11:45:20 AM |
| Budget Analyst Approval | jstrandb | 04/26/2013 10:33:11 AM |
| BOE Agenda Approval | cwatson | 05/16/2013 11:12:16 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV3147** Amendment Number: **2**
 Agency Name: **PUBLIC EMPLOYEES BENEFITS** Legal Entity Name: **Standard Insurance**
 Agency Code: **950** Contractor Name: **Standard Insurance**
 Appropriation Unit: **1338-08** Address: **920 SW Sixth Ave**
 Is budget authority available?: **Yes** City/State/Zip: **Portland, OR 97204**
 If "No" please explain: **Not Applicable** Contact/Phone: **Dina Ward 800378238986**
 Vendor No.: **T29000017**
 NV Business ID: **NV19971294431**

To what State Fiscal Year(s) will the contract be charged? **2009-2014**

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 % paid via automatic payroll deductions from participants who choose to enroll in this service |

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2008**
 Anticipated BOE meeting date **06/2013**
 Retroactive? **No**
 If "Yes", please explain
Not Applicable

3. Previously Approved Termination Date: **06/30/2013**
 Contract term: **6 years**
 4. Type of contract: **Contract**
 Contract description: **Health Related Services**

5. Purpose of contract:
This is the second amendment to the original contract, which provides voluntary life insurance to eligible participants. This amendment extends the termination date from June 30, 2013 to June 30, 2014 and increases the maximum amount from \$20,000,000 to \$22,500,000 due to the time needed to allow staff additional time to prepare an RFP that better solicits the needs of the program.

6. CONTRACT AMENDMENT

| | |
|--|-----------------|
| 1. The maximum amount of the original contract: | \$16,000,000.00 |
| 2. Total amount of any previous contract amendments: | \$4,000,000.00 |
| 3. Amount of current contract amendment: | \$2,500,000.00 |
| 4. New maximum contract amount: | \$22,500,000.00 |

and/or the termination date of the original contract has changed to: **06/30/2014**

II. JUSTIFICATION

7. What conditions require that this work be done?
This is a voluntary life insurance benefit approved by the PEBP Board.

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

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? Yes

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen as the incumbent vendor as having the best rates and was shown to have the best coverage options for PEBP participants.

d. Last bid date: 07/01/2007 Anticipated re-bid date: 01/01/2014

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:

The Standard is PEBP's current basic life insurance, voluntary short term disability insurance and voluntary life insurance vendor. PEBP is satisfied by the services provided by The Standard.

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 | mstron1 | 04/22/2013 13:52:41 PM |
| Division Approval | mstron1 | 04/22/2013 13:52:44 PM |
| Department Approval | mstron1 | 04/22/2013 13:52:46 PM |
| Contract Manager Approval | mstron1 | 04/24/2013 10:46:41 AM |
| Budget Analyst Approval | jstrandb | 05/07/2013 08:32:30 AM |
| BOE Agenda Approval | cwatson | 05/16/2013 11:17:54 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: **14253**

| | |
|--|--|
| Agency Name: LICENSING BOARDS & COMMISSIONS | Legal Entity Name: Eduloka Limited |
| Agency Code: BDC | Contractor Name: Eduloka Limited |
| Appropriation Unit: B008 - All Categories | Address: 10569 Eagle Falls Way |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89521 |
| If "No" please explain: Not Applicable | Contact/Phone: Tuhin Verma 775-240-6317 |
| | Vendor No.: |
| | NV Business ID: NV20101126878 |

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 % Agency Funds |

Agency Reference #: 201301

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2014**

Contract term: **1 year and 60 days**

4. Type of contract: **Provider Agreement**

Contract description: **Website Services**

5. Purpose of contract:

This is a new contract to provide services related to the Board's website that will allow the Board's registrants to allow for online services such as licensure renewal and updating of personal information.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,500.00**

Other basis for payment: \$42,500.00 flat fee

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board desires that its registrants have the means to renew their registrations and make routine changes to their licensing information through online means available through the Board's website.

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

The Board does not have any employees with the necessary expertise, knowledge, or skills to accomplish the task.

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?

Best combination of cost and available services.

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?

No If "Yes", specify 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 | 55443282 | 04/04/2013 07:52:39 AM |
| Division Approval | 55443282 | 04/04/2013 07:52:49 AM |
| Department Approval | 55443282 | 04/04/2013 07:52:55 AM |
| Contract Manager Approval | 55443282 | 04/04/2013 07:53:00 AM |
| DoIT Approval | Imuelle1 | 04/08/2013 16:04:01 PM |
| Budget Analyst Approval | eobrien | 05/03/2013 15:27:59 PM |
| BOE Agenda Approval | nhovden | 05/17/2013 12:55:13 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: **14366**

| | |
|--|--|
| Agency Name: LICENSING BOARDS & COMMISSIONS | Legal Entity Name: J. A. Solari and Partners, LLC |
| Agency Code: BDC | Contractor Name: J. A. Solari and Partners, LLC |
| Appropriation Unit: B011 - All Categories | Address: 500 Damonte Ranch Parkway |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89521 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-850-7831 |
| | Vendor No.: |
| | NV Business ID: NV20111407891 |

To what State Fiscal Year(s) will the contract be charged? **2014-2015**

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 % | X | Fees | 100.00 % License Fees paid by Contractors |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

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

Anticipated BOE meeting date 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **CPA audit financials**

5. Purpose of contract:

This is a new contract that continues ongoing assistance to provide annual audited financial statements, semiannual cash receipt testing, accounting services as needed by the Nevada State Contractors Board and a statement that the audit was performed in accordance with Statements on Standards for Accounting and Review Service issued by the American Institute of Certified Public Accountants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,000.00**

Other basis for payment: \$105 to \$300 per hour as billed.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires an independent accounting firm to carry out its annual financial statement audit.

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

Contractor is an independent Certified Public Accountant qualified to perform an independent examination of the financial accounting records of the Nevada State Contractors Board. Contractor is familiar with applicable generally accepted accounting principles and the clients operations.

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

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

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

Not Applicable

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

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

(CPA) Knowledge and experience that J. A. Solari and Partners, LLC has gained through the on going relationship with the Nevada State Contractors Board.

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:

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 | dlumbert | 05/02/2013 10:15:06 AM |
| Division Approval | dlumbert | 05/02/2013 10:15:10 AM |
| Department Approval | dlumbert | 05/02/2013 10:15:14 AM |
| Contract Manager Approval | dlumbert | 05/02/2013 10:15:18 AM |
| Budget Analyst Approval | eobrien | 05/20/2013 10:00:31 AM |
| BOE Agenda Approval | nhovden | 05/20/2013 13:16:40 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14364**

| | |
|---|---|
| Agency Name: MASTER SERVICE AGREEMENTS | Legal Entity Name: Federal Engineering, Inc. |
| Agency Code: MSA | Contractor Name: Federal Engineering, Inc. |
| Appropriation Unit: 9999 - All Categories | Address: 10600 Arrowhead Drive |
| Is budget authority available?: Yes | City/State/Zip: Fairfax, VA 22030 |
| If "No" please explain: Not Applicable | Contact/Phone: Ronald Bosco 703-359-8200 |
| | Vendor No.: |
| | NV Business ID: NV20131260427 |
| 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 agencies |

2. Contract start date:

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

Anticipated BOE meeting date: **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2013**

Contract term: **213 days**

4. Type of contract: **MSA**

Contract description: **LTE Broadband Plan**

5. Purpose of contract:

This is a new contract to provide a plan for the Nevada Long Term Evolution (LTE) Broadband Network.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$154,950.00**

Other basis for payment: **Cost Schedule as listed in Attachment DD of the contract**

II. JUSTIFICATION

7. What conditions require that this work be done?

The State is required to develop a Long Term Evolution Broadband System.

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

This is highly technical work and requires experts in the field to do it.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen based on scores from the evaluation group.

d. Last bid date: **11/28/2012** Anticipated re-bid date: **12/02/2013**

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:
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 | Ideloach | 05/03/2013 14:01:15 PM |
| Division Approval | Ideloach | 05/03/2013 14:01:24 PM |
| Department Approval | ktarter | 05/03/2013 14:46:52 PM |
| Contract Manager Approval | gburchet | 05/03/2013 14:53:37 PM |
| Budget Analyst Approval | knielsen | 05/14/2013 13:42:57 PM |
| BOE Agenda Approval | sbrown | 05/16/2013 11:17:26 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: **14285**

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: **Herman Miller Inc.**
Contractor Name: **Herman Miller Inc.**
Address: **855 East Main Avenue**
City/State/Zip: **Zeeland, MI 49464**
Contact/Phone: **null616-654-8375**
Vendor No.: **PUR0003044**
NV Business ID: **NV20131108643**

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 % Various |

2. Contract start date:

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

Anticipated BOE meeting date: 06/2013

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2015**

Contract term: **2 years and 152 days**

4. Type of contract: **MSA**

Contract description: **Furniture**

5. Purpose of contract:

This is a new contract that continues ongoing office furniture purchases for all State agencies and political subdivisions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: Per pricing discount sheet provided in Attachment DD

II. JUSTIFICATION

7. What conditions require that this work be done?

All agencies require furniture for their offices.

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

Furniture is a specialty item and cannot be produced by agencies

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen by an evaluation committee based on scored criteria.

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 | ldeloach | 04/18/2013 13:12:17 PM |
| Division Approval | ldeloach | 04/18/2013 13:12:19 PM |
| Department Approval | ldeloach | 04/18/2013 13:12:22 PM |
| Contract Manager Approval | gburchet | 04/26/2013 15:01:21 PM |
| Budget Analyst Approval | knielsen | 04/29/2013 11:15:49 AM |
| BOE Agenda Approval | sbrown | 05/01/2013 13:37:40 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12505** Amendment Number: **1**
 Agency Name: **MASTER SERVICE AGREEMENTS** Legal Entity Name: **JPay Inc.**
 Agency Code: **MSA** Contractor Name: **JPay Inc.**
 Appropriation Unit: **9999 - All Categories** Address: **12864 Biscayne Blvd, Suite 243**
 Is budget authority available?: **Yes** City/State/Zip: **Miami, FL 33181**
 If "No" please explain: **Not Applicable** Contact/Phone: **Errol Feldman 305-577-5543**
 Vendor No.:
 NV Business ID: **NV20111282456**
 To what State Fiscal Year(s) will the contract be charged? **2012-2019**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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

Agency Reference #: 1901

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 05/2013

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

Not Applicable

3. Previously Approved Termination Date: **07/31/2015**
 Contract term: **6 years and 323 days**

4. Type of contract: **MSA**
 Contract description: **Inmate Kiosks**

5. Purpose of contract:
This is the first amendment to the original Contract, which provides Inmate Kiosks. This amendment extends the termination date from July 31, 2015 to July 31, 2018, to allow for the proposed project to be fully implemented, tested and, upon project acceptance, rollout to the Department of Corrections to realize the projected revenue. The additional time request is due to the master contract that was facilitated as a multi-state RFP, the contract negotiations were more complicated and tie consuming than anticipated in the original time line. This amendment also includes additional services that were not available upon contract award.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$1,800,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$0.00 |
| 4. New maximum contract amount: | \$1,800,000.00 |
| and/or the termination date of the original contract has changed to: | 07/31/2018 |

II. JUSTIFICATION

7. What conditions require that this work be done?
To improve services to the inmate population while reducing staff workload.

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 this area.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
This vendor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: 03/24/2011 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?

No If "Yes", specify 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 | Ideloach | 04/22/2013 08:40:33 AM |
| Division Approval | Ideloach | 04/22/2013 08:40:38 AM |
| Department Approval | Ideloach | 04/22/2013 08:40:41 AM |
| Contract Manager Approval | rmille8 | 04/22/2013 08:46:11 AM |
| Budget Analyst Approval | knielsen | 05/14/2013 14:05:10 PM |
| BOE Agenda Approval | sbrown | 05/18/2013 09:18:30 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11057** Amendment Number: **2**

Agency Name: **MASTER SERVICE AGREEMENTS** Legal Entity Name: **RFI ENTERPRISES, INC. DBA RFI COMMUNICATIONS & SECURITY**

Agency Code: **MSA** Contractor Name: **RFI ENTERPRISES, INC. DBA RFI COMMUNICATIONS & SECURITY**

Appropriation Unit: **9999 - All Categories** Address: **4060 S MCCARRAN BLVD**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502**

If "No" please explain: **Not Applicable** Contact/Phone: **MICHAEL BLIESE 775/850-0403**

Vendor No.: **PUR0002572A**

NV Business ID: **NV20021334287**

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 % | X Other funding | 100.00 % Various |

Agency Reference #: **RFP #1837**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2010**

Anticipated BOE meeting date **06/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Security Equipment**

5. Purpose of contract:

This is the second amendment to the original contract to install, provide equipment and warranty/maintenance services for CCURE Security systems. This amendment extends the termination date from June 30, 2013, to June 30, 2014, or as soon as a new contract resulting from RFP 3047 is effective, and increases the maximum amount from \$1,000,000 to \$1,500,000.

6. CONTRACT AMENDMENT

- 1. The maximum amount of the original contract: **\$1,000,000.00**
 - 2. Total amount of any previous contract amendments: **\$0.00**
 - 3. Amount of current contract amendment: **\$500,000.00**
 - 4. New maximum contract amount: **\$1,500,000.00**
- and/or the termination date of the original contract has changed to: **06/30/2014**

II. JUSTIFICATION

7. What conditions require that this work be done?

Many of the security access control and CCTV systems currently installed in facilities are past their manufacturer/installer warranty periods and continue to need maintenance. Putting additional buildings on the current system is a cost-efficient and effective way to provide required security.

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 staff or skill to provide these labor-intensive services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

As the current Contractor for these services, RFI has the most experience and knowledge of the State's current security network and provide the best value for the State.

d. Last bid date: 09/01/2006 Anticipated re-bid date: 01/15/2014

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:

RFI is the current vendor for the MSA for installation of security equipment and has provided satisfactory work.

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 | 05/02/2013 15:04:50 PM |
| Division Approval | sberry | 05/02/2013 15:04:54 PM |
| Department Approval | sberry | 05/02/2013 15:04:57 PM |
| Contract Manager Approval | mtroesch | 05/02/2013 15:18:01 PM |
| DoIT Approval | lsmolya1 | 05/07/2013 14:31:02 PM |
| Budget Analyst Approval | knielsen | 05/08/2013 10:22:27 AM |
| BOE Agenda Approval | sbrown | 05/14/2013 14:08:42 PM |