

POST

*** NOTICE OF PUBLIC MEETING ***

BOARD OF EXAMINERS

LOCATION: Capitol Building
The Guinn Room
101 N. Carson Street
Carson City, Nevada 89701

VIDEOCONFERENCE: Grant Sawyer State Office Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

DATE AND TIME: April 14, 2015 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 MARCH 10, 2015 BOARD OF EXAMINERS’ MEETING MINUTES**
- *3. **FOR POSSIBLE ACTION – APPROVAL OF A CRITICAL LABOR SHORTAGE**

Pursuant to NRS 286.523, it is the policy of this State to ensure that the reemployment of a retired public employee pursuant to this section is limited to positions of extreme need. An employer who desires to employ such a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon the appropriate and necessary delivery of services to the public.

A. Public Employees Benefits Program (PEBP)

The PEBP requests the reemployment of a retired public employee as the Interim Executive Officer. The Interim Executive Officer serves while the PEBP Board conducts the search for a permanent replacement.

***4. FOR POSSIBLE ACTION – SALARY ADJUSTMENT**

The 2013 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 2015 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 requested:

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT | HWY FUND ADJUSTMENT |
|------|------------------------------|-------------------------|---------------------|
| 4744 | Department of Motor Vehicles | | \$31,345 |
| | Total | | \$31,345 |

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

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

| AGENCY NAME | # OF VEHICLES | NOT TO EXCEED: |
|--|---------------|-----------------|
| Department of Administration – Fleet Services Division | 2 | \$43,625 |
| Department of Business and Industry – Industrial Relations Division – Occupational Safety and Health Enforcement | 1 | \$24,285 |
| Department of Conservation and Natural Resources – Environmental Protection – Bureau of Water Quality Planning | 1 | \$27,191 |
| Total | 4 | \$95,101 |

***6. FOR POSSIBLE ACTION – LEASES ([ATTACHED AS EXHIBIT 1](#))**

***7. FOR POSSIBLE ACTION – CONTRACTS ([ATTACHED AS EXHIBIT 2](#))**

***8. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENTS ([ATTACHED AS EXHIBIT 3](#))**

9. CONTRACTS APPROVED BY THE CLERK OF THE BOARD ([ATTACHED AS EXHIBIT 4](#)) – INFORMATION ITEM

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from February 13, 2015 through March 23, 2015.

10. INFORMATION ITEMS

A. Department of Conservation and Natural Resources – Division of Environmental Protection – Bureau of Water Management and Corrective Action

This disclosure reports a correction to the termination date on the contract between the Division of Environmental Protection and Broadbent and Associates, Inc. (Contract #16117). The termination date for the original contract that posted on the November 12, 2014 Board of Examiners agenda was December 30, 2018; however, the accurate date of December 30, 2019 was indicated on the signed contract.

B. Department of Health and Human Services – Division of Child and Family Services – Nevada Youth Training Center

This disclosure reports a correction to the contract value between the Division of Child and Family Services and Jill Leslie Oswald, MD (Contract #14352). The contract amount posted on the June 11, 2013 Board of Examiners agenda was a subtotal of \$143,550; however, the total amount of the signed contract is \$182,550.

C. Public Employees Benefits Program (PEBP)

This disclosure reports a correction to the termination date on the contract between the Public Employees Benefit Program and Healthscope Benefits, Inc. (Contract #14575). The termination date that posted on the July 9, 2013 Board of Examiners agenda was June 30, 2014; however, the accurate date of June 30, 2017 was indicated on the signed contract.

11. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

*12. 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 websites:

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

<https://notice.nv.gov/>

Any questions regarding the agenda or supporting material for the meeting please contact Director Wells at (775) 684-0222 or you can email us at budget@admin.nv.gov. 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.

LEASES

| BOE # | LESSEE | LESSOR | AMOUNT |
|-------|--|------------------------------|---------------------|
| 1. | Nevada Funeral and Cemetery Services Board | Jenkins Holding Company, LLC | \$6,640 |
| | Lease Description: This is an addition to current facilities of an existing lease to house the Funeral and Cemetery Board. Term of Lease: 04/15/2015 – 09/30/2015 Located in Reno | | |
| 2. | Department of Health and Human Services – Division of Health Care, Financing and Policy | Sierra Medical Complex, LP | \$1,731,820 |
| | Lease Description: This is an extension of an existing lease to house the Division of Health Care, Financing and Policy. Term of Lease: 05/01/2015 – 04/30/2018 Located in Carson City | | |
| 3. | Department of Health and Human Services – Division of Public and Behavioral Health – Radiation Control Program | Park Flamingo, LP | \$431,692 |
| | Lease Description: This is an extension of an existing lease to house the Radiation Control Program. Term of Lease: 04/01/2015 – 03/31/2020 Located in Las Vegas | | Savings of \$65,025 |
| 4. | Silver State Health Exchange | Coffee Road Investments, LLC | \$89,826 |
| | Lease Description: This is an expansion of space to an existing lease for the Silver State Health Insurance Exchange to house the Consumer Assistance Center. Term of Lease: 05/01/2015 – 12/31/2018 Located in Carson City | | |
| 5. | Department of Transportation | Omninet Westbay, LP | \$707,898 |
| | Lease Description: This is a new location to house the Department of Transportation, Project Neon. Term of Lease: 08/01/2015 – 07/31/2020 Located in Las Vegas | | |

CONTRACTS

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|---|--|---|-----------|---|
| 1. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS | CAPITAL GLASS, INC. | FEE: BUILDINGS AND GROUNDS BUILDING RENT INCOME | \$50,000 | |
| | | Contract Description: This is a new contract to provide ongoing glass door repair and installation services for various state buildings in Northern Nevada on an as-needed basis. These services will be provided at the request and approval of a Buildings and Grounds designee. Term of Contract: 07/01/2015 - 06/30/2019 Contract # 16392 | | | | |
| 2. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS | SUMMIT PLUMBING CO, LLC. | FEE: BUILDINGS & GROUNDS BUILDING RENT INCOME FEES | \$50,000 | |
| | | Contract Description: This is a new contract to provide ongoing plumbing services. Services include pumping, heating, drain cleaning, air conditioning, wet well pumping, backflow testing, grease trap pumping, Hydro Vac services, camera service, pipe inspections, repairs, and replacements. These services will be provided at the request and approval of a Buildings and Grounds designee. Term of Contract: 09/01/2015 - 08/31/2019 Contract # 16459 | | | | |
| 3. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS - MARLETTE LAKE WATER SYS-Non-Exec | LUMOS & ASSOCIATES | OTHER: AGENCY FUNDED CIP | \$63,480 | PROFESSIONAL SERVICE |
| | | Contract Description: This is a new contract to provide professional architectural/engineering services for the East Slope Catchments #5 improvements at the Marlette Lake Water System, Project No. 15-A022; SPWD Contract No. 109252. The scope of work includes improvement plans and construction documents. Term of Contract: Upon Approval - 06/30/2019 Contract # 16402 | | | | |
| 4. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - UNIV 05 CIP PROJ - CCSN-NON-EXEC | CARPENTER SELLERS ASSOC DBA CARPENTER SELLERS ARCHITECTS | OTHER: 13% UNIV SYS RCPT, 10% TRANS FROM CAP PROJ FND, 55% TRANS FROM TREAS, 22% TRANS FROM THE PWB | \$225,222 | PROFESSIONAL SERVICE |
| | | Contract Description: This is the sixth amendment to the original contract, which provides professional architectural/engineering services for the University of Las Vegas Hotel College Academic Building; Project No. 13-P05; SPWD Contract No. 92114. This amendment increases the maximum amount from \$3,046,223 to \$3,271,455.40 for additional services for design and production of the project. The scope includes additional services to travel to Carson City to meet with the building official and State Fire Department personnel to review the code requirements for the building, along with additional services for submittals to the Federal Aviation Administration as required due to the location of the project. Term of Contract: 02/04/2014 - 06/30/2017 Contract # 15263 | | | | |

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|-------|--------|---|---|---|-----------|---|
| 5. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | BLACK EAGLE CONSULTING, INC. | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: This is a new contract to provide materials testing and inspection services as required. SPWD Contract No. 109191. Term of Contract: Upon Approval - 06/30/2017 Contract # 16450 | | | | |
| 6. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | CIVILWORKS, LLC. | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE | \$50,000 | PROFESSIONAL SERVICE |
| | | Contract Description: This is a new contract to provide professional civil plan checking services as required. SPWD Contract No. 109182. Term of Contract: Upon Approval - 06/30/2017 Contract # 16449 | | | | |
| 7. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | CONSTRUCTION MATERIALS ENGINEERS, INC. | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: This is a new contract to provide professional materials testing and inspection services as required. SPWD Contract No. 109192. Term of Contract: Upon Approval - 06/30/2017 Contract # 16430 | | | | |
| 8. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC. | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: This is a new contract to provide professional materials testing and inspection services as required. SPWD Contract No. 109193. Term of Contract: Upon Approval - 06/30/2017 Contract # 16470 | | | | |
| 9. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | HYYTINEN ENGINEERING, LLC. | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE | \$50,000 | PROFESSIONAL SERVICE |
| | | Contract Description: This is a new contract to provide professional structural plan checking as required. SPWD Contract No. 109227. Term of Contract: Upon Approval - 06/30/2017 Contract # 16446 | | | | |
| 10. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | LOCHSA, LLC. DBA LOCHSA ENGINEERING | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE | \$50,000 | PROFESSIONAL SERVICE |
| | | Contract Description: This is a new contract to provide professional civil plan checking services as required. SPWD Contract No. 109188. Term of Contract: Upon Approval - 06/30/2017 Contract # 16457 | | | | |
| 11. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | LUMOS & ASSOCIATES | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE | \$100,000 | PROFESSIONAL SERVICE |
| | | Contract Description: This is a new contract to provide professional materials testing and inspection plan checking services as required. SPWD Contract No. 109194. Term of Contract: Upon Approval - 06/30/2017 Contract # 16444 | | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|------------------------------|--|-------------|---|
| 12. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | LUMOS & ASSOCIATES | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE | \$50,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide professional civil plan checking services as required. SPWD Contract No. 109184. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2017 | Contract # 16445 | | |
| 13. | 082 | DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts | NINYO & MOORE | OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING SERVICE | \$100,000 | PROFESSIONAL SERVICE |
| | Contract Description: | This is a new contract to provide professional materials testing and inspection services as required. SPWD Contract No. 109195. | | | | |
| | | Term of Contract: | Upon Approval - 06/30/2017 | Contract # 16456 | | |
| 14. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - OFFICE OF CIO | GARTNER, INC. | FEE: USER FEES | \$170,560 | EXEMPT |
| | Contract Description: | This is a new contract that continues subscription-based services for the Division of Enterprise Information Technology Services' (EITS) professional staff. This will allow for research of best practices related to cloud-based services, document production, mobile application development, enterprise software replacement, network design, and systems strategy. Pursuant to NRS 332.195, the vendor has authorized EITS to join the City of Las Vegas's contract with Gartner, Inc. | | | | |
| | | Term of Contract: | 07/01/2015 - 06/30/2017 | Contract # 16381 | | |
| 15. | 180 | DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - COMPUTER FACILITY | MENTOR SERVICES CORPORATION | FEE: FACILITY FEES | \$27,000 | |
| | Contract Description: | This is the second amendment to the original contract, which provides training in Carson City. This amendment increases the maximum amount from \$30,000 to \$57,000 due to continued need for training. | | | | |
| | | Term of Contract: | 11/06/2013 - 03/31/2016 | Contract # 14896 | | |
| 16. | 240 | DEPARTMENT OF VETERANS SERVICES VETERANS' HOME ACCOUNT | MORRISON HEALTHCARE SERVICES | OTHER: PATIENT COLLECTIONS, CLARK COUNTY REIMBURSEMENTS, HOSPICE CHARGES 29% FEDERAL 71% | \$2,500,000 | |
| | Contract Description: | This is the second amendment to the original contract, which provides food services for the residents of the Nevada State Veterans Home. This amendment increases the maximum amount from \$2,500,000 to \$5,000,000 for anticipated food service costs. | | | | |
| | | Term of Contract: | 11/13/2012 - 12/01/2016 | Contract # 13833 | | |
| 17. | 300 | DEPARTMENT OF EDUCATION - ELEMENTARY & SECONDARY EDUCATION - TITLE I | BOARD OF REGENTS-UNR | FEDERAL | \$131,295 | |
| | Contract Description: | This is a new interlocal agreement to provide for a comprehensive evaluation of the Nevada Now is the Time-Project Aware grant program. This evaluation includes data collection, creation of strategic plans, measurement of progress and focus on the overall program objectives. | | | | |
| | | Term of Contract: | Upon Approval - 09/30/2015 | Contract # 16412 | | |

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|-------|------------------------------|---|---|-------------------------|-----------|---|
| 18. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX | FIRST HEALTH LIFE AND HEALTH | OTHER: TOBACCO FUNDS | \$210,300 | EXEMPT |
| | Contract Description: | This is a new contract that continues Nevada's ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, authorized by the State Legislature to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits. | | | | |
| | Term of Contract: | Upon Approval - 03/09/2019 | Contract # 16349 | | | |
| 19. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX | SILVERSCRIPT INSURANCE COMPANY | OTHER: TOBACCO FUNDS | \$118,600 | EXEMPT |
| | Contract Description: | This is a new contract that continues Nevada's ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, authorized by the State Legislature to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits. | | | | |
| | Term of Contract: | Upon Approval - 03/09/2019 | Contract # 16363 | | | |
| 20. | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX | WELLCARE PRESCRIPTION INSURANCE | OTHER: TOBACCO FUNDS | \$175,400 | EXEMPT |
| | Contract Description: | This is a new contract that continues Nevada's ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, authorized by the State Legislature to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits. | | | | |
| | Term of Contract: | Upon Approval - 03/09/2019 | Contract # 16326 | | | |
| 21. | 403 | DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING AND POLICY - ADMINISTRATION | DEPARTMENT OF ADMINISTRATION HEARINGS AND APPEALS | GENERAL 50% FEDERAL 50% | \$77,058 | |
| | Contract Description: | This is the first amendment to the original interlocal agreement, which continues ongoing services ensuring those entitled are afforded the right to an appeals process when refused Medicaid benefits. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$41,162 to \$118,220 due to an increased volume of hearings and for the extended termination date. | | | | |
| | Term of Contract: | 07/01/2013 - 06/30/2017 | Contract # 14079 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|---|---|----------------------------|------------------|---|
| 22. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES | SOLUTIONS RECOVERY, INC. | GENERAL | \$3,571,200 | |
| | | Contract Description: This is a new contract which continues ongoing residential services to include a forty bed group home environment, and training in daily living skills for clients who have been diagnosed with co-occurring disorders. | Term of Contract: | Upon Approval - 03/31/2017 | Contract # 16440 | |
| 23. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES | ZIRMED, INC. | GENERAL | \$128,852 | |
| | | Contract Description: This is the first amendment to the original contract which provides claims processing services in conjunction with online claims management processing systems. This amendment extends the termination date from June 30, 2015 to September 10, 2016 and increases the maximum amount from \$39,062 to \$167,913.50 due to an increased volume of claims. This amendment also adds the following budget accounts: Behavioral Health Administration (B/A 3168), Northern Nevada Adult Mental Health Services (B/A 3162), Southern Nevada Adult Mental Health Services (B/A 3161), and Rural Community Health Clinics (B/A 3648). | Term of Contract: | 09/11/2012 - 09/10/2016 | Contract # 13703 | |
| 24. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES | NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES | OTHER: RENTAL INCOME | \$184,116 | |
| | | Contract Description: This is a new interlocal revenue agreement that continues 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: | 07/01/2015 - 06/30/2017 | Contract # 16398 | |
| 25. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC AND BEHAVIORAL HEALTH - IMMUNIZATION PROGRAM | ENVISION TECHNOLOGY PARTNERS, INC. | FEDERAL | \$123,078 | SOLE SOURCE |
| | | Contract Description: This is the second amendment to the original contract, which continues ongoing services to upgrade and maintain the state's Immunization Registry (Nevada WebIZ) application, enhance certain reporting elements, data collection, retrieval, and external database interface features. This amendment increases the maximum amount from \$422,900 to \$545,978 to fund new cloud-based hosting and web-environment management activities. | Term of Contract: | 08/14/2012 - 12/31/2015 | Contract # 13594 | |

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|-------|------------------------------|---|---|----------------------------|-------------|---|
| 26. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE | ACCESS TO HEALTHCARE NETWORK | FEDERAL | \$7,200,000 | |
| | Contract Description: | This is a new contract that continues ongoing management services for the division's Women's Health Connection program for determination of client eligibility and referral including provider network; training; marketing; contract management; screening and diagnostic services; case management services; treatment services; data collection; and fiscal management. | | | | |
| | | Term of Contract: | 06/30/2015 - 06/30/2019 | Contract # 16383 | | |
| 27. | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC AND BEHAVIORAL HEALTH - RURAL CLINICS | BOARD OF REGENTS-NSHE OBO UNR | GENERAL | \$20,000 | EXEMPT |
| | Contract Description: | This is the first amendment to the original interlocal agreement, which continues ongoing implementation of a statewide network of telemedicine/tele-psychiatry services to increase access to care in the rural areas on behalf of individuals with mental and co-occurring substance abuse disorders. This amendment increases the maximum amount from \$49,900 to \$69,900 due to an increased volume of services. | | | | |
| | | Term of Contract: | 08/01/2014 - 06/30/2015 | Contract # 16244 | | |
| 28. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - ADMINISTRATION | CIT FINANCE, LLC DBA AVAYA FINANCIAL SERVICES | GENERAL 30% FEDERAL 70% | \$71,073 | |
| | Contract Description: | This is the second amendment to the original lease to provide financing for equipment required to upgrade the Division of Welfare and Supportive Services telephone system. This amendment increases the amount from \$2,095,604.19 to \$2,166,676.77 to incorporate schedule number 0030 to lease number x263772 for telecommunication equipment located at the Durango Office. | | | | |
| | | Term of Contract: | 07/08/2014 - 09/30/2019 | Contract # 15804 | | |
| 29. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - FIELD SERVICES | BERES, GINNIE DBA ROADRUNNER JANITORIAL SERVICE | GENERAL 33% FEDERAL 67% | \$4,400 | |
| | Contract Description: | This is the second amendment to the original contract, which continues ongoing janitorial services for the Division of Welfare and Supportive Services Pahrump District Office. This amendment revises the consideration language, increases the maximum amount from \$47,940 to \$52,340, and provides retroactive approval for a rate increase of \$110 per month for additional janitorial services for 1,500 square feet beginning March 1, 2015. | | | | |
| | | Term of Contract: | 07/01/2014 - 06/30/2018 | Contract # 15607 | | |

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| 30. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT FEDERAL REIMBURSEMENT | CLARK COUNTY | OTHER: COUNTY SHARE 34% FEDERAL 66% | \$70,500,834 | |
| | Contract Description: | This is the second amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing federal Title IV-D services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date of the agreement from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$97,244,238 to \$167,745,072 due to the continued need for these services. | | | | |
| | Term of Contract: | 07/01/2012 - 06/30/2017 | Contract # 12930 | | | |
| 31. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT FEDERAL REIMBURSEMENT | DOUGLAS COUNTY | OTHER: COUNTY SHARE 34% FEDERAL 66% | \$1,239,098 | |
| | Contract Description: | This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing federal Title IV-D services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount of the agreement from \$1,655,945 to \$2,895,043 due to the continued need for these services. | | | | |
| | Term of Contract: | 07/01/2012 - 06/30/2017 | Contract # 12946 | | | |
| 32. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT FEDERAL REIMBURSEMENT | MINERAL COUNTY | OTHER: COUNTY SHARE 34% FEDERAL 66% | \$342,837 | |
| | Contract Description: | This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing federal Title IV-D services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date of the agreement from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$454,978 to \$797,815 due to the continued need for these services. | | | | |
| | Term of Contract: | 07/01/2012 - 06/30/2017 | Contract # 12961 | | | |

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|-------|------------------------------|--|-------------------------------|--|-------------|---|
| 33. | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT FEDERAL REIMBURSEMENT | WASHOE COUNTY | OTHER: COUNTY SHARE 34% FEDERAL 66% | \$9,865,873 | |
| | Contract Description: | This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing federal Title IV-D services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$13,212,506 to \$23,078,379 due to the continued need for these services. | | | | |
| | Term of Contract: | 07/01/2012 - 06/30/2017 | Contract # 13009 | | | |
| 34. | 431 | ADJUTANT GENERAL AND NATIONAL GUARD - MILITARY | NDI PLUMBING, INC. | GENERAL 10% OTHER: RENTAL INCOME 10% FEDERAL 80% | \$48,000 | |
| | Contract Description: | This is the first amendment to the original contract, which provides plumbing services on an as needed basis at Office of the Military locations in Northern Nevada. The scope of work for plumbing services could range from replacing/installing sink faucets to repairing major sewer lines, as well as drain, waste and venting issues. The amendment extends the termination date from July 1, 2015 to June 30, 2017 and increases the maximum amount of the contract from \$48,000 to \$96,000 due to the continued need for these services. | | | | |
| | Term of Contract: | 08/16/2013 - 06/30/2017 | Contract # 14816 | | | |
| 35. | 431 | ADJUTANT GENERAL AND NATIONAL GUARD - All Budget Accounts | ABC FIRE AND CYLINDER SERVICE | GENERAL 50% FEDERAL 50% | \$99,900 | |
| | Contract Description: | This is a new contract to provide statewide fire extinguisher service, repair, inspections and maintenance to the agency's fire extinguishers. | | | | |
| | Term of Contract: | Upon Approval - 04/14/2019 | Contract # 16405 | | | |
| 36. | 655 | DEPARTMENT OF PUBLIC SAFETY - CRIMINAL HISTORY REPOSITORY | DATAWORKS PLUS, LLC | FEE: ADMIN FEES | \$151,096 | |
| | Contract Description: | This is a new contract to provide ongoing software and hardware support for the General Services Division's National Institute of Standards and Technology System, which accepts records for further forwarding to the Federal Bureau of Investigation. | | | | |
| | Term of Contract: | Upon Approval - 03/31/2019 | Contract # 16368 | | | |
| 37. | 702 | DEPARTMENT OF WILDLIFE - WILDLIFE CIP-Non-Exec | CH SPENCER & COMPANY | BONDS | \$55,307 | |
| | Contract Description: | This is a new contract to disassemble, tear down, and repair three pumps at the Gallagher Fish Hatchery for Brood Canopy Fish. | | | | |
| | Term of Contract: | Upon Approval - 12/01/2015 | Contract # 16428 | | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|-----------------------------|--|-----------|---|
| 38. | 706 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM | DOUGLAS COUNTY | OTHER: FIRE PROTECTION DISTRICT FUNDS | \$120,000 | |
| | Contract Description: | This is a new interlocal revenue agreement to provide ongoing services as under the Wildland Fire Protection Program. In accordance with this agreement, the division and district will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership. | | | | |
| | | Term of Contract: | 07/01/2015 - 06/30/2017 | Contract # 16413 | | |
| 39. | 706 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM | EUREKA COUNTY | OTHER: EUREKA COUNTY FUNDS | \$300,000 | |
| | Contract Description: | This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement, the division and the county will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership. | | | | |
| | | Term of Contract: | 07/01/2015 - 06/30/2017 | Contract # 16417 | | |
| 40. | 706 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM | LANDER COUNTY | OTHER: LANDER COUNTY FUNDS | \$300,000 | |
| | Contract Description: | This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement, the division and the county will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership. | | | | |
| | | Term of Contract: | 07/01/2015 - 06/30/2017 | Contract # 16420 | | |
| 41. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION | MCGINLEY & ASSOCIATES, INC. | FEE: HAZERDOUS WASTE FEES 43% OTHER: INTERIM FLUID MANAGEMENT TRUST 50% FEDERAL 7% | \$350,000 | |
| | Contract Description: | This is the first amendment to the original contract, which provides environmental mitigation, assessment, and remediation services on an as needed basis. This amendment extends the termination date from December 30, 2018 to December 30, 2019 and increases the maximum amount from \$4,500,000 to \$4,850,000 due to additional funding being made available to support the Abandoned Mine Site Program activities. | | | | |
| | | Term of Contract: | 01/01/2015 - 12/30/2019 | Contract # 16121 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|--------|--|-------------------------------------|--|--------------|---|
| 42. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES | WINDSOR SOLUTIONS, INC. | FEDERAL | \$337,000 | |
| | | Contract Description: This is the third amendment to the original contract, which provides technical support for the National Environmental Exchange Network. This amendment increases the maximum amount from \$675,000 to \$1,012,000 to expand the scope of work to include the modernization of water quality databases. The modernization is expected to significantly reduce staff time, as one consolidated web interface will be provided to staff eliminating the need for staff to work directly with the individual outdated Microsoft Access databases. | | | | |
| | | Term of Contract: | 10/11/2011 - 09/30/2016 | Contract # 12639 | | |
| 43. | 810 | DEPARTMENT OF MOTOR VEHICLES - MOTOR CARRIER | XEROX STATE & LOCAL SOLUTIONS, INC. | HIGHWAY | \$222,408 | SOLE SOURCE |
| | | Contract Description: This is the fifth amendment to the original contract, which provides the standardized services and systems support relating to commercial vehicle licensing and tax administration for the Motor Carrier Division operations. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$1,330,626.24 to \$1,553,034.60 utilizing the first of five single year renewal options. | | | | |
| | | Term of Contract: | 10/13/2009 - 06/30/2016 | Contract # 10603 | | |
| 44. | 950 | PUBLIC EMPLOYEES' BENEFITS PROGRAM | HEALTHSCOPE BENEFITS, INC. | OTHER: 33% PREMIUM REVENUE 67% STATE SUBSIDY | \$1,912,000 | |
| | | Contract Description: This is the first amendment to the original contract, which provides dental claims administration. This amendment extends the termination date from June 30, 2017 to June 30, 2020 and increases the maximum amount from \$2,812,000 to \$4,724,000 due to the continued need for these services. | | | | |
| | | Term of Contract: | 07/09/2013 - 06/30/2020 | Contract # 14574 | | |
| 45. | 950 | PUBLIC EMPLOYEES' BENEFITS PROGRAM | HEALTHSCOPE BENEFITS, INC. | OTHER: 33% PREMIUM REVENUE 67% STATE SUBSIDY | \$3,000,000 | |
| | | Contract Description: This is the first amendment to the original contract, which provides a medical Preferred Provider Organization network for PEBP participants who reside outside of Nevada and for those who live in Nevada but choose to seek medical services out-of-state. This amendment extends the termination date from June 30, 2016 to June 30, 2020 and increases the maximum amount from \$8,900,000 to \$11,900,000 due to the continued need for these services. | | | | |
| | | Term of Contract: | 07/01/2012 - 06/30/2020 | Contract # 13330 | | |
| 46. | 950 | PUBLIC EMPLOYEES' BENEFITS PROGRAM | HEALTHSCOPE BENEFITS, INC. | OTHER: 33% PREMIUM REVENUE 67% STATE SUBSIDY | \$16,600,000 | |
| | | Contract Description: This is the first amendment to the original contract, which provides Third Party Administrator services to the PEBP plan. This amendment extends the termination date from June 30, 2016 to June 30, 2020 and increases the maximum amount from \$29,500,000 to \$46,100,000 due to the continued need for these services. | | | | |
| | | Term of Contract: | 02/08/2011 - 06/30/2020 | Contract # 11825 | | |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|--|----------------------------|--|--------------|---|
| 47. | 950 | PUBLIC EMPLOYEES' BENEFITS PROGRAM | HOMETOWN HEALTH PLAN, INC. | OTHER: 33% PREMIUM REVENUE 67% STATE SUBSIDY | \$25,000,000 | |
| | Contract Description: | This is the second amendment to the original contract, which provides a Health Maintenance Organization for Northern Nevada participants of the PEBP program. This amendment increases the maximum amount from \$247,200,000 to \$272,200,000 due to the continued need for these services. | | | | |
| | | Term of Contract: | 07/01/2011 - 06/30/2015 | Contract # 11994 | | |
| 48. | B011 | NEVADA STATE CONTRACTORS BOARD | G L SUITE, INC. | FEE: LICENSE FEES PAID BY CONTRACTORS | \$850,000 | |
| | Contract Description: | This is a new contract to replace the existing licensing, enforcement, and cash management system, which has reached the end of its useful life. The replacement system will integrate the Board's licensing, enforcement, and accounting functions; provide detailed enforcement case management, detailed application processes and contractor license maintenance; online services; cash management; and document imaging capabilities. | | | | |
| | | Term of Contract: | 04/14/2015 - 10/31/2016 | Contract # 16388 | | |

MASTER SERVICE AGREEMENTS

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|--------|------------------------------|--|--|------------------|-------------|---|
| MSA 1. | MSA | VARIOUS STATE AGENCIES | AMERICAN SEATING COMPANY | OTHER: VARIOUS | \$2,000,000 | |
| | Contract Description: | The purpose of this contract is to establish a Participating Addendum for the Western States Contracting Alliance-National Association of State Purchasing Officers contract for educational furniture led by the State of Utah. This Participating Addendum is for general educational furniture, residential furniture, cafeteria furniture and lecture hall/auditorium furniture. | | | | |
| | Term of Contract: | Upon Approval - 06/13/2019 | | Contract # 16337 | | |
| MSA 2. | MSA | VARIOUS STATE AGENCIES | AMTAB MANUFACTURING CORPORATION | OTHER: VARIOUS | \$2,000,000 | |
| | Contract Description: | The purpose of this contract is to establish a Participating Addendum with the Western States Contract Alliance-National Association of State Purchasing Officers contract for educational furniture led by the State of Utah. This Participating Addendum is for general educational furniture, residential furniture, cafeteria furniture and lecture hall/auditorium furniture. | | | | |
| | Term of Contract: | Upon Approval - 06/13/2019 | | Contract # 16338 | | |
| MSA 3. | MSA | VARIOUS STATE AGENCIES | WESTERN STATES LIQUEFIED PETROLEUM GAS CO. | OTHER: VARIOUS | \$5,000,000 | |
| | Contract Description: | This is a new contract for bulk fuel and delivery services statewide, on an as-needed basis for state-owned tanks. | | | | |
| | Term of Contract: | 04/14/2015 - 01/31/2016 | | Contract # 16376 | | |

INFORMATION CONTRACTS

| # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|---|--------|---|--|--|----------|---|
| 1 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | PREMIER JANITORIAL MANAGEMENT | FEES: BUILDINGS & GROUNDS RENT INCOME FEES | \$11,727 | |
| | | Contract Description: This is a new contract that continues ongoing janitorial services to the Blasdel Building located at 209 East Musser Street, Carson City, Nevada. Term of Contract: 02/19/2015 – 08/07/2015 Contract # 16366 | | | | |
| 2 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | PIERROTT, ANA L DBA ENTERPRISE JANITORIAL SERVICES | FEES: BUILDINGS & GROUNDS RENT INCOME FEES | \$10,507 | |
| | | Contract Description: This is a new contract that continues ongoing janitorial services to the Bryan Building located at 901 S. Stewart Street, Carson City, Nevada. Term of Contract: 02/19/2015 – 07/31/2015 Contract # 16367 | | | | |
| 3 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | GFDS NV 1, LLC | GENERAL | \$25,000 | |
| | | Contract Description: This is a new contract to provide professional engineering services for the feasibility study and potential design, financing, construction and management of Government Facilities; Project No. 13-S04; SPWD Contract No. 109178. Specifically, the project will address the needs for three new office buildings approximately 360,000 square feet in size with an estimated two-thirds located in Carson City and one-third of the square footage located in Las Vegas. The scope of work includes a strategic analysis to facilitate implementation of the Master Plan; consideration of existing Nevada lease rates and terms along with an analysis of Nevada's programming needs for the Department of Health and Human Services and Nevada Department of Business and Industry; and documentation of the underlying assumptions used in all calculations and a preliminary analysis of Nevada's immediate facility needs. Term of Contract: 03/02/2015 – 06/30/2019 Contract # 16380 | | | | |
| 4 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | WATERS SEPTIC TANK SERVICE DBA WATERS VACUUM TRUCK SERVICE | FEES: BUILDINGS & GROUNDS RENT INCOME FEES | \$25,000 | |
| | | Contract Description: This is a new contract for the ongoing provision of plumbing and sewer lines, hydro flushing, video inspection and vacuum truck services on an as needed basis and at the request and approval of a Buildings and Grounds designee. Term of Contract: 08/01/2015 – 07/31/2019 Contract # 16389 | | | | |
| 5 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | VALLEY CONCRETE CO, INC. | FEES: BUILDINGS & GROUNDS RENT INCOME FEES | \$45,000 | |
| | | Contract Description: This is a new contract to provide for concrete work, replacement, and repairs as requested and approved by Buildings and Grounds designee. Term of Contract: 03/19/2015 – 03/31/2019 Contract # 16411 | | | | |

| # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|----|------------------------------|--|---|---|----------|---|
| 6 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING | OTHER: AGENCY FUNDED CIP - OPERATING UTILITIES PASS THROUGH REVENUE | \$16,800 | |
| | Contract Description: | This is a new contract, which provides miscellaneous services for field inspection services for air box and air release improvements at the Marlette Lake Water System; Project No. 15-026; SPWD Contract No. 109233. The scope of work includes full-time field inspection (3 weeks) during the air-box reconstruction and air release valve installations. The anticipated construction period is estimated at five weeks with the first week dedicated to mobilization and the last week for site cleanup, punch list items and demobilization. | | | | |
| | | Term of Contract: | 03/10/2015 – 06/30/2019 | Contract # 16422 | | |
| 7 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | SILVER STATE GLASS & MIRROR CO., INC. DBA SILVER STATE GLASS | FEES: BUILDINGS & GROUNDS RENT INCOME FEES | \$30,000 | |
| | Contract Description: | This is a new contract that continues ongoing repair and maintenance of glass and mirrors for various state-owned buildings at the written request and approval of a Buildings and Grounds designee. | | | | |
| | | Term of Contract: | 03/19/2015 – 03/31/2019 | Contract # 16429 | | |
| 8 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | DOUGLAS CO COMMUNITY SERVICES/PARKS AND RECREATION - WEED CONTROL | FEES: OPERATING UTILITIES PASS-THRU REVENUES | \$22,204 | |
| | Contract Description: | This is a new interlocal agreement that continues ongoing weed control to Marlette and Hobart Dam and yard. | | | | |
| | | Term of Contract: | 03/19/2015 – 12/31/2018 | Contract # 16442 | | |
| 9 | 082 | DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION | FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING | BONDS | \$10,880 | |
| | Contract Description: | This is a new contract to provide professional architectural/engineering services for the Stewart Indian Colony intertie backflow preventer; Project No. 09-M02a; SPWD Contract No. 109264. The scope of work includes providing design plans and technical specifications for an intertie backflow preventer, field verification of the property boundary, ensuring all design improvements are within State Lands property and survey locations of the existing pipe. The scope of work also includes providing engineering and construction management services during construction of the improvements and providing construction surveying. | | | | |
| | | Term of Contract: | 03/20/2015 – 06/30/2019 | Contract # 16479 | | |
| 10 | 101 | DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – COMMISSION ON TOURISM – TOURISM DEVELOPMENT | CARSON VALLEY VISITORS AUTHORITY | OTHER: LODGING TAX | \$32,000 | |
| | Contract Description: | This is a new contract to provide facilities services (accommodations, food and beverage, convention center space, etc.) for the 2015 Rural Roundup Conference to be held in Gardnerville, Nevada April 15 - 17, 2015. | | | | |
| | | Term of Contract: | 03/09/2015 – 04/17/2015 | Contract # 16414 | | |

| # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|----|------------------------------|--|--|--|----------|---|
| 11 | 180 | DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES | RENO TAHOE FRANCHISING, INC. DBA JANI KING OF RENO | FEES | \$16,410 | |
| | Contract Description: | This is the first amendment to the original contract, which continues ongoing janitorial services for the Enterprise Information Technology Services Computer Facility. The amendment increases the maximum amount from \$100,000 to \$116,410 due to the addition of carpet and floor cleaning. | | | | |
| | | Term of Contract: | 12/01/2013 – 11/30/2017 | Contract # 14982 | | |
| 12 | 180 | DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES | SOLUTIONS II, INC. | FEES: ALLOCATION | \$18,489 | |
| | Contract Description: | This is a new contract to provide professional services to support the physical move/relocation of State of Nevada, Department of Public Safety's production Spillman Technologies and IBM hardware from the Wright Way facility to the Enterprise Information Technology Services Facility in Carson City. | | | | |
| | | Term of Contract: | 03/12/2015 – 06/30/2015 | Contract # 16406 | | |
| 13 | 240 | DEPARTMENT OF VETERANS SERVICES | PYRO COMBUSTION & CONTROLS, INC. | OTHER: 50% PRIVATE FUNDS FEDERAL 50% | \$10,000 | |
| | Contract Description: | This is a new contract to provide boiler maintenance and annual cleaning for the boilers at the Nevada State Veterans Home. This is a 2-year contract with an option for an additional 2 years. | | | | |
| | | Term of Contract: | 03/06/2015 – 01/31/2017 | Contract # 16351 | | |
| 14 | 335 | DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY AND ARCHIVES | LAS VEGAS PRESORT, LLC | OTHER: CONTRACTOR TO RECEIVE REBATE FROM THE UNITED STATES POST OFFICE | \$14,400 | |
| | Contract Description: | This is the first amendment to the original contract, which continues ongoing First Class Presort/Prebarcode Mail Services for all mail not presorted within the Nevada State Mail System and any other agencies or political subdivision that may require this service. This amendment increases the maximum amount by \$14,400 from \$9,900 to \$24,300 to support contract through December 31, 2016. | | | | |
| | | Term of Contract: | 01/01/2013 – 12/31/2016 | Contract # 13915 | | |
| 15 | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES | FINGERPRINTING PROS., INC. | GENERAL 22% FEDERAL 78% | \$5,001 | |
| | Contract Description: | This is the second amendment to the original contract, which continues ongoing fingerprint services to grant program volunteers. This amendment extends the termination date from May 31, 2015 to May 22, 2016 and increases the maximum amount from \$9,999 to \$15,000 due to the continued need for these services. | | | | |
| | | Term of Contract: | 05/23/2012 – 05/22/2016 | Contract # 13452 | | |
| 16 | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES | ANTHEM INSURANCE COMPANIES, INC. | OTHER: TOBACCO FUNDS | \$24,500 | |
| | Contract Description: | This is a new contract that continues Nevada's ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, authorized by the State Legislature to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits. | | | | |
| | | Term of Contract: | 02/26/2015 – 03/09/2019 | Contract # 16322 | | |

| # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|----|------------------------------|--|--|------------------------------------|----------|---|
| 17 | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES | QBS, INC. | GENERAL: 53% FEDERAL: 47% | \$23,900 | |
| | Contract Description: | This is a new contract to provide training and certification for campus staff members in advanced skills for use in working with individuals who may exhibit self-injurious or violent behaviors. The contract includes annual recertification of the Safety-Care Core Curriculum, High Severity Behavior 1 and High Severity Behavior 2 training and funding for additional training on an as needed basis. | | | | |
| | | Term of Contract: | 03/10/2015 – 02/28/2017 | Contract # 16364 | | |
| 18 | 402 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES | HUMBOLDT COUNTY | OTHER: REVENUE FROM COUNTY | \$15,000 | |
| | Contract Description: | This is a new interlocal revenue contract that continues ongoing service to children with developmental disabilities and provides structure for county reimbursement of the non-federal share of funding as payment for services. | | | | |
| | | Term of Contract: | 07/01/2015 – 06/30/2017 | Contract # 16382 | | |
| 19 | 406 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH | IA LLC, DBA INNOVATIVE ARCHITECTS, LLC | OTHER: DIVISION COST ALLOCATION | \$19,500 | |
| | Contract Description: | This is a new contract to provide a public facing website that would make available administrative forms of the Division of Public and Behavioral Health in a format which allows forms to be completed, downloaded, saved electronically and submitted securely to the division via the internet pursuant to NRS 237.360. | | | | |
| | | Term of Contract: | 03/18/2015 – 06/30/2015 | Contract # 16362 | | |
| 20 | 407 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORT SERVICES | DEPT OF BUSINESS & INDUSTRY - HOUSING DIVISION | FEDERAL | \$24,206 | |
| | Contract Description: | This is the fifth amendment to the interlocal agreement to provide Weatherization Assistance Program (WAP) with 5% of the Low Income Home Energy Assistance Program Block Grant funds to help fund WAP for low income families. WAP encourages and enables households to reduce their home energy needs by providing for various energy conservation measures, which decreases the need for energy assistance. This amendment increases the maximum amount from \$2,054,771.70 to \$2,078,977.20 due to the release of FFY15 grant funds under the federal 2015 Consolidated Appropriations Act. | | | | |
| | | Term of Contract: | 10/01/2012 – 09/30/2016 | Contract # 13619 | | |
| 21 | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES | DALLAS FLOOR DESIGNS, LLC | GENERAL | \$31,904 | |
| | Contract Description: | This is a new contract to provide new floor covering in the four Family Learning Homes located at Northern Nevada Child and Adolescent Services at 2655 Enterprise Road in Reno. | | | | |
| | | Term of Contract: | 03/10/2015 – 06/30/2015 | Contract # 16385 | | |
| 22 | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES | LABEEG BUILDING SERVICES, INC. | GENERAL: 84% FEDERAL: 16% | \$32,195 | |
| | Contract Description: | This is a new contract that continues ongoing janitorial services to the child welfare rural region office located in Fernley. | | | | |
| | | Term of Contract: | 03/01/2015 – 02/28/2019 | Contract # 16386 | | |

| # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|----|------------------------------|--|---|-----------------------------------|----------|---|
| 23 | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES | LEGACY PAINTING, LLC | GENERAL | \$47,342 | |
| | Contract Description: | This is a new contract to provide painting services at three state-owned buildings housed by Northern Nevada Child and Adolescent Services located at 2655 Enterprise Road in Reno. | | | | |
| 24 | 409 | DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES | NETSMART TECHNOLOGIES, INC. | GENERAL: 50% FEDERAL: 50% | \$25,000 | |
| | Contract Description: | This is a new contract to provide information technology services to transition the Avatar system to use the International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders version 5 (DSM-5) for diagnostic and procedural coding. | | | | |
| 25 | 431 | ADJUTANT GENERAL AND NATIONAL GUARD | D&J HOLDINGS LLC &/OR MCGINLEY & ASSOCIATES, INC. | FEDERAL | \$15,480 | |
| | Contract Description: | This is the second amendment to the original contract, which performs an environmental soil and groundwater sampling to verify the presence of contamination at the Nevada Army National Guard Army Aviation Support Facility in Reno, Nevada. This amendment extends the termination date from November 30 2015 to November 30, 2016 and the maximum contract amount from \$18,333.24 to \$33,813.24. This is a required additional design scope of Work Plan Preparation, four Groundwater samplings, and four Quarterly Reports requested by the Nevada Division of Environmental Protection due to the presence of PCE (Tetrachloroethylene) found in samplings obtained with this contract. | | | | |
| 26 | 440 | DEPARTMENT OF CORRECTIONS | BOARD OF REGENTS-CSN | FEDERAL | \$37,500 | |
| | Contract Description: | This is a new interlocal contract to provide pre-vocational computer literacy/basic computer skills training classes to females incarcerated at Florence McClure Women's Correctional Center and will reside in select Southern Nevada counties (Clark, Esmeralda, Nye and Lincoln) upon release. Offenders will learn the basics of how computers operate and how computer operating systems work. | | | | |
| 27 | 440 | DEPARTMENT OF CORRECTIONS | BOARD OF REGENTS-CSN | FEDERAL | \$30,000 | |
| | Contract Description: | This is a new interlocal contract to provide pre-vocational employment related soft skills training classes to females incarcerated at Florence McClure Women's Correctional Center and will reside in select Southern Nevada counties (Clark, Esmeralda, Nye and Lincoln) upon release. Offenders will learn the basics on how to search and apply for employment. | | | | |
| 28 | 440 | DEPARTMENT OF CORRECTIONS | MGT OF AMERICA, INC. DBA PUBLIC RESOURCE MANAGEMENT GROUP | FEDERAL | \$10,600 | |
| | Contract Description: | This is a new contract to provide for the development of an updated Indirect Cost Rate Proposal for the BLM Grant for Prison Industries Wild Horse Program. | | | | |
| 29 | 550 | DEPARTMENT OF AGRICULTURE | RESOURCE CONCEPTS, INC. | FEES: PESTICIDE REGISTRATION FEES | \$20,000 | |
| | Contract Description: | This is a new contract to analyze the data collected by the department for the 2001 Nevada Grazing Statistics Report and Economic Analysis Report and determine if current data can be used with that data to produce two reports. One report will detail recent grazing trends and the subsequent impacts on rural Nevada. The second report will be a summary of the first that can be put in a publishable format. | | | | |
| | | Term of Contract: | 03/11/2015 – 06/30/2015 | Contract # 16401 | | |
| | | Term of Contract: | 03/11/2015 – 12/31/2015 | Contract # 16408 | | |
| | | Term of Contract: | 08/13/2014 – 11/30/2016 | Contract # 15986 | | |
| | | Term of Contract: | 02/26/2015 – 09/30/2015 | Contract # 16284 | | |
| | | Term of Contract: | 02/26/2015 – 09/30/2015 | Contract # 16285 | | |
| | | Term of Contract: | 03/20/2015 – 06/30/2015 | Contract # 16390 | | |
| | | Term of Contract: | 03/20/2015 – 04/30/2015 | Contract # 16461 | | |

| # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|----|------------------------------|--|--|--|----------|---|
| 30 | 700 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES | BOARD OF REGENTS-UNLV | OTHER: Q1 BONDS | \$47,187 | |
| | Contract Description: | This is a new interlocal contract with University of Las Vegas, School of Architecture to provide a manufactured ticket booth and install it at Lake Tahoe Nevada State Park. | | | | |
| | | Term of Contract: | 02/17/2015 – 09/30/2015 | Contract # 16356 | | |
| 31 | 702 | DEPARTMENT OF WILDLIFE | WASHINGTON STATE UNIVERSITY | FEDERAL: 75% OTHER: SPORTSMEN REVENUE 25% | \$19,500 | |
| | Contract Description: | This is a new interlocal contract to provide testing services for wildlife diseases and other wildlife health factors. Areas of testing may include bacteriology, mycology, immunology, parasitology, and nutrition. Ongoing evaluation of Nevada wildlife health and disease will allow the Department to respond to changes in health, such as emerging infectious diseases, that could impact human health, livestock, as well as the viability of our wildlife populations. | | | | |
| | | Term of Contract: | 03/05/2015 – 01/31/2019 | Contract # 16396 | | |
| 32 | 702 | DEPARTMENT OF WILDLIFE | SAM SANDERS HUMBOLDT WILDLIFE, LLC | FEES: PREDATOR FEES | \$15,000 | |
| | Contract Description: | This is a new contract for services to search for coyote dens in the Monitor Mountains. The searches will provide information for predation work. | | | | |
| | | Term of Contract: | 03/18/2015 – 06/01/2015 | Contract # 16431 | | |
| 33 | 706 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – FORESTRY DIVISION | VOGUE LAUNDRY & CLEANING, INC. VOGUE LINEN UNIFORM RENT | GENERAL | \$12,000 | |
| | Contract Description: | This is a new contract to provide ongoing linen and laundry service for the division's Elko office and mechanics shop as well as the Ely Conservation Camp's mechanics shop. | | | | |
| | | Term of Contract: | 02/27/2015 – 01/31/2019 | Contract # 16352 | | |
| 34 | 706 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – FORESTRY DIVISION | LYON COUNTY | OTHER: FIRE PROTECTION DISTRICT FUNDS | \$15,000 | |
| | Contract Description: | This is a new interlocal agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement, the division and district will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership. | | | | |
| | | Term of Contract: | 07/01/2015 – 06/30/2017 | Contract # 16421 | | |
| 35 | 707 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE LANDS | GREAT BASIN INSTITUTE | OTHER: Q1 BONDS | \$49,999 | |
| | Contract Description: | This is a new contract to provide two seasons of field surveys relating to the Northern Goshawk and Spotted Owl. Both of these raptor species occur in the Lake Tahoe Basin, yet there are no known active nests within the Nevada portion of Lake Tahoe. These surveys will help wildlife officials document existing nests. Work will consist of broadcast surveys and stand searches for both species across an extensive area of the Carson Range for two seasons, which is the minimum timeline recommended to confidently declare that each species is absent from the survey area. The majority of the survey effort will focus on the Northern Goshawk, which is considered a sensitive species by Nevada Department of Wildlife, U.S. Forest Service, and Tahoe Regional Planning Agency. Spotted Owl work will be interspersed throughout each field season. Other activities to be completed under this contract include habitat evaluation and mapping of survey sites and aspen stands. | | | | |
| | | Term of Contract: | 03/18/2015 – 10/31/2016 | Contract # 16426 | | |

| # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|----|------------------------------|--|--|--|----------|---|
| 36 | 709 | DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – ENVIRONMENTAL PROTECTION DIVISION | NORTHWEST HYDRAULIC CONSULTANTS | FEDERAL | \$45,777 | |
| | Contract Description: | This the second amendment to the original contract, which provides ongoing services to create an improved suite of storm water tools that Lake Tahoe urban jurisdictions will use to plan, track and report actions implemented to reduce pollutant loads to meet the Lake Tahoe Maximum Daily Load. This amendment increases the maximum amount from \$520,601 to \$566,378 to develop a Credit Accounting Platform user's manual that incorporates the Road and Best Management Practices Rapid Assessment Methodologies and Pollutant Load Reduction Model. Additionally, forms and technical approaches for inspection, credit declaration, and credit reporting will be streamlined and improved. | | | | |
| | | Term of Contract: | 03/12/2013 – 09/30/2015 | Contract # 14042 | | |
| 37 | 901 | DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION - REHABILITATION DIVISION | BUILDING SOLUTIONS, INC. | OTHER: BUSINESS ENTERPRISE SET ASIDE | \$20,000 | |
| | Contract Description: | This is a new contract that continues ongoing, as needed handyman services for Business Enterprises of Nevada facilities in Northern Nevada. Work includes, but is not limited to, janitorial, carpentry, interior and drywall repair, painting, carpet and tile repair/removal, etc. | | | | |
| | | Term of Contract: | 03/02/2015 – 09/30/2017 | Contract # 16297 | | |
| 38 | 901 | DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION - REHABILITATION DIVISION | RON'S REFRIGERATION, INC. | OTHER: BUSINESS ENTERPRISE SET ASIDE | \$45,000 | |
| | Contract Description: | This is a new contract that continues ongoing maintenance and repair services for commercial refrigeration units for Business Enterprises of Nevada program facilities in Northern Nevada. The Vendor also agrees to relocate/move equipment as needed. | | | | |
| | | Term of Contract: | 03/02/2015 – 03/31/2019 | Contract # 16360 | | |
| 39 | 902 | DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION – EMPLOYMENT SECURITY DIVISION | EMCOR SERVICES DBA MESA ENERGY SYSTEMS | FEDERAL: 69% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% GENERAL: 1.9% | \$10,000 | |
| | Contract Description: | This is the third amendment to the original contract, which continues ongoing HVAC services for the facilities in Las Vegas, Nevada on an as needed basis. This amendment extends the termination date from June 30, 2015 to June 4, 2017 and increases the maximum amount from \$69,500 to \$79,500 due to continued need for these services. | | | | |
| | | Term of Contract: | 06/05/2013 - 06/04/2017 | Contract # 14483 | | |

| # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|----|------------------------------|---|---------------------------------------|--|----------|---|
| 40 | 908 | DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION – ADMINISTRATIVE SERVICES | WESTERNAIRE MECHANICAL SERVICES, INC. | FEDERAL: 69% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% GENERAL: 1.9% | \$19,500 | |
| | Contract Description: | This is the third amendment to the original contract, which continues ongoing HVAC repair and maintenance for the facilities in the Reno, Sparks, Carson City and Fallon, Nevada areas. This amendment extends the termination date from May 31, 2015 to April 8, 2017, updates the rate of pay and increases the maximum amount from \$28,500 to \$48,500 due to continued need for these services. | | | | |
| | | Term of Contract: | 03/05/2015 – 04/28/2017 | Contract # 14195 | | |
| 41 | 908 | DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION – ADMINISTRATIVE SERVICES | AMERICAN SIGN LANGUAGE COMMUNICATION | FEDERAL: 69% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% GENERAL: 1.9% | \$40,000 | |
| | Contract Description: | This is the first amendment to the original Contract, which continues ongoing American Sign Language interpreting services for the personnel needs in the Las Vegas area, on an as needed basis. These services may be needed for clients, employees, board members, council members, or consumers who are deaf or hearing impaired for meetings, conferences, or other occasions. This amendment extends the termination date from September 30, 2015 to September 15, 2017 and increases the maximum amount from \$9,500 to \$49,500 due to the inclusion of anticipated Vocational Rehabilitation Clientele needs. | | | | |
| | | Term of Contract: | 09/16/2013 – 09/15/2017 | Contract # 14840 | | |
| 42 | 908 | DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION – ADMINISTRATIVE SERVICES | FAAD JANITORIAL, INC. | FEDERAL: 69% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% GENERAL: 1.9% | \$15,903 | |
| | Contract Description: | This is a new contract that continues ongoing janitorial services at the owned facility, located at 420 Galletti Way, Sparks, NV. | | | | |
| | | Term of Contract: | 03/01/2015 – 02/28/2017 | Contract # 16359 | | |

DETAILED AGENDA

April 14, 2015

1. PUBLIC COMMENTS

Comments:

*2. FOR POSSIBLE ACTION – APPROVAL OF THE MARCH 10, 2015 BOARD OF EXAMINERS’ MEETING MINUTES

Clerk’s Recommendation: I recommend approval.

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

Comments:

*3. FOR POSSIBLE ACTION – APPROVAL OF A CRITICAL LABOR SHORTAGE

Pursuant to NRS 286.523, it is the policy of this State to ensure that the reemployment of a retired public employee pursuant to this section is limited to positions of extreme need. An employer who desires to employ such a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon the appropriate and necessary delivery of services to the public.

A. Public Employees Benefits Program (PEBP)

The PEBP requests the reemployment of a retired public employee as the Interim Executive Officer. The Interim Executive Officer serves while the PEBP Board conducts the search for a permanent replacement.

Clerk’s Recommendation: I recommend approval.

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

Comments:

*4. FOR POSSIBLE ACTION – SALARY ADJUSTMENT

The 2013 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 2015 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 requested:

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT | HWY FUND ADJUSTMENT |
|------|------------------------------|-------------------------|---------------------|
| 4744 | Department of Motor Vehicles | | \$31,345 |
| | Total | | \$31,345 |

Clerk's Recommendation: I recommend approval.

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

Comments:

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

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

| AGENCY NAME | # OF VEHICLES | NOT TO EXCEED: |
|--|---------------|-----------------|
| Department of Administration – Fleet Services Division | 2 | \$43,625 |
| Department of Business and Industry – Industrial Relations Division – Occupational Safety and Health Enforcement | 1 | \$24,285 |
| Department of Conservation and Natural Resources – Environmental Protection – Bureau of Water Quality Planning | 1 | \$27,191 |
| Total | 4 | \$95,101 |

Clerk's Recommendation: I recommend approval.

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

Comments:

***6. FOR POSSIBLE ACTION – LEASES**

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

Clerk's Recommendation: I recommend approval.

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

Comments:

***7. FOR POSSIBLE ACTION – CONTRACTS**

Forty-eight independent contracts were submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

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

Comments:

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

Three independent contracts were submitted to the Board for review and approval.

Clerk’s Recommendation: I recommend approval.

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

Comments:

9. CONTRACTS APPROVED BY THE CLERK OF THE BOARD ([Attached as Exhibit 4](#)) – INFORMATION ITEM

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from February 13, 2015 through March 23, 2015.

Fourty-two independent contracts were submitted to the Board for review.

Comments:

10. INFORMATION ITEMS

A. Department of Conservation and Natural Resources – Division of Environmental Protection – Bureau of Water Management and Corrective Action

This disclosure reports a correction to the termination date on the contract between the Division of Environmental Protection and Broadbent and Associates, Inc. (Contract #16117). The termination date for the original contract that posted on the November 12, 2014 Board of Examiners agenda was December 30, 2018; however, the accurate date of December 30, 2019 was indicated on the signed contract.

Comments:

B. Department of Health and Human Services – Division of Child and Family Services – Nevada Youth Training Center

This disclosure reports a correction to the contract value between the Division of Child and Family Services and Jill Leslie Oswald, MD (Contract #14352). The contract amount posted on the June 11, 2013 Board of Examiners agenda was a subtotal of \$143,550; however, the total amount of the signed contract is \$182,550.

Comments:

C. Public Employees Benefits Program (PEBP)

This disclosure reports a correction to the termination date on the contract between the Public Employees Benefit Program and Healthscope Benefits, Inc. (Contract #14575). The termination date that posted on the July 9, 2013 Board of Examiners agenda was June 30, 2014; however, the accurate date of June 30, 2017 was indicated on the signed contract.

Comments:

11. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

Comments:

***12. FOR POSSIBLE ACTION – ADJOURNMENT**

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

MINUTES

MEETING OF THE BOARD OF EXAMINERS

March 10, 2015

The Board of Examiners met on February 10, 2015, 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 Adam Paul Laxalt
Secretary of State Barbara K. Cegavske
James R. Wells, Clerk

Others Present:

Rudy Malfabon, Department of Transportation
Dennis Gallagher, Department of Transportation
Ms. Miller
Mercedes Menendez, Attorney General's Office
Mike Willden, Chief of Staff
Ann Wilkinson, Department of Administration
Jeff Collins, Department of Conservation and Natural Resources, Environmental Protection
Greg Loyato, Department of Conservation and Natural Resources, Environmental Protection
Jeff Menicucci, Attorney General's Office
Beth Hickman, Attorney General's Office
Nancy Katafias, Attorney General's Office
Elizabeth Watson, Department of Health and Human Services, Welfare and Support Services
Sue Smith, Department of Health and Human Services, Welfare and Support Services
Lee Ann Hollingsworth, Controller's Office
Steve Fisher, Department of Health and Human Services, Welfare and Support Services
Ellen Crecelius, Department of Health and Human Services
Leah Lamborn, Department of Health and Human Services, Health Care, Financing and Policy
Aaron Frantz, Department of Business and Industry
Kevin Quint, SAPTA
Kimberlee Tarter, Department of Administration, Purchasing
Kelly Lafayette, Department of Administration, Public Works Division, Buildings and Grounds
Teri Preston, Department of Administration, Public Works Division, Buildings and Grounds
Kathy Wynands, Department of Employment, Training and Rehabilitation
James Lewandowski, Department of Employment, Training and Rehabilitation
Dawn Rosenberg, Department of Corrections
Patty Cafferata, Attorney General's Office
Hillary Bunker, Attorney General's Office
Danette Kluever, Department of Health and Human Services, Child and Family Services

1. PUBLIC COMMENTS

Comments:

Governor: Good morning, everyone. I will call the Board of Examiners meeting to order. We'll commence with Agenda Item No. 1, which is Public Comment. Is there any member of the public here in Carson City that would like to provide public comment to the Board? Is anyone present in Las Vegas that would like to provide public comment to the Board? And can you hear us loud and clear there? You can just give me a thumbs up. All right.

*2. FOR POSSIBLE ACTION – APPROVAL OF THE FEBRUARY 10, 2015 BOARD OF EXAMINERS' MEETING MINUTES

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Governor

Vote: 2-0

Comments:

Governor: Agenda Item No. 2, Approval of the February 10, 2015 Board of Examiner Meeting Minutes. Have the members had an opportunity to review the minutes? And are there any changes?

Secretary of State: I have, but I can't vote. I wasn't there.

Attorney General: Yes, Mr. Chairman. I move to approve.

Governor: The Attorney General has moved to approve the minutes of February 10, 2015. I will second the motion. The Secretary of State is not going to participate because she was not present, so I will have her abstain from the vote. All in favor say aye.

Attorney General: Aye.

Governor: Aye. Motion passes 2-0.

*3. FOR POSSIBLE ACTION – CASH MANAGEMENT IMPROVEMENT ACT

A. Office of the Controller – Payment to U.S. Treasury not to exceed \$14,053

The State Controller requests approval of payment to the U.S. Treasury not to exceed \$14,053 from the General Fund. This is the highest possible payable liability for 2014. The U.S. Treasury is reviewing the report and should have a final liability figure by March 16, 2015. Payment to the U.S. Treasury is required by March 31, 2015.

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Secretary of State

Vote: 3-0

Comments:

Governor: We will move on to Agenda Item No. 3 which is the Cash Management Improvement Act. First, I'd like welcome Mr. Wells. Your first meeting today. You're looking like you're ready to go.

Clerk: Thank you, Governor. I'm ready as I'm going to be. Agenda Item No. 3 is a request from the State Controller to approve payment to the U.S. Treasury, not to exceed \$14,053 from the General Fund. This is for the Cash Management Improvement Act which ensures that there is efficiency and equity between the time that federal funds are drawn and the payments are expended. The figure for last year was about \$4,000 I think it was. This is an annual reconciliation between the federal government and the state.

Governor: No, and we're pretty close then if this is the amount, so we're doing a good job.

Clerk: That's correct. Actually, as I said, it's the worst case possibility. The proposed submission from the Controller's Office is actually for a smaller amount than the net amount that is owed to the state. So if the federal government accepts our report, then we would actually get money from the federal government.

Governor: We like that too. All right. Questions from Board members?

Attorney General: No, Mr. Chairman. Vote to approve.

Secretary of State: Second.

Governor: The Attorney General has moved for approval of the payment to the U.S. Treasury not to exceed \$14,053. Secretary of State has seconded the motion. Any questions or discussion? All in favor say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

***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: |
|---|---------------|-----------------|
| Colorado River Commission | 1 | \$33,200 |
| Department of Conservation and Natural Resources – Environmental Protection – Bureau of Corrective Actions | 1 | \$30,372 |
| Department of Conservation and Natural Resources – Environmental Protection – Bureau of Water Pollution Control | 1 | \$27,622 |
| Department of Corrections | 1 | \$2,320 |
| Total | 4 | \$93,514 |

Clerk's Recommendation: I recommend approval.

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

Comments:

Governor: We will move on to Agenda Item 4, State Vehicle Purchase. Mr. Wells.

Clerk: Thank you, Governor. Agenda Item No. 4 is a request from agencies to purchase four vehicles. There are three new vehicle requests. One from the Colorado River Commission and two from the Department Conservation and Natural Resources, and a used vehicle request from the Department of Corrections.

Governor: I have no questions. Board members? If there are no questions -- did you have something further, Mr. Wells?

Clerk: No, sir.

Governor: Okay. If there are no questions, the Chair will accept a motion.

Attorney General: I move to approve.

Secretary of State: Second.

Governor: The Attorney General has moved to approve the state vehicle purchase as described in Agenda Item No. 4. The Secretary of State has seconded the motion. Any questions or discussion? All in favor say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

***5. 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 (NDOT) – Administration – \$2,403,292.57

The department requests settlement approval in the amount of \$2,403,292.57 to resolve a contested condemnation case for the project known as Project NEON. This will compensate Westcare for the acquisition of its property on Martin Luther King Boulevard, Las Vegas, from where it has been operating for decades as a drug treatment facility. NDOT previously paid the sum of \$1.8 million for a right of occupancy and \$446,707.43 for relocation expenses of the operations. Approval of the additional amount of \$2,403,292.57 would bring the total to \$4.65 million.

Clerk’s Recommendation: I recommend approval.

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

Comments:

Governor: Agenda Item No. 5, Approval to Pay a Cash Settlement. NDOT.

Clerk: Thank you, Governor. Agenda Item No. 5 is a proposed settlement in the amount of \$2,403,292.57 to resolve a contested condemnation case for the Project NEON. And this will compensate Westcare for the acquisition of property on Martin Luther King Boulevard in Las Vegas. Director Malfabon is here to speak.

Governor: Director Malfabon, Mr. Gallagher, good morning.

Rudy Malfabon: Good morning.

Governor: So why don’t you take us through this, please.

Rudy Malfabon: Okay. This is in the acquisition footprint for Project NEON. Back in August of 2013 the department deposited with the court in order to gain right of entry on the property an amount of \$2,058,350. Westcare subsequently withdrew \$1.8 million. The issue was since they’re a displaced party, that we had to work with them on finding another site to relocate to. So this settlement request will allow them to -- they’ve already taken that site on Maryland Parkway in Las Vegas, so it basically settles all accounts and establishes the reasonable amount for buying the property and the relocation expenses in total. The total amount payment to Westcare is \$4.65 million.

Governor: And what was our exposure in this case, Mr. Gallagher?

Dennis Gallagher: Good morning, Governor, members of Board, Dennis Gallagher. Governor, our exposure range probably from about six to eight plus million dollars, factoring in the cost of

the property and the relocation expenses that NDOT would be facing of course. That also goes along with the uncertainty of a jury trial.

Governor: Well, in fact, they made a settlement offer of \$9.1 million in this case, and so as you say, the exposure could be that plus costs in attorneys' fees. What do you estimate those would've been going through a trial?

Dennis Gallagher: We estimated the trial would've taken seven to ten days. Trial costs would've been probably in the neighborhood of, with experts, \$250,000 to \$400,000.

Governor: And that's our nickel. What do you think their attorneys' fees and costs would have been?

Dennis Gallagher: I think they would've been in the same neighborhood, Governor.

Governor: Mm-hmm. And this is also an important piece to the puzzle in terms of commencing with Project NEON, Mr. Malfabon.

Rudy Malfabon: Yes, Governor. It is critical. And I wanted to also point out that Westcare provides a critical need for social services there. One thing that we have to consider is environmental justice issues with our projects to make sure that social issues are considered in the impacts of our projects. So it was critical that we reach a settlement.

Governor: So Westcare has taken a piece of that money that we deposited with the court and has relocated and is doing business as we speak.

Dennis Gallagher: Governor, they've removed the money that NDOT put on deposit with the court. They've identified a replacement property and identified contractors to bring that property up to meet their needs. They're currently operating under their existing -- at their existing location, but it's anticipated that, assuming of course this settlement is approved, that they will start construction right away and be moving sometime, I believe, later this year or early next.

Governor: And will settlement of this case resolve all claims associated with this piece of property?

Dennis Gallagher: There's one remaining ownership interest, and that's the power company has an easement.

Governor: I should be more specific, I apologize, but with regard to Westcare?

Dennis Gallagher: Yes.

Governor: Good. And do you believe this is a prudent settlement?

Dennis Gallagher: I believe this is a fair, just and equitable settlement for both the property owner as well as the taxpayers of the State of Nevada.

Governor: All right. Thank you. Ms. Secretary of State?

Secretary of State: Thank you, Governor. I want to thank you both for taking the time out of your day to go over all this with me and answer questions. Governor, I'm so happy with the agencies and the staff that have called to ask if there's any questions and answer several questions. I know there were a couple things that you were going to get back to me on that don't affect my vote on this, but I want to thank you for the thoroughness that you completed in talking to me and going over this whole project with me. So thank you very much. And it even goes back as far as the -- I can't remember, it was an obnoxious weed, but the environmental issues along that whole area there. So thank you. And it's been a long time coming, but thank you for your persistence and what you've done. So thank you, Governor.

Governor: Thank you. Ms. Miller, anything you wanted to add?

Ms. Miller: No, I have no questions. If you have anything else for me, I'd be happy to answer any questions.

Governor: I would imagine this is your case?

Ms. Miller: Yes. And this is a property on phase one on Martin Luther King and Alta. So we're getting close to wrapping up some of the properties in phase one, and this was a critical piece.

Governor: Okay. Well, again, I want to compliment you on how you've resolved this case. And I like you how you put it, Mr. Gallagher, that it's a win win for both, that Westcare has been property compensated and is satisfied with what they have, but this has also saved the taxpayers money, and in the best interest of the state, it allows us to move forward with Project NEON which we talked about at the Board of Transportation meeting yesterday. Phase one may be moving as quickly as February of 2016. We need to get these property issues resolved, and so it's good for everyone. So I really -- it's a lot of money, but at the same time it's fair. So I appreciate what you've done. Any other questions from Board members? Okay. If there are none, the Chair will accept a motion for approval to pay a cash settlement in the sum of \$2,403,292.50

Attorney General: Move to approve.

Secretary of State: Second.

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

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0. Thank you, Ms. Miller. Thank you very much, gentlemen.

***6. FOR POSSIBLE ACTION – APPROVAL OF AN EQUIPMENT LEASE**

A. Department of Health and Human Services – Division of Public and Behavioral Health – Carefusion Solutions Equipment Lease

The Division of Public and Behavioral Health is requesting Board of Examiners' approval of the amendment to the Carefusion Solutions pharmaceutical medication dispensing equipment lease. This is the fourth amendment to the original lease which continues ongoing leasing of pharmaceutical medication dispensing equipment to the state's facilities and hospitals. This amendment extends the termination date from March 31, 2015 to March 31, 2016 and increases the maximum amount of the lease from \$3,506,760 to \$3,964,308 due to a continued need for these services.

Clerk's Recommendation: I recommend approval.

Motion By: Secretary of State

Seconded By: Attorney General

Vote: 3-0

Comments:

Governor: Agenda Item No. 6, Approval of an Equipment Lease. Mr. Wells.

Clerk: Thank you, Governor. Agenda Item No. 6 is a request from the Division of Public and Behavioral Health to amend a contract with Carefusion Solutions, which provides an equipment lease for pharmaceutical medication dispensing equipment. This is the fourth amendment to the original lease and extends the termination date from March 31st of '15 to March 31st of 2016. It increases the amount of the lease from \$3,506,760 to \$3,964,308. And this is a contract that the division has been working with Child and Family Services and the Purchasing Division to prepare an RFP, and they are projecting that the request for proposals will go out this month.

Governor: So that's the purpose is to extend this to allow for the RFP process to go forward?

Clerk: That's correct.

Governor: Okay. Questions from Board members?

Secretary of State: Move for approval.

Attorney General: Second.

Governor: Secretary of State has moved for approval of the equipment lease described in Agenda Item No. 6. The Attorney General has seconded the motion. Questions or discussion? Hearing none, all in favor say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

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

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

The Division of Child and Family Services is requesting Board of Examiners' approval of the following provider agreement forms to enable them to enter into an agreement with providers for specialized mental health and assessments for children and families:

- A. Child Abuse and Neglect Forensic Medical Consultation
- B. Diagnostic Mental Health Assessment
- C. Fetal Alcohol Spectrum Disorders Clinic
- D. Fetal Alcohol Spectrum Disorders Testing and Evaluation
- E. Individual and Family Therapy
- F. Neuropsychological Assessment
- G. Parental Capacity Assessment
- H. Psychological Testing
- I. Psychosexual Evaluation
- J. Substance Abuse Assessment

Clerk's Recommendation: I recommend approval.

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

Comments:

Governor: We'll move to Agenda Item 7, Authorization to Approve a Provider Agreement. Mr. Wells.

Clerk: Thank you, Governor. Agenda Item No. 7 is a request from the Division of Child and Family Services for the Board of Examiners to approve Master Agreement forms to enable them to enter into agreements with providers for the ten enumerated services that are listed under the Agenda item.

Governor: Thank you. And I think this is the third time we've had this, so I don't know if the...

Secretary of State: I'm fine.

Governor: ...have any questions, but...

Secretary of State: No.

Governor: ...in the name of efficiency and getting the services out to the clients, this is an important way to do it.

Secretary of State: I'd move for approval.

Attorney General: Second.

Governor: Secretary of State has moved for approval to authorize to approve a Provider Agreement as described in Agenda Item No. 7. The Attorney General has seconded the motion. Questions or discussion on the motion? Hearing none, all in favor say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

***8. FOR POSSIBLE ACTION – TORT CLAIM**

**A. Saggese & Associates and Antonio Davis – TC 17116
Amount of Claim - \$305,000**

Clerk's Recommendation: I recommend approval.

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

Comments:

Governor: We'll move to Agenda Item No. 8, Tort Claim.

Clerk: Thank you, Governor. Agenda Item No. 8 is a (inaudible) settlement on the Tort Claim in the amount of \$305,000. There are -- if there are questions, there are representatives from the Attorney General's Office too.

Governor: All right. If you'd take us through the claim, please.

Mercedes Menendez: Good morning. Mercedes Menendez, Deputy Attorney General. This is a claim brought by an inmate who was at High Desert State Prison, and he brought a 1983 civil rights action, as well as State Tort Claims regarding a shooting incident by a correctional officer. We reached a settlement after months of negotiations for \$305,000.

Governor: And what was the original demand in this case?

Mercedes Menendez: The initial demand was 900,000. He's represented by counsel in this case, so he's not a pro per plaintiff.

Governor: And had this case gone to trial, what was your estimate of attorneys' fees and costs?

Mercedes Menendez: Just alone based off of what we've seen so far and what's come out in discovery as well as negotiations, we believe the attorneys' fees would be somewhere around the range of 200,000. And the cost could be give or take 100,000, just based off of the amount of experts that are needed in this case, as well as, of course, our costs would be -- I was talking about the plaintiff's costs. And as well as our cost being, you know, in excess of \$60,000 to \$80,000 to defend this matter.

Governor: In this case, at least on my review of the information, is more of a damage case than a liability case. So in other words it's how much, not if the state is going to be responsible. So that's why I think this is a good settlement given what you've described in terms of what the exposure could be and the uncertainty of a jury trial, and the fact that we would be required to pay attorneys' fees for sure, because, again, it's a damage case, not a liability case. So I...

Mercedes Menendez: That's correct.

Governor: ...applaud you on the result. Yes, Secretary of State has a question.

Secretary of State: Thank you, Governor. In reading the additional information on our page, and it says they settled the claim for 305,000, it covers all attorney fees and costs. So that's -- all of that money is going to the attorney for this...

Governor: Well, I guess that's...

Secretary of State: Could you explain that?

Governor: ...that's the plaintiff's business how...

Secretary of State: But, I mean, it's worded that way, so I just want to fully understand that \$305,000 goes to the attorney and the inmate is not receiving any money.

Governor: No, I don't know if that's the case. I mean, that's some...

Secretary of State: That's what I'm just asking.

Governor: Yeah.

Mercedes Menendez: Okay, yes...

Governor: Ms. Menendez, go ahead, yes.

Mercedes Menendez: Okay, yes, what it is, is we have standard language in our settlement agreements, and what we put in our settlement agreements would state that this extinguishes all claims as well as any attorneys' fees and costs that have been accrued by either side. Each party would bear their own cost.

Secretary of State: Okay, thank you.

Governor: And, I guess, what she's saying -- what the Attorney General is saying is that's up to the plaintiff and his attorney to negotiate how much the fees are going to be and what have you.

Secretary of State: Okay.

Governor: But, as you say, we'll have a dismissal with prejudice once the settlement proceeds are given to the plaintiff's counsel?

Mercedes Menendez: Yes, sir.

Governor: That will extinguish all claims against the state associated with this incident?

Mercedes Menendez: That is correct, sir.

Governor: Okay. Any other questions?

Secretary of State: And did we -- just out of curiosity, I know that he had several surgeries. The state was no longer responsible for any other...

Governor: Is he still incarcerated?

Mercedes Menendez: He is. Yes, he is incarcerated, and the NDOC paid for his surgery, so there's no outstanding medical bills, if that was your question.

Secretary of State: And for future, are we still liable for the future?

Governor: Well, I would imagine that we are still responsible for his medical care as long as he is incarcerated. But once he leaves, the state doesn't have any responsibility for medical treatment.

Secretary of State: Okay, I just wanted clarification on that.

Governor: There's nodding heads, but just for the record, is that true?

Mercedes Menendez: That is true, sir.

Governor: All right, thank you.

Secretary of State: Thank you. Thank you. I'll move for approval.

Governor: Secretary of State has moved for approval for the payment of the Tort Claim described in Agenda Item 8A in the amount of \$305,000.

Attorney General: I second.

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

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: Motion passes 3-0. Thank you very much.

Mercedes Menendez: Thank you.

***9. FOR POSSIBLE ACTION – LEASES**

Twelve statewide leases 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: Let's move on to Agenda Item No. 9, Leases.

Clerk: Thank you, Governor. There are 12 leases that are included in Agenda Item 9. And we have not had any requests for additional comment on the 12 leases.

Governor: Pretty straight forward. Yeah, I have no questions. Board members?

Attorney General: No questions, Mr. Chairman.

Secretary of State: I don't on this, but I do on another one. Should I leave it until the end? Or do you want me to ask it now? Just for future. Nothing on any of these.

Governor: But if you have a question relevant to leases...

Secretary of State: Yes.

Governor: ...please proceed.

Secretary of State: Thank you, Mr. Chair. I just wanted to know about the Easter Seals, if somebody can get back to me. I don't think that their lease has been finalized, and also there's the land between Opportunity Village and Easter Seals that has been, I guess, negotiated or still on hold for several years. I thought we had taken care of it in the legislature, but evidently we haven't. And there's some land that was supposed to be made into a parking lot, so I'd appreciate any information that we can get on their lease agreement plus the land between those two. Thank you, Governor.

Governor: And just an observation is that the good news is the economy's improving, so rents are up. The bad news is we're not getting those savings that we were getting before. But as long as they're within the market, I'm satisfied, and having reviewed the leases and the respective market rates for the communities that they're in. So if there are no further questions, the Chair will accept a motion to approve the leases described in Agenda Item No. 9.

Attorney General: I move to approve.

Secretary of State: Second.

Governor: The Attorney General has moved for approval. The Secretary of State has seconded the motion. Any questions or discussion? Hearing now, all in favor say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

***10. FOR POSSIBLE ACTION – CONTRACTS**

Twenty-four independent contracts 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: Let's move on to Contracts, Agenda Item No. 10.

Clerk: Thank you, Governor. There are 24 contracts listed under Agenda Item No. 10. We would like to withdraw Contract No. 21 and we'll bring that back to the April Board of Examiners' meeting. There were requests to pull Contracts No. 22 and 23, but I think Mr. Dillard is still testifying (inaudible).

Governor: All right. I had asked for 22 and 23 to be held, not because I questioned those contracts, but I wanted an update from DMV about how we're doing. Mr. Dillard is detained

over at the legislature as we speak. What I'll do is trail this matter, and in terms of voting on the leases with the permission of the other Board members to give him some time to get here. If there are no other questions on any of the other leases, which I don't have, those of you that are here for those are respectfully excused because I know you have many things to do, but I appreciate your attendance today. So I'm not going to take a vote yet on that.

Contracts Discussion and Approval Continued After Agenda Item No. 13

Governor: So before I go to public comment, I guess we'll trail the DMV report to next month, but we do need to approve those contracts.

Secretary of State: The other ones?

Governor: Yes, so the...

Secretary of State: Should we move 22 and 23?

Governor: No, no, no. I mean, trail the questions that I have on that.

Secretary of State: Oh, okay. So you're okay approving it, just with them being able to come back to us with responses to your...

Governor: Well, I guess, I'll be more specific. I mean, we've had these wait times at the beginning, particularly in Southern Nevada, and Mr. Dillard was going to come today and discuss what's going on in terms of how DMV is responding to that and what's in the budget. And we're adding employees. We're going to be building a new building there in Southern Nevada. There's some technology issues that they're working on as well. But I don't want to speak for him. Mr. Willden, I don't know if you had any comment. I know that you've chatted with Mr. Dillard.

Mike Willden: Governor, Mike Willden, Chief of Staff, for the record. Just maybe an update from our conversations. Been a number of challenges with the backlogs at DMV, and we've been working diligently with Director Dillard. Couple of things, short-term, they are working a significant amount of overtime, and compliments to the staff and kudos to the DMV people there to help speed up those processes. They're working on their IT systems and solutions to make it more efficient. They've seen some shift in where the backlog is from one office to the other, so they're attempting to move resources. As you mentioned, new DMV building on the slate for the Sahara location, assuming the legislature approves that capital improvement project.

And we have also been working on a budget amendment with the Budget Office to send over an acceleration of hiring of DMV staff. The original agency request was to phase in 75 more staff, 50 in the first year of the biennium, 25 in the second year of the biennium. We are going to accelerate all of those to the front end of the first year of the next biennium. And Director Dillard has put together a plan that his team has worked on that we can bring all of those staff into academies, training academies, this spring. I guess we're almost at spring, so spring, early

summer. And we will be ready to hire all of those additional staff July 1, so bring down those times.

Secretary of State: Can I ask a...

Governor: Yes.

Secretary of State: Thank you.

Governor: Madam Secretary of State.

Secretary of State: Thank you, Mr. Chair. And you don't have to tell it now if we can find out later, but there was some damage that was done after hours down at the Sahara office. And I just wanted an update how much damage was done and what had happened if you could -- it was last month, if I'm not mistaken.

Mike Willden: I don't know the details. What I know, there were some broken windows from rocks thrown, broken windows. As a result of that, Director Dillard has informed us that he's seen less client volume at the Sahara office, probably some people concerned about safety.

Secretary of State: And so were the employees.

Mike Willden: Yeah, and we have picked up that volume now in the Flamingo office is what the report has been. So I'm assuming that will level back out, you know, between the offices. But because of those concerns there and broken glass and some rocks thrown, I think some of the clientele customers needing service have moved to the Flamingo office. And so, again, that's how we're trying to balance the resources.

Secretary of State: Thank you.

Governor: And if Troy were here, part of the explanation is the volume has increased substantially, and it's another one of those good news, bad news stories, is the economy has improved, so car sales are literally at pre-recession levels, when they had peaked in 2003, 2004.

Mike Willden: Yeah, I didn't bring those statistics, I apologize. But those have increased, and the DMV has seen between a 21 percent and a 25 percent increase in customer volume over the last year and a half.

Secretary of State: Great. And it's, like you said, bad...

Mike Willden: So, again, sort of like the good news of the economy, bad news of the economy.

Governor: But I will repeat what you said, I want to thank the DMV employees that are there because they're overwhelmed with the number of clients and the public out there. And they're

doing their absolute best. And, you know, I had heard anecdotally that on a Saturday morning there were enough people outside waiting in line that essentially took...

Mike Willden: Filled up every slot for the day.

Governor: For the day.

Mike Willden: When we opened the door in the morning, every slot was filled.

Governor: So there's, you know, the DMV personnel have worked really hard to try to move those folks through, and have been willing to work overtime to get this done. So thank you, Mr. Willden.

Secretary of State: And please thank Troy and DMV. They have just bent over backwards helping whenever there's been any questions or issues from our office, so please take that back to Troy when you talk to him. I'm appreciative.

Mike Willden: Thank you. We will convey the message.

Governor: So if there are no further questions on the contracts, the Chair will accept a motion to approve Contracts 1 through 20, and 22 through 24.

Attorney General: Motion to approve.

Secretary of State: Second.

Governor: Attorney General has moved for approval. Secretary of State has seconded the motion. Any questions or discussion? All in favor say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

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

Two independent contracts 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 Master Service Agreements.

Clerk: Thank you, Governor. There are two Master Service Agreements under Agenda Item No. 11. The first is an amendment for temporary employment services for additional dollars based on the usage to date, increasing the maximum contract amount from \$6 million to \$14 million. The second MSA is for an electric fuel dispensing and card lock system. That contract is for four years with a maximum value of \$20 million.

Governor: I have no questions. Board members?

Attorney General: No questions, Mr. Chairman.

Secretary of State: No.

Governor: The Chair will accept a motion for approval of the Master Service Agreements described in Agenda Item 11.

Attorney General: Move to approve.

Secretary of State: Second.

Governor: The Attorney General has moved for approval. The Secretary of State has seconded the motion. Any questions or discussion? All in favor say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

12. INFORMATIONAL ITEM

Pursuant to AB 41 of the 2013 Legislative Session, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from January 21, 2015 through February 13, 2015.

Twenty-two independent contracts were submitted to the Board for review.

Comments:

Governor: Agenda Item 12, Information Item.

Clerk: Thank you, Governor. There are 22 contracts that were underneath the threshold to be approved by the Clerk of the Board. And this is for the period of January 21, 2015 to February 13, 2015.

Governor: I have no questions. Board members?

Attorney General: No questions, Mr. Chairman.

Secretary of State: No, none.

Governor: All right. We'll move on. Wow, we're efficient today.

13. INFORMATION ITEM

A. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.480, Subsection 11, the Department of Motor Vehicles shall certify monthly to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents during the preceding month, and that the money has been distributed as provided in statute. The department began accepting contributions on December 15, 2014. This report is for the period beginning January 1, 2015 and ending January 31, 2015.

Comments:

Governor: Agenda Item No. 13, DMV Complete Streets Program.

Clerk: Thank you, Governor. Agenda Item No. 13 is a report from the Department of Motor Vehicles regarding the Complete Streets Program for the period of January 1, 2015 to January 31, 2015. \$7,240 was collected in that period, with \$10,246 collected since its inception on December 15th of '14.

Governor: This information speaks for itself. Do we have to do this every meeting, or can we do it quarterly?

Clerk: Governor, I thought that this was supposed to be a quarterly meeting, so I was a little bit surprised that it was on the Agenda. We will look into it (inaudible).

Governor: Well, as I said, I appreciate the information, but the amounts are small and it could be more valuable to get them on a quarterly basis so that we get more -- I assume you're all from DMV nodding no. But in any event, just in the name of efficiency and having more meaningful information so we can see the patterns. I prefer that we do it on a quarterly basis.

Unidentified Female Speaker: Governor, if I may, in the statute which was just handed to me, it does say that the department shall certify monthly to the State Board of Examiners.

Governor: All right.

Unidentified Female Speaker: That is a statutory requirement.

Governor: The law is the law. Any questions on Agenda Item 13? All right then.

14. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

Comments:

Governor: The next Agenda Item is Board Member Comments. Ms. Secretary of State.

Secretary of State: Thank you, Mr. Chair and Governor. I am concerned about Buildings and Grounds, the difference between how things are handled from the Las Vegas office and how they're handled here. If I could just get someone to respond to me and meet with me and not cancel meetings, but I would really appreciate some help in the Las Vegas area with the Buildings and Grounds.

Governor: Ann Wilkinson's here and she'll probably...

Secretary of State: Oh, good.

Ann Wilkinson: Happy to do the follow-up.

Secretary of State: Thank you. I appreciate that.

Governor: Any other Board member comments? Is there any public comment from Carson City? Any public comment from Las Vegas?

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

Clerk's Recommendation: I recommend approval.

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

Comments:

Governor: Is there a motion for adjournment?

Secretary of State: Motion to adjourn.

Attorney General: Second.

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

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0. This meeting is adjourned. Thank you, ladies and gentlemen.

Respectfully submitted,

JAMES R. WELLS, CLERK

APPROVED:

GOVERNOR BRIAN SANDOVAL, CHAIRMAN

ATTORNEY GENERAL ADAM PAUL LAXALT

SECRETARY OF STATE BARBARA K. CEGAVSKE

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 3, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Julie Strandberg, 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.

PUBLIC EMPLOYEES BENEFIT PROGRAM (PEBP)

Agenda Item Write-up:

The PEBP requests the reemployment of a retired public employee as the Interim Executive Officer. The Interim Executive Officer serves while the PEBP Board conducts the search for a permanent replacement.

Additional Information:

The Interim Executive Officer serves while the Board conducts the search for a permanent replacement. The PEBP Board desires the person serving as Interim Executive Officer be a person who will not be a candidate for the permanent position.

The proposed candidate to fill the Interim Executive Officer position is a retired state employee who has experience with the day to day operations of the PEPB office.

Statutory Authority:

NRS 286.523

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

Public Employees Retirement System of Nevada

693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131
5820 S. Eastern Ave. Suite 220, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934
7455 W. Washington Ave. Suite 150, Las Vegas, NV 89128 (702) 486-3900 Fax (702) 304-0697
Toll Free 1-866-473-7768
Website www.nvpers.org

Critical Need Position Designation Form

Reemployment of a retired public employee pursuant to NRS 286.523 is limited to positions of extreme need. An employer who desires to employ a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon appropriate and necessary delivery of services to the public. The critical need designation must be made by the designating authority of the agency in an open meeting. The designated authority shall not designate a position for more than 2 years. To be redesignated, the designating authority must consider and make new findings in an open public meeting as to whether the position continues to meet the criteria established by law. PERS will compile the forms received from each designating authority and provide a biennial report to the Interim Retirement and Benefits Committee (IRBC) of the Legislature.

Agency Contact: Lori Johnson

Agency Phone: (775) 684-7016

Agency Name: Public Employees' Benefits Program (PEBP)

Critical Need Position Title: Interim Executive Officer

Effective Date of Critical Need Designation: April 15, 2015

In an open meeting the designating authority shall make findings based upon the below criteria that supports the designation using this form provided by PERS. Before making a designation, the designating authority shall consider all efforts made by the public employer to fill the position through other means. The written findings to be made by the designating authority must include:

History of the rate of turnover for the position:

The Executive Officer position turns over about once every three to five years. The Interim Executive Officer serves while the Board conducts the search for a permanent replacement.

Number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted:

This position is a unique position. Since there are no other equivalent positions in the organization, a pool of candidates from which to select a candidate does not exist. The PEBP Board desires the person serving as the Interim Executive Officer be a person who will not be a candidate for the permanent

Executive Officer position. Consequently hiring a qualified applicant for a four to six month assignment, with no chance of competing for the permanent position, would be nearly impossible, thus necessitating the need for this request.

Length of time the position has been vacant:

The position was vacated March 1, 2015.

Difficulty in filling the position due to special circumstances, including special education or experience required for the position:

The vacancy creating the need for an Interim Executive Officer position came at a critical time. With the Legislature already in session and the rate setting process and open enrollment period falling within the next three months, it is crucial for the Interim Executive Officer to be able to step in and contribute immediately. The Interim Executive Officer position is intended to be short-term while the PEBP Board conducts a formal search for a new, permanent Executive Officer. It is expected the Interim Executive Officer appointment will last between four and six months. The pool of potential candidates who would be willing to accept such a short-term assignment and who also have familiarity with the Program is a limited one with two potential candidates living outside of the local area and another currently employed full-time.

The proposed candidate to fill the Interim Executive Officer position is a retired State employee who has experience with the day to day operations of the PEBP office having served as the PEBP Operations Officer from April 2007 to August 2012, as its Interim Executive Officer in 2010 and as the Deputy Attorney General assigned to PEBP from 2003 to 2007.

History and success of the efforts to recruit for the position, including advertising, out-of-state recruitment and all other efforts made (include copies of advertising or electronic recruitment notices, specifying targeted geographic areas:

The PEBP Board intends to follow the above steps in conducting the search for a permanent Executive Officer. However, it is not feasible to conduct these efforts for the short-term Interim Executive Officer position.



BRIAN SANDOVAL
Governor

JAMES R. WELLS, CPA
Executive Officer

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001

Carson City, Nevada 89701

Telephone (775) 684-7000 • (800) 326-5496

Fax (775) 684-7028

www.pebp.state.nv.us



LEO M. DROZDOFF, P.E.
Board Chairman

Memorandum

DATE: February 27, 2015
TO: Tina Leiss, PERS Executive Officer
FROM: James Wells, Executive Officer *JWells*
SUBJECT: Request for 30 Day Emergency Waiver to Recall a Retired Employee

With my appointment to Interim Director of Administration, the PEBP Board needs to appoint an Interim Executive Officer while it conducts the search for a permanent replacement. On Monday, February 23rd, the Board voted unanimously to appoint Kateri Carraher, a retired State employee, as Interim Executive Officer effective March 16th with the request that PEBP submit paperwork to the Board of Examiners (BoE) to designate the position as one for which there is a critical labor shortage pursuant to NRS 286.523. PEBP is submitting such a request for consideration to the April 14th BoE meeting.

The rationale for requesting the critical labor shortage designation is the short duration of the appointment at a critical time and during the Legislative session. The pool of applicants who would be willing to take a short term assignment without an interest in applying for the permanent position, who also have familiarity with the Program, is very limited. Ms. Carraher served as PEBP's Operations Officer from April 2007 to August 2012, as Interim Executive Officer in 2010 and was assigned to PEBP as its Deputy Attorney General from 2003 to 2007.

Pursuant to NRS 286.520(6), PEBP is requesting PERS waive for a period of 30 days Ms. Carraher's disqualification to receive her pension distribution until the BoE determines the critical labor shortage designation. The 30 day period would be from March 16, 2015 to April 14, 2015. Should the BoE not designate the Interim Executive Officer as a position for which there is a critical labor shortage, Ms. Carraher would need to suspend her pension distributions for the duration of her employment as Interim Executive Officer. PEBP will communicate the decision of the April 14th BoE meeting to PERS upon conclusion of the meeting.

PEBP requests approval of the 30 day waiver be transmitted to Board Chairman Leo Drozdoff at ldrozdoff@dcnr.nv.gov and a copy to PEBP's Executive Assistant Lori Johnson at ljohnson@peb.state.nv.us.

Please contact me if you should have any questions.



BRIAN SANDOVAL
Governor

JAMES R. WELLS, CPA
Executive Officer

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM

901 S. Stewart Street, Suite 1001
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Telephone (775) 684-7000 · (800) 326-5496
Fax (775) 684-7028
www.pebp.state.nv.us



LEO M. DROZDOFF, P.E.
Board Chairman

Memorandum

DATE: February 27, 2015
TO: Mike Willden, Governor's Chief of Staff
FROM: James Wells, Executive Officer *JWells*
SUBJECT: Interim Executive Officer

The purpose of this memorandum is to officially notify your office that the PEBP Board voted unanimously on Monday, February 23rd, to appoint Kateri Carraher as Interim Executive Officer effective March 16, 2015. Such appointment would remain in effect until the Board completes a successful recruitment for the permanent replacement. Ms. Carraher served as PEBP's Operations Officer from April 2007 to August 2012 and as Interim Executive Officer in 2010. She was also previously assigned to PEBP as its Deputy Attorney General from 2003 to 2007.

Per NRS 287.0424, the Governor's approval of this recommendation is required. PEBP requests that such approval be transmitted to Board Chairman Leo Drozdoff at ldrozdoff@dcr.nv.gov and a copy to PEBP's Executive Assistant Lori Johnson at ljohnson@pebp.state.nv.us.

Please contact me if you should have any questions.

NRS 286.523 Employment of retired employee: Exception for reemployment of certain retired employees to fill positions for which critical labor shortage exists; determination and designation of such positions; limitation on length of designation of position. [Effective through June 30, 2015.]

1. It is the policy of this State to ensure that the reemployment of a retired public employee pursuant to this section is limited to positions of extreme need. An employer who desires to employ such a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon the appropriate and necessary delivery of services to the public.

2. The provisions of subsections 1 and 2 of NRS 286.520 do not apply to a retired employee who accepts employment or an independent contract with a public employer under the System if:

- (a) The retired employee fills a position for which there is a critical labor shortage; and
- (b) At the time of the retired employee's reemployment, the retired employee is receiving:
 - (1) A benefit that is not actuarially reduced pursuant to subsection 6 of NRS 286.510; or
 - (2) A benefit actuarially reduced pursuant to subsection 6 of NRS 286.510 and has reached the required age at which the retired employee could have retired with a benefit that was not actuarially reduced pursuant to subsection 6 of NRS 286.510.

3. A retired employee who is reemployed under the circumstances set forth in subsection 2 may reenroll in the System as provided in NRS 286.525.

4. Positions for which there are critical labor shortages must be determined in an open public meeting held by the designating authority as follows:

- (a) Except as otherwise provided in this subsection, the State Board of Examiners shall designate positions in State Government for which there are critical labor shortages.
- (b) The Supreme Court shall designate positions in the Judicial Branch of State Government for which there are critical labor shortages.
- (c) The Board of Regents shall designate positions in the Nevada System of Higher Education for which there are critical labor shortages.
- (d) The board of trustees of each school district shall designate positions within the school district for which there are critical labor shortages.
- (e) The governing body of a charter school shall designate positions within the charter school for which there are critical labor shortages.
- (f) The governing body of a local government shall designate positions with the local government for which there are critical labor shortages.
- (g) The Board shall designate positions within the System for which there are critical labor shortages.

5. In determining whether a position is a position for which there is a critical labor shortage, the designating authority shall make findings based upon the criteria set forth in this subsection that support the designation. Before making a designation, the designating authority shall consider all efforts made by the applicable employer to fill the position through other means. The written findings made by the designating authority must include:

- (a) The history of the rate of turnover for the position;
- (b) The number of openings for the position and the number of qualified candidates for those openings after all other efforts of recruitment have been exhausted;
- (c) The length of time the position has been vacant;
- (d) The difficulty in filling the position due to special circumstances, including, without limitation, special educational or experience requirements for the position; and
- (e) The history and success of the efforts to recruit for the position, including, without limitation, advertising, recruitment outside of this State and all other efforts made.

6. A designating authority that designates a position as a critical need position shall submit to the System its written findings which support that designation made pursuant to subsection 5 on a form prescribed by the System. The System shall compile the forms received from each designating authority and provide a biennial report on the compilation to the Interim Retirement and Benefits Committee of the Legislature.

7. A designating authority shall not designate a position pursuant to subsection 4 as a position for which there is a critical labor shortage for a period longer than 2 years. To be redesignated as such a position, the designating authority must consider and make new findings in an open public meeting as to whether the position continues to meet the criteria set forth in subsection 5.

(Added to NRS by 2001, 2400; A 2003, 2062; 2005, 1077; 2009, 1549, 1550; R 2011, 90, effective June 30, 2015)

***. SALARY ADJUSTMENTS**

A. Distribution of Salary Adjustments to Departments, Commissions and Agencies, pursuant to Assembly Bill 511, Sections 6, 7, and 8 of the 2013 Legislative Session.

The 2013 Legislature appropriated funds from the State General Fund and State Highway Fund for the purpose of meeting any deficiencies which may be created between the appropriated money of the respective departments, commissions, and agencies of the State of Nevada, as fixed by the 2013 Session of the Nevada Legislature, and the actual salary of each state employee. Pursuant to this legislation, the following amounts from the State General Fund and State Highway Fund are recommended:

| BA# | BUDGET ACCOUNT NAME | GENERAL FUND ADJUSTMENT | HWY FUND ADJUSTMENT |
|------------|----------------------------|--------------------------------|----------------------------|
| 4744 | DMV – Director’s Office | | \$31,345 |
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MEMORANDUM
from
TROY L. DILLARD
Director
Phone: (775) 684-4549
Email: tdillard@dmv.nv.gov

Date: 3/23/15

To: Board of Examiners

Subject: B/A 4744 Salary Adjustment

PCN 0022 in the Director's Office was not budgeted correctly. This position was reclassified from an Auditor 2 to an ITP 4 in March 2013. The Legislatively Approved budget funded the position at a 34-1 as the position was vacant at the time that payroll was updated during the Governor Recommends budget phase. The approved NPD-19 established this position at a pay grade 41. The position was filled at a 41-10.

As a result, the Director's Office salary shortfall is approximately \$91,967 for FY15. The Department will be submitting another work program to move budgeted Vacancy Savings of \$31,219 from budget account 4735 - Field Services. The Department has also requested a supplemental appropriation in the event the shortfall cannot be covered from within the existing budget.

Assembly Bill 511, Sections 6, 7, and 8, appropriated General and Highway Funds to the Board of Examiners (BOE) to meet any deficiencies created between the appropriated money of the respective departments and the amount of money required to pay the salaries of the employees.

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

POLICY DIRECTIVE #D-2014-05

March 28, 2014

TO: All Agencies

FROM: Jeff Mohlenkamp, Director
Department of Administration

A handwritten signature in black ink, appearing to read "Jeff Mohlenkamp".

SUBJECT: Fiscal Year 2014 and 2015 Salary Adjustment Funds

Assembly Bill 511, Sections 6, 7, and 8, appropriated General and Highway Funds to the Board of Examiners (BOE) to meet any deficiencies created between the appropriated money of the respective departments and the amount of money required to pay the salaries of the employees. The capped amounts each budget account may request are provided in a separate spreadsheet posted on our website.

The authority for salary adjustment funds was not budgeted in individual budget accounts; therefore, once the Board of Examiners approves a request, a non-IFC work program must be processed to establish the authority before the transfer of cash can be made. Please use the following naming convention for the work program number instead of allowing a default number: *FY SA budget account number*. For example, budget account 1234, would use work program number 14SA1234 in FY14 and 15SA1234 in FY15.

If you have transferred authority from Category 01 to another category, you are not eligible for salary adjustment funds (there are some exceptions to this rule for the transfer of authority from Category 01 for contract staffing needs). Salary adjustment funds are also not available to cover position reclassifications, overtime, etc.

If you require salary adjustment funds, please submit your request along with your salary projections, which should support the amount being requested. Please also include a position fund map. All allocations from the BOE Salary Adjustment Account must be approved by the Board of Examiners.

HIGHWAY FUND SALARY ADJUSTMENT
FISCAL YEARS 2014 AND 2015

| Div | Division Description | BA | Budget Account Description | Fiscal Year 2014 | Fiscal Year 2015 |
|-----|--------------------------------|------|---|------------------|------------------|
| 650 | DPS-DIRECTOR'S OFFICE | 3775 | DPS - TRAINING DIVISION | 9,021 | 8,952 |
| 651 | DPS-HIGHWAY PATROL | 4713 | DPS - HIGHWAY PATROL | 788,489 | 796,539 |
| 653 | DPS-INVESTIGATION DIVISION | 3743 | DPS - DIVISION OF INVESTIGATIONS | 4,364 | 4,367 |
| 656 | DPS-FIRE MARSHAL | 4729 | DPS - STATE EMERGENCY RESPONSE COMMISSION | 2,463 | 2,414 |
| 658 | DPS-TRAFFIC SAFETY | 4688 | DPS - HIGHWAY SAFETY PLAN & ADMIN | 1,146 | 1,133 |
| 751 | B&I - TRANSPORTATION AUTHORITY | 3922 | B&I - TRANSPORTATION AUTHORITY | 35,115 | 35,064 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4715 | DMV - AUTOMATION | 90,111 | 90,409 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4717 | DMV - MOTOR CARRIER | 52,745 | 53,109 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4732 | DMV - HEARINGS | 18,157 | 18,112 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4735 | DMV - FIELD SERVICES | 574,725 | 583,220 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4740 | DMV - COMPLIANCE ENFORCEMENT | 67,236 | 67,467 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4741 | DMV - CENTRAL SERVICES | 106,795 | 108,513 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4742 | DMV - MANAGEMENT SERVICES | 20,312 | 20,438 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4744 | DMV - DIRECTOR'S OFFICE | 31,270 | 31,345 |
| 810 | DEPARTMENT OF MOTOR VEHICLES | 4745 | DMV - ADMINISTRATIVE SERVICES | 44,373 | 45,000 |
| | | | | 1,846,322 | 1,866,082 |

State of Nevada Work Program

WP Number: 15SA4744

FY 2015

Add Original Work Program

XXX Modify Work Program

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

| DATE | FUND | AGENCY | BUDGET | DEPT/DIV/BUDGET NAME |
|----------|------|--------|--------|-------------------------|
| 02/12/15 | 201 | 810 | 4744 | DMV - DIRECTOR'S OFFICE |

Funds Available

| Budgetary GLs (2501 - 2599) | Description | WP Amount | Revenue GLs (3000 - 4999) | Description | WP Amount | Current Authority | Revised Authority |
|---|-------------|-----------|---|--------------------------------|---------------|-------------------|-------------------|
| | | | 4602 | HIGHWAY FUND SALARY ADJUSTMENT | 31,345 | 0 | 31,345 |
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| Subtotal Budgetary General Ledgers | | 0 | Subtotal Revenue General Ledgers(RB) | | 31,345 | | 31,345 |
| Total Budgetary & Revenue GLs | | | | | 31,345 | | |

Expenditures

| CAT | Amount | CAT | Amount |
|---------------------------------|--------|-----|--------|
| 01 | 31,345 | | |
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| | | | |
| Sub Total Category Expenditures | | | 31,345 |

Remarks
 This work program requests to augment revenue GL 4602 - Highway Fund Salary Adjustment and category 01 - Personnel Services per Policy Directive #D-2014-05.

Total Budgetary General Ledgers and Category Expenditures (AP) **31,345**

_____ **akeillor**
 Authorized Signature

_____ **02/20/15**
 Date

_____ **Controller's Office Approval**

Does not require Interim Finance approval since WP implements general/highway fund salary adjustments approved by the BOE

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Janet Murphy
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: April 1, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: John Borrowman, 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.

DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval to replace one vehicle not to exceed \$19,000 due to a vehicle accident resulting in a total loss of the vehicle.

Additional Information:

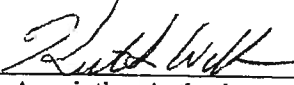

This authorization will be funded with accident recovery funds and from the agency's reserves.

Statutory Authority:

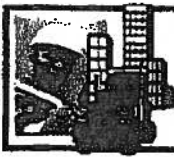
BOE approval required pursuant to NRS 334.010.

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

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

| | | |
|---|---|--------------------------------|
| Agency Name: Fleet Services Division | Budget Account #: 1356 | |
| Contact Name: Keith Wells | Telephone Number: 775-684-1883 | |
| 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>1</u> Amount of the request: <u>\$19,000</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Sedan Mission of the requested vehicle(s): Replaces a vehicle assigned to Child and Family Services that was totaled in an accident | | |
| 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? Insurance Recovery Funds and Reserves | |
| Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u> </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. Yes | | |
| Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2002 Odometer Reading: 93537 Type of Vehicle: Sedan Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: | Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Replaces a vehicle totaled in an accident If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. | |
| <i>Please attach an additional sheet if necessary</i> | | |
| APPOINTING AUTHORITY APPROVAL: | | |
|  _____ Agency Appointing Authority |  _____ Title | <u>4-1-15</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



Department of Administration RISK MANAGEMENT



VEHICLE ACCIDENT REPORT

INSTRUCTIONS:

COMPLETE as much information as possible at the scene.

REPORT all accidents involving third parties, whether or not there is damage or injury.

COOPERATE with investigating officer(s) and the State's adjuster(s).

WITHIN 48 HOURS:

Send original to AG's Office Claims Manager, 100 N. Carson St., Carson City, NV 89710

Send copy to Risk Management Claims Manager, 201 S. Roop St., Suite 201 Carson City NV 89701

Date of Accident 3/13/15 Time 4:35pm

OUR INFORMATION:

Driver's Name Shoquita Jones Agency DCFS

Office Address 1780 E. Basin Ave Ste #2 Bus. Phone 775-727-8497 ext 227

Driver's Lic. No. 2103943750 State NV Expiration Date 12/10/2018

Contact Person Michael Cason Title Manager Phone 775-727-8497 ext 225

Is this a MOTOR POOL Vehicle? Yes Vehicle ID No. (VIN) 3HDA6RX2H1810201

Plate No. EX 58335 Year 2002 Make Dodge Model Intrepid

Location of vehicle 4180 S. Pecos Rd Las Vegas, NV 89121

Location of Accident Dacaturz and Palmyra Las Vegas, NV

Describe Damage to State Vehicle: Windshield Damage only? If NO describe damage bumper

off the car

Accident Reported to (NHP, Metro, Reno P.D., etc.) Metro Report # 15023-21618 Citations Issued? NO

If Yes, explain:

303 273 6718
Cindy Cooper
487948785002

THEIR INFORMATION: Self-Insurance card provided to driver/owner? Yes No

Owner's Name Steven Hung-Chi Ta Daytime Phone (702) 289-1039

Address 1389 Westwind Rd. City/State/Zip Las Vegas, NV 89146-1333

Insurance Company Safeco Insurance Policy No. A3040583 City/State _____

Insurance Agent N/A Phone No. N/A

Plate No. 3Z84FR State NV Year 2003 Make Honda Model _____

Driver's name Saissei Ta Daytime phone (702) 289-9039

Address 1389 Westwind Rd. City/State/Zip Las Vegas, NV 89146-1333

Driver's Lic. No. 11003559321 State NV Expiration Date N/A

Describe damage to other vehicle and any injuries reported: front grill / hood smashed in upward position. No report injuries on site.

EXPLAIN WHAT HAPPENED: was in state car heading south on Decatur. Northbound traffic came to a complete stop for pedestrian crossing. I came to a complete stop along with other southbound vehicles. After a pause, I was hit in the rear and knocked into the intersection.

WITNESSES (Please include NAME, ADDRESS and PHONE NUMBER) N/A

PERSONS INJURED (If injured person is a State Employee, complete a Worker's Compensation Claim Form) _____

Shaquita Jones

Agency Information: Damage estimates attached Estimates will follow

State Driver's Signature [Signature] Date 3/13/15

Reviewed by Safety Coordinator [Signature] Date 3/17/15

Reviewed by Department Head [Signature] Date 3-17-15

RSK-001 (webversion)

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
TRAFFIC COLLISION INFORMATION

The Traffic accident you were involved in was investigated by the LVMPD. The report should be ready after 7 business days at the LVMPD Records Section located at:

488 MLK BLVD, LAS VEGAS, NV 89106.

Phone No: (702) 828-3475 or 828-3476

Accident Date: 03/17/2015
Accident No.: LVMPD-150313-2986
Location: DECATUR BLVD, 25 SOUTH, PALMYRA AVE
Officer: 8539 B BROWN

VEHICLE(S)

#1) Year: 2003
Make: HONDA
Lic. No.: 1328YFR
Reg Owner: STEVEN HUNG CHI TA
Insurance Company: SAFECO INSURANCE CO OF IL
Policy No.: A3040583
Address/Phone: 800-312-3226
Tow Company:

Occupants (First Middle Last Name - Phone Number)
#1) Name: SAITSEI TA
OLN: 1603559321
Phone: (702)2899039

#2) Year: 2002
Make: DODGE
Lic. No.: EX58335
Reg Owner: SHAQUITA RENE JONES
Insurance Company: SELF INSURED
Policy No.: NRS 41.038
Address/Phone: RISK MNGMT 775-687-4085
Tow Company:

Occupants (First Middle Last Name - Phone Number)
#1) Name: SHAQUITA RENE JONES
OLN: 2103942508
Phone: (775)7278497

NON MOTORIST (S)

WITNESS

Notice Regarding Effect Of Forfeiture of Bail
Forfeiture of bail will have the same force and effect as a Judgment of court and notification will be sent to the Licensing Authority of this State (or at the State where you received your license to drive). By forfeiting bail, you are WAIVING any right to a court hearing.

**- READ CAREFULLY -
INSTRUCTIONS FOR ALL COURTS**

Allow 4 weeks from the receipt of the citation before contacting the court.

This citation may be resolved only by bail forfeiture, trial, or other official action of the court having jurisdiction over the alleged offense. Any person violating the written promise to appear or failing to deposit bail as authorized is guilty of a misdemeanor regardless of disposition of the charge for which such citation was originally issued. Failure to appear or post bail will result in a warrant being issued for your arrest, and you will be responsible for warrant fees. A written promise to appear in court may be complied with by an appearance by counsel.

If you wish to plead NOT GUILTY on any traffic charge, you must appear during business hours on or before the appearance date listed on the front of the citation to schedule a hearing or trial date as specified by the court. You may be asked to post full bail. NOTE: In Henderson, you MUST APPEAR in court on the date and time of the citation.

If a juvenile who is 17 years of age or younger appears for a court proceeding, the juvenile must be accompanied by a parent or legal guardian.

If the box for Municipal Court is marked on the front of this citation you must contact the court. See "Municipal Court Instructions Only" below.

MUNICIPAL COURT INSTRUCTIONS ONLY

WWW.LASVEGASNEVADA.GOV

MUNICIPAL COURT 702-38(COURT) 702-382-6878

1) For a traffic violation you or your attorney may call for copies of the court



A Liberty Mutual Company

Safeco Insurance Company of Illinois

24001 E Mission Ave #100
Liberty Lake, WA 99019

Mailing Address:

PO BOX 3838
Spokane, WA 99220

Phone: (509) 944-8349

Fax: (888) 268-8840

March 24, 2015

State Of Nevada Fleet Services
750 E King St
Carson City, NV 89701

Insured Name: Steven Hung-chi & Ta Peili H Ta
Policy Number: A3040583
Loss Date: March 13, 2015
Claim Number: 487948785002

Dear State Of Nevada Fleet Services:

Please take a moment to read this entire letter as it will fully explain how your total loss and the sale of the salvage will be handled. It is important that you understand this process so that we are able to pay your claim as quickly as possible.

Thank you for taking the time to discuss your loss with us. The value of your 2002 DODGE INTREPID 2B3HD46RX2H186201 was determined based on similar vehicles for sale in your local market, considering pre-accident condition, accessories, options, and mileage. Per our conversation, we discussed the following:

| | Company Retains |
|------------------------------|------------------------|
| Actual Cash Value: | \$3,782.00 |
| Applicable Taxes/Fees: | \$321.69 |
| Total Payout for Total Loss: | \$4,103.69 |

Upon receipt of your properly signed Title and verification that your vehicle has arrived at our salvage yard, we will send your payment. **Cashing this check does not release any portion of your claim.** ***Please reference the enclosed title instructions.

In order for us to process your claim as quickly as possible, we ask that you return your properly signed paperwork by April 08, 2015.

If your vehicle is currently accruing storage costs at an auto repair facility or tow yard, please be advised that our obligation to pay for storage costs will end as of March 26, 2015. Any costs incurred after this date will be your responsibility.

If you are currently in a rental car authorized by us, please be aware that your vehicle is due back by March 31, 2015. Any costs incurred regarding a rental vehicle after this date will be your responsibility.

Please contact your agent to discuss the removal of this vehicle from your policy. Your agent is your best resource for policy issues. They can answer your questions about how this claim may affect your policy.

In order to process the salvage of your vehicle, we need the following from you:

Title: Please sign title and send in the enclosed envelope. Please make sure if a "Lien Holder" is listed on the title that they have released their interest to the vehicle either on the title itself or on a separate document. Please forward any such documents with your title. We are enclosing instructions on how to sign a title from your specific state. Please remember that a title is a legal document and the state will not process a title that has been altered in any way. This means **no scratch-outs, no "white-out" and do not write any unnecessary information anywhere else on the title. Please read this information carefully as your payment will be delayed if this legal document is not signed properly.** Titles not signed correctly will only delay the process and in most instances, delay the processing of your payment. If you have any questions prior to signing the title, please call and I will be happy to help you out.

Keys: Please send any spare keys with your paperwork.

PLEASE MAIL PROPERLY EXECUTED TITLE WORK TO:

Copart - Vegas
Attn: Lot #20183975
4810 N. LAMB BLVD
LAS VEGAS, NV 89115
Phone: (702)638-9300

Sincerely,



Chase Brumbaugh

Safeco Insurance Company of Illinois
(509) 944-8349 Fax: (888) 268-8840
chase.brumbaugh@libertymutual.com

STANDARD PAGE ~ BID #8255 FLEET VEHICLES ~ UPDATED 2015-0319

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

| | | | |
|---|-------|--|---------------------------------|
| Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small> | | 1.2, SEDAN, INTERMEDIATE, 4DR, 5PASS, FWD | |
| Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: | | Base Price for RENO/CARSON CITY | Base Price for LAS VEGAS |
| 2016 FORD FUSION (P0G) | | \$18,340 | \$18,640 |
| State vehicle miles per gallon (MPG): 17 CITY - 24 HWY | | | |
| State manufactures warranty: 3 YRS/36000 MILES | | | |
| Specify alternate fuel engine size and emission rating: 2.5L I4 | | | |
| Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions: | | | |
| | | | |
| Exterior Color: List available colors: (CC=CLEARCOAT; CC/M=CLEARCOAT/METALLIC) | | | |
| OXFORD WHITE | YZ | BRONZE FIRE | H9 |
| TECTONIC | HI | DEEP IMPACT BLUE | J4 |
| GUARD | HN | MAGNETIC | J7 |
| SHADOW BLACK | G1 | RUBY RED METALLIC | RR |
| INGOT SILVER | UX | WHITE PLATINUM METALLIC | UG |
| Seats, Cloth: List available colors: | | | |
| DUNE | BLACK | | |
| GVW: NA# <small>(When Applicable)</small> | | WHEELBASE: 107" <small>(When Applicable)</small> | |

OPTION PACKAGE PAGE ~ BID #8255 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

| | | | |
|--|--|---|--|
| Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small> | | 1.2, SEDAN, INTERMEDIATE, 4DR, 5PASS, FWD | |
| Option Package Name/Code: | SE | \$ INCL. | |
| List Equipment Features Below: | INCL. PL, PW, PM, A/C, TILT, CRUISE, KEYLESS ENTRY | | |
| | | | |
| | | | |
| | | | |
| | | | |

OPTION PACKAGE PAGE ~ BID #8255 FLEET VEHICLES

(Use separate page for each package)

DEALER NAME: JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

| | | | |
|--|--|---|--|
| Specify State's Vehicle Item Number: <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small> | | 1.2, SEDAN, INTERMEDIATE, 4DR, 5PASS, FWD | |
|--|--|---|--|

| | | DEDUCT AMOUNT |
|--|-----------------|---------------|
| ABS Brake System | \$ INCL. | \$- |
| Air Conditioning | \$ INCL. | \$- |
| Cruise Control | \$ INCL. | \$- |
| Diesel Engine | \$ NA | \$- |
| Engine Block Heater | \$30 | \$- |
| AWD (incl. 2.0L EcoBoost) | \$5,340 | |
| Four Wheel Drive (4x4) | \$ NA | \$- |
| Heavy Duty Alternator (140A) | \$ NA | \$- |
| Hitch Receiver | \$ NA | \$- |
| Integrated Trailer Brake (3/4 ton only) | \$ NA | \$- |
| Keyless Entry w/Fob (must have power door locks) | \$ INCL. | \$- |
| Limited Slip Differential | \$ NA | \$- |
| Paint, Metallic | \$ OPTIONAL N/C | \$- |
| Power Mirrors | \$ INCL. | \$- |
| Power Locks | \$ INCL. | \$- |
| Power Seats (DRIVER'S SIDE ONLY) | \$ INCL. | \$- |
| Power Windows | \$ INCL. | \$- |
| Radio; AM/FM Stereo, Cassette Player, CD | \$ INCL. | \$- |
| Rear Window Wiper | \$ NA | \$- |
| Seats, Vinyl | \$ NA | |
| Vinyl Colors: | | |
| Skid Plate | \$ NA | \$- |
| Tilt Steering | \$ INCL. | \$- |
| Tire, Spare, Full Size | \$ NA | \$- |
| Trailer Tow Mirrors | \$ NA | \$- |
| Trailer Tow Package | \$ NA | \$- |
| | | |
| Other: | | |
| | | |
| | | |
| | | |

Delivery can take 90-120 days post order.

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 300 per unit **mile**.

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 2, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: John Borrowman, 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.

DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval to replace one vehicle not to exceed \$24,625 due to a vehicle accident resulting in a total loss of the vehicle.

Additional Information:

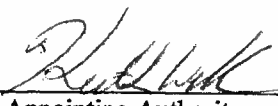
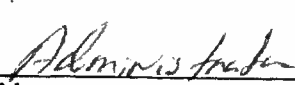
This authorization will be funded with accident recovery funds and from the agency's reserves.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

| | | | |
|---|--|--|---------------------|
| Agency Name: Fleet Services | | Budget Account #: 1356 | |
| Contact Name: Keith Wells | | Telephone Number: 775-684-1883 | |
| 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>One</u> | | Amount of the request: <u>\$24,625</u> | |
| Is the requested vehicle(s) new or used: <u>New</u> | | | |
| Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Sedan</u> | | | |
| Mission of the requested vehicle(s): <u>Replaces a vehicle totaled in an accident - Fleet Services Short Term Rental Vehicle</u> | | | |
| 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? <u>Reserves and Insurance Recovery</u> | |
| Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>xx</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. <u>Yes</u> | | | |
| 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: <u>2006</u> Odometer Reading: <u>75185</u> Type of Vehicle: <u>Dodge Stratus Sedan</u> | | Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <u>Replaces a vehicle totaled in an accident</u> | |
| Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: | | If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. | |
| <i>Please attach an additional sheet if necessary</i> | | | |
| APPOINTING AUTHORITY APPROVAL: | | | |
|  | |  | |
| Agency Appointing Authority | | Title | Date <u>2/27/15</u> |
| 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

PROPERTY DISPOSITION REPORT

TO: NEVADA STATE PURCHASING DIVISION
 PROPERTY MANAGEMENT PROGRAM
 515 E MUSSER ST, STE 300
 CARSON CITY, NV 89701
 PH: (775) 684-0192 FAX: (775) 684-0188
 Email forms to: glandry@admin.nv.gov

FROM: Agency Name : FLEET SERVICES
 Address: 750 E KING ST CARSON CITY NV
 Phone: 684-1881 Fax 684-1888
 Property address: 7060 LA CIENEGA LV
 Contact: LYN Ph: 684-1881


DISPOSITION OF PROPERTY IS EXCESS, BEYOND REPAIR, LOST/STOLEN OR TRANSFERRED/DONATED

Please complete a separate report for each disposition action requested. Please provide a complete description of property including condition, State I.D. # (if applicable) and budget account from which the property was originally purchased. Agency must obtain disposition approval from Nevada State Purchasing Property Management before agency may proceed with disposition.


- EXCESS** to the needs of this department. Point of contact and telephone number must be provided above.
- BEYOND REPAIR:** Recommend property be junked. Provide detailed explanation as to condition. REMOVAL OF PROPERTY TO BE AT AGENCIES EXPENSE OR CONTACT BUILDINGS AND GROUNDS. Remove State ID# tag and any State emblems before disposal.
- LOST/MISSING/STOLEN:** The agency head must be notified immediately of lost/missing/stolen items. Please attach a police report or other documentation to describe circumstances. Agency must process a FC document in Advantage noting date of Lost/Missing item(s). Item(s) must remain on agency's inventory for two inventory cycles prior to processing PDR and item(s) being removed.
- DONATION:** Please provide explanation of property condition, name of organization, and proof of organization's tax-exempt status. Agency must obtain a receipt signature from organization receiving property. **AGENCY MUST HAVE PRIOR AUTHORIZATION BEFORE DONATING PROPERTY.** Remove State ID# tag and any State emblems before donating.
- STATE I.D. TAG REQUEST:** Duplicate _____ New _____
 If NEW, please provide the agency account coding and a copy of the invoice for all items needing a new tag.
 FUND _____ AGENCY _____ ORG _____ ACTIVITY _____ OBJECT _____ APPR UNIT _____
 LOC CODE _____ COST _____
- TRANSFER:** From LOC CODE _____ To LOC CODE _____
 Signature of Receiving Agency _____ Date _____
- OTHER:** Please provide detailed explanation.

REMINDER: REMOVE ALL TAGS PRIOR TO DONATION OR DISPOSAL.

| STATE ID # | DETAILED DESCRIPTION AND CONDITION OF PROPERTY | OFFICE USE ONLY | |
|------------|--|-----------------|-------------|
| | | FC or ED Doc | Warehouse # |
| 287092 | 2006 Dodge Stratus | | |
| | VIN 1B3AL46T86N268070 | | |
| | | | |
| | vehicle totaled in accident | | |
| | sold for salvage | | |
| | | | |
| | | | |



 Signature of Person completing this form



 Signature of Agency Approving Authority

Lyn Letarti AAIV

 Print Name and Title

2/26/15

 Date

Keith Wells Administrator

 Print Name and Title

2/26/15

 Date



State of Nevada
**VEHICLE ACCIDENT REPORT
 Agency Form**

| | |
|---------------------|-------|
| For State Use Only: | |
| State Claim No. | _____ |
| Budget Acct. No. | _____ |
| Coverage | _____ |
| Adjuster | _____ |

INSTRUCTIONS: (If you need more space, attach a separate sheet of paper)

- Complete as much information as possible at the scene.
- REPORT all accidents involving third parties**, whether or not there is damage or injury.
- Cooperate with investigating officer(s) and the State's adjuster(s).
- Notify Attorney General's Office ASAP if there is an injury. Tel.: (775) 684-1263; Fax: (775) 684-1275

- Sent original to AG's Office **WITHIN 48 HOURS** Claims Manager, Office of the Attorney General, 100 N. Carson Street, Carson City, NV 89701
- Sent copy to Risk Management **WITHIN 48 HOURS** Risk Management, 201 S. Rook Street, Suite 201, Carson City, NV 89701

Date of Accident 2/12/15 Time 2:01 P.M. Location of Accident Eastern and 95 freeway

OUR INFORMATION:

Driver's Name Brian Cavarangh Agency Southern Nev Adult Mental Health

Office Address 6161 W Charleston Blvd Bus. phone 702-486-6054

Driver's Lic. No. _____ State _____ Expiration Date _____

Contact Person Denise Title Supervisor Phone 486-6054

Is this a **MOTOR POOL** vehicle? Yes No ^{unk} Vehicle ID No. (VIN) It was a state vehicle.

Plate No. 51703 Year 06 Make Dodge Model Stratus

Location of Vehicle LVS

Describe damage to State vehicle: Windshield damage only; no other party involved
Front end coming off, couldn't get key out, couldn't shift gear, front window broke.

THEIR INFORMATION: Self-insurance card provided to driver/owner? Yes No
 TC-1 Claim form provided to driver/owner? Yes No (www.ag.state.nv.us)

OWNER'S NAME unk Daytime Phone _____

Address _____ City/State/Zip _____

Insurance Company _____ Policy No. _____ City/State _____

Insurance Agent _____ Phone No. _____

Plate No. _____ State _____ Year _____ Make _____ Model _____

DRIVER'S NAME _____ Daytime Phone _____

Address _____ City/State/Zip _____

Driver's Lic. No. _____ State _____ Expiration Date _____

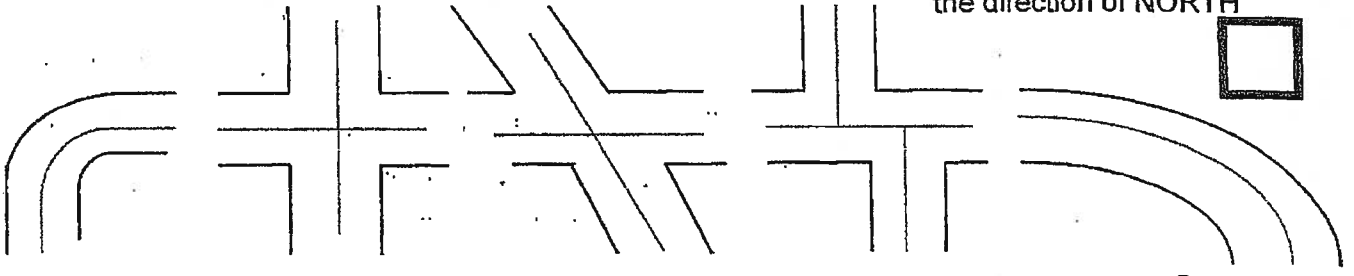
Describe damage to other vehicle and any injuries reported _____

EXPLAIN WHAT HAPPENED: I was driving southbound in the state vehicle and going through a green light when a car coming from us 95 appeared at a high rate of speed while I was already going through the intersection. I crashed into the front side of the car and then hit something else like a sign in the median. I had a seat belt on and this prevented me from further injuries.

Accident Reported to (NHP, Metro, Reno P.D., etc.) Report # 130200939

Citations Issued? No Yes If "Yes," explain I contest the ticket for going through red light and seat belt violation

Complete the following diagram showing direction and positions of automobiles involved. Clearly designate point of contact. Indicate by arrow the direction of NORTH



___ path before accident - - - - path after accident + + + + Railroad ◆ Stop Sign ○ Stop Light ⊕ Pedestrian

WITNESSES: Witness card given/statement taken

| Name | Address | Phone |
|-------------|---------|-------|
| <u>unk.</u> | | |
| | | |
| | | |

PERSONS INJURED: (If injured person is a State Employee, complete a Worker's Compensation Claim Form.)

| Name | Address | Phone |
|-------------|---------|-------|
| <u>unk.</u> | | |
| | | |
| | | |

Agency Information: Damage estimates attached Estimates will follow

State Driver's Signature *Patricia Lawrence* Date 2/12/15
 Reviewed by Safety Coordinator _____ Date _____
 Reviewed by Department Head _____ Date _____

Date: 2/17/2015 12:01 PM
 Estimate ID: 262
 Estimate Version: 0
 Preliminary
 Profile ID: STATE OF NEVADA

EXEMPT FROM TAXES

BEST CHOICE COLLISION CENTER

3720 W. DESERT INN RD., LAS VEGAS, NV 89102
 (702) 364-2222
 Fax: (702) 364-2193
 Email: bestcholceab@yahoo.com

Damage Assessed By: BOB ALEMAN
 Classification: None

Deductible: UNKNOWN
 Claim Number: STATE VEHICLE

Owner: Dept. of Admin Fleet Services Div.

Mitchell Service: 918529

Description: 2006 Dodge Stratus SXT
 Body Style: 4D Sed
 VIN: 1B3AL46T86N268070
 OEM/ALT: O
 Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER LOCK, POWER WINDOW, REAR WINDOW DEFOGGER
 MANUAL AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN, ALUM/ALLOY WHEELS
 POWER ADJUSTABLE EXTERIOR MIRROR, FRONT AIR DAM, TINTED GLASS
 VARIABLE ASSISTED STEERING, ANTI-THEFT SYSTEM, AUTOMATIC HEADLIGHTS
 AM/FM STEREO CD, FRONT BUCKET SEATS, KEYLESS ENTRY SYSTEM, POWER LIFTGATE\TRUNK
 STEERING WHEEL MOUNTED CONTROLS

Drive Train: 2.7L Inj 6 Cyl 4A FWD
 License: EX-51703 NV
 Search Code: None

| Line Item | Entry Number | Labor Type | Operation | Line Item Description | Part Type/ Part Number | Dollar Amount | Labor Units |
|-----------|--------------|------------|----------------|---------------------------------------|------------------------|---------------|-------------|
| 1 | 000009 | BDY | REMOVE/REPLACE | Replace Frt Sheet Metal | Qual Recycled Part | 2,000.00 * | 5.2 |
| 2 | AUTO | REF | REFINISH | Front Sheet Metal | | | C 8.0 |
| 3 | AUTO | REF | REFINISH | Add For Edges & Underside | | | C 2.2 |
| 4 | | | | Line Markup %15.00 | | 300.00 | |
| 5 | 000011 | BDY | REMOVE/REPLACE | Frt Medallion | Qual Recycled Part | | 0.2 |
| 6 | 000012 | BDY | REMOVE/REPLACE | Frt License Plate Kit | Qual Recycled Part | | 0.2 |
| 7 | 000013 | BDY | REMOVE/REPLACE | Grille | Qual Recycled Part | | 0.2 |
| 8 | 000014 | BDY | REMOVE/REPLACE | R Fog Lamp | Qual Recycled Part | | 0.2 |
| 9 | 000015 | BDY | REMOVE/REPLACE | L Fog Lamp | Qual Recycled Part | | 0.2 |
| 10 | 000038 | BDY | REMOVE/REPLACE | R Hood Hinge | Qual Recycled Part | | 0.2 # |
| 11 | 000023 | BDY | REMOVE/REPLACE | Replace Front Inner Structure Assy -S | Qual Recycled Part | INC* | 20.5 # |
| 12 | AUTO | REF | REFINISH | Front Inner Structure Assy | | | 3.0 |
| 13 | | | | *** END OF ATG SECTION *** | | | |
| 14 | 802879 | MCH | REMOVE/REPLACE | Air Bag Control Unit -M | 4602340AG | 290.00 | 0.3 # |
| 15 | AUTO | BDY | REMOVE/INSTALL | Ctr Console | | | 0.5 |
| 16 | 802404 | MCH | REMOVE/REPLACE | Air Bag Module-Driver Front -M | 1AZ69XDVAA | 405.00 | 0.3 |
| 17 | 802886 | MCH | REMOVE/REPLACE | Air Bag Module-Passenger Front -M | RD43XDVAM | 657.00 | 1.1 |
| 18 | 801949 | GLS | REMOVE/REPLACE | W/Shield Glass | ** QUAL REPL PART | 180.00 * | INC # |
| 19 | | | | Line Markup %15.00 | | 27.00 | |
| 20 | 802562 | BDY | REMOVE/REPLACE | R Frt Seat Belt & Retractor | XB241L2AB | 42.35 | 1.0 # |
| 21 | 802563 | BDY | REMOVE/REPLACE | L Frt Seat Belt & Retractor | XK511L2AB | 54.50 | 1.0 # |
| 22 | 803335 | BDY | REMOVE/REPLACE | R Rear Door Shell | Qual Recycled Part | 200.00* | 4.8 # |
| 23 | AUTO | REF | REFINISH | R Rear Door Outside | | | C 1.8 |

ESTIMATE RECALL NUMBER: 02/17/2015 11:41:11 262
 Mitchell Data Version: OEM: JAN_15_V

Software Version: 7.1.175

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Page 1 of 2

Date: 2/17/2015 12:01 PM
 Estimate ID: 262
 Estimate Version: 0
 Preliminary
 Profile ID: STATE OF NEVADA

| | | | | | | | | |
|----|--------|-----|----------------|--------------------------------|----|--------------------|--------|--------|
| 24 | AUTO | REF | REFINISH | R Rear Add For Jamb & Interior | | | | |
| 25 | | | | Line Markup %15.00 | | | 30.00 | C 1.0 |
| 26 | 801906 | BDY | REMOVE/REPLACE | R Side Body Panel Assembly | -S | Qual Recycled Part | 200.00 | * 23.9 |
| 27 | AUTO | REF | REFINISH | R Side Body Panel Complete | | | | C 4.2 |
| 28 | | | | Line Markup %15.00 | | | 30.00 | |
| 29 | 801496 | BDY | REPAIR | Rear Bumper Cover | | Existing | | 3.0* # |
| 30 | AUTO | REF | REFINISH | Rear Bumper Cover | | | | C 2.7 |
| 31 | AUTO | REF | ADD'L OPR | Clear Coat | | | | 3.9 |
| 32 | AUTO | | ADD'L COST | Paint/Materials | | | 696.80 | * |

* - Judgment Item
 # - Labor Note Applies
 d - Discontinued by the Manufacturer
 C - Included In Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

Estimate Totals

| I. Labor Subtotals | | Units | Rate | Add'l Labor Amount | Sublet Amount | Totals | II. Part Replacement Summary | | Amount |
|---|--|-------|-------|--------------------|---------------|------------|--------------------------------|--|----------|
| Body | | 61.1 | 38.00 | 0.00 | 0.00 | 2,321.80 T | Taxable Parts | | 4,028.85 |
| Refinish | | 26.8 | 38.00 | 0.00 | 0.00 | 1,018.40 T | Parts Adjustments | | 387.00 |
| Mechanical | | 1.7 | 79.00 | 0.00 | 0.00 | 134.30 T | | | |
| Taxable Labor | | | | | | 3,474.50 | Total Replacement Parts Amount | | 4,415.85 |
| Labor Summary | | 89.6 | | | 3,474.50 | | | | |
| III. Additional Costs | | | | | | Amount | IV. Adjustments | | Amount |
| Taxable Costs | | | | | | 696.80 | Customer Responsibility | | 0.00 |
| Total Additional Costs | | | | | | 696.80 | | | |
| Paint Material Method: Rates Init Rate = 26.00 , Init Max Hours = 99.9, Addl Rate = 0.00 | | | | | | | | | |
| | | | | | | | I. Total Labor: | | 3,474.50 |
| | | | | | | | II. Total Replacement Parts: | | 4,415.85 |
| | | | | | | | III. Total Additional Costs: | | 696.80 |
| | | | | | | | Gross Total: | | 8,587.15 |
| | | | | | | | IV. Total Adjustments: | | 0.00 |
| | | | | | | | Net Total: | | 8,587.15 |

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

%>



The Power of Vehicle Information
NADAguides.com

[Close Window](#)

2006 Dodge STRATUS-4 Cyl.

2/17/2015


Sedan 4D SXT

NADAguides.com Price Report

| | Rough Trade-In | Average Trade-In | Clean Trade-In | Clean Retail |
|--------------------------------|----------------|------------------|----------------|----------------|
| Base Price | \$1,475 | \$2,200 | \$2,775 | \$4,600 |
| Mileage: (76,000) miles | \$1,250 | \$1,250 | \$1,250 | \$1,250 |
| Total Base Price | \$2,725 | \$3,450 | \$4,025 | \$5,850 |
| PRICE with Options | \$2,725 | \$3,450 | \$4,025 | \$5,850 |

The history of a vehicle impacts its value

Get the history at AutoCheck.com/NADAguides



Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 2, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Stacey Johnson, 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.

**DEPARTMENT OF BUSINESS AND INDUSTRY – INDUSTRIAL RELATIONS
DIVISION – OCCUPATIONAL SAFETY AND HEALTH ENFORCEMENT**

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Business & Industry, Industrial Relations Division requests approval to replace one vehicle not to exceed \$24,285 due to a vehicle accident resulting in a total loss of the vehicle.

Additional Information:

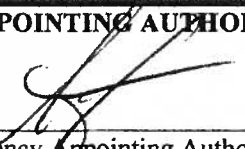
This authorization will be funded with an allocation from the Workers Compensation fund and offset by the insurance payoff and salvage fees.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

| | |
|--|--|
| Agency Name: NEVADA OSHA | Budget Account #: 4682 |
| Contact Name: RESTY MALICDEM OR KIM TOLEDO | Telephone Number: 702-486-9045 / 702-486-9168 |
| <p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$24,256.00</u></p> <p>Is the requested vehicle(s) new or used: <u>NEW</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>FULL SIZE SEDAN, 4 DOOR</u></p> <p>Mission of the requested vehicle(s): <u>Transportation of compliance officers and trainers to work sites to conduct inspections/investigations.</u></p> | |
| <p>Were funds legislatively approved for the request?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>If yes, please provide the decision unit number:</p> <p>If no, please explain how the vehicles will be funded?</p> |
| <p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p> | |
| <p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p><u>Requested vehicle is designated "Smart Way" per Nevada State Purchasing website.</u></p> | |
| <p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: 2008 Odometer Reading: 44,452 Type of Vehicle: Chevrolet Impala</p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p> | <p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p><u>Vehicle was totaled in an accident.</u></p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> |
| <p><i>Please attach an additional sheet if necessary</i></p> | |
| <p>APPOINTING AUTHORITY APPROVAL:</p> <p> _____ <u>ASO II</u> _____ <u>3-3-15</u></p> <p>Agency Appointing Authority Title Date</p> | |
| <p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____</p> <p>Board of Examiners Date</p> | |

Vehicle Order Information Form

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

Please print out this page and complete all fields.

| | | | |
|--|--|-------------|---|
| Vehicle Item No., Make, Model & No.: | 1.1 Sedan: Full Size, 4 door, 5 passenger Ford, Taurus 2015 | | |
| Dealer Name: | Ford Country Las Vegas | | |
| Delivery Location: | Will pick up at Dealer. | | |
| Vehicle Colors: | Exterior: | Interior: | <input checked="" type="checkbox"/> Cloth |
| | Oxford White | Dune | <input type="checkbox"/> Vinyl |
| | Quantity | Unit Cost | Total Cost |
| BASE PRICE (Reno, Carson City or Las Vegas delivery) | 1 | \$24,256.00 | \$24,256.00 |
| SPECIFY OPTIONS: (description) | 0 | 0 | \$0 |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| DELIVERY COST: (If other than Reno\Carson or Las Vegas) | | \$0 | \$0 |
| Total purchase price with options | | | \$24,256.00 |
| DMV Title and DRS Fee's | | \$28.25 | \$28.25 |
| GRAND TOTAL: | | | \$24,284.25 |

| | |
|--|---|
| Registered Owner: | Agency Name & Address: |
| Legal Owner: | Agency Name & Address: |
| County Vehicle Based In: | Clark |
| Name & Phone of Person to contact when vehicle is ready for delivery: | Resty Malicdem – 702.486.9045 or Kim Toledo – 702.486.9168 |

STANDARD PAGE ~ BID# 8255 FLEET VEHICLES

fleet@fordcountrylv.com

DEALER NAME: Ford
Country

Tom
Craddock

702-558-
8064

| | | |
|--|--|-------------------------------------|
| Specify State's Vehicle Item Number: 1.1 Sedan: Full Size; 4 door; 5 passenger (page 1) | | |
| Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE: | Base Price for RENO/CARSON CITY | Base Price for LAS VEGAS |
| Ford, Taurus, 2015, (P2D/P2E/P2H) | \$24,656.00 | \$24,256.00 |
| State vehicle miles per gallon (MPG) 19/29 | | |
| State manufactures warranty: 3 year/36k bumper to bumper - 5 year/60k powertrain | | |
| Specify engine size and emission rating: 3.5L Ti-VCT V6 E85 FLEX FUEL | | |
| Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions: | | |
| | | |
| | | |
| Exterior Color: List available colors: | | |
| Dark Side Metallic, Caribou Metallic, Deep Impact Blue Metallic, Magnetic Matellic, | | |
| Tuxedo Black Metellic, Ingot Silver Metallic, Oxford White | | |
| | | |
| Seats, Cloth: List available colors: | | |
| Dune | | |
| | | |
| | | |
| GVW: | WHEELBASE:113" | |
| (When Applicable) | (When Applicable) | |

OPTION PACKAGE PAGE ~BID# 8255 FLEET VEHICLES

fleet@fordcountrylv.com

DEALER NAME: Ford
Country

Tom Craddock

702-558-8064

| | |
|--|----------------|
| Specify State's Vehicle Item Number: 1.1 Sedan: Full Size; 4 door; 5 passenger (page 2) | |
| | |
| Option Package Name/Code: | |
| List Equipment Features Below: | |
| SEL Series | \$2,245 |
| LED Supplemental Park Lamps, Heated Body Colored Mirrors, 18" Aluminum Rims, | |
| Auto Dimming Rear View Mirror, Dual Zone Electronic Climate Control, Leather | |
| Wrapped Shift Knob, Outside Temp Display, Leather Wrapped Steering Wheel, | |
| Perimeter Alarm, Satellite Radio, Remote Vehicle Start, Reverse Sensing System | |
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ITEMIZED OPTION PAGE ~ BID# 8255 FLEET VEHICLES

Specify State's Vehicle Item Number: 1.1 Sedan: Full Size; 4 door; 5 passenger (page 3)

DEALER NAME: Ford
CountryTom
Craddock702-558-
8064

fleet@fordcountrylv.com

DEDUCT AMOUNT

| | | |
|--------------------------------|-------------|-----|
| ABS Brake System | standard | \$- |
| Air Conditioning | standard | \$- |
| Cruise Control | standard | \$- |
| Daytime running lamps | \$46 | \$- |
| Engine Block Heater | \$81 | \$- |
| All Wheel Drive (SEL) | \$3,924 | \$- |
| SYNC Bluetooth | standard | \$- |
| Rear View Camera | standard | \$- |
| SIRIUS Radio | \$170 | \$- |
| Keyless Entry w/Fob | standard | \$- |
| Auto Headlamps | standard | \$- |
| Cargo Organizer | \$187 | \$- |
| Heated Mirrors | SEL Package | \$- |
| Power Locks | standard | \$- |
| Power Seat | standard | \$- |
| Power Windows | standard | \$- |
| Smokers Package | \$76 | \$- |
| Radio; AM/FM Stereo, CD | standard | \$- |
| All Weather Floor Mats | \$85 | \$- |
| Seats, Cloth Colors: Dune | | |
| Additional Key With Fob | \$145 | \$- |
| Tilt Steering | standard | \$- |
| Tire, Spare, Full Size | N/A | \$- |
| Trailer Tow Mirrors | N/A | \$- |
| Trailer Tow Package | N/A | \$- |
| Other: 2.0L I4 Ecoboost Engine | \$890 | \$- |

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 1.00 per mile.

DEPARTMENT OF BUSINESS & INDUSTRY
B/A 742-4682 - OCCUPATIONAL SAFETY 7 HEALTH ENFORCEMENT

| | |
|-------------------------------|---------------------|
| Cost of new car | \$ 24,256.00 |
| DMV Title and DRS Fee's | 28.25 |
| Estimated Sale of Totaled Car | 9,000.00 |
| Salvage Value | 200.00 |
| Allocation of Fund | <u>\$ 15,084.25</u> |

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 09, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Jim Rodriguez, 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.

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF ENVIRONMENTAL PROTECTION – BUREAU OF WATER QUALITY PLANNING

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Conservation and Natural Resources – Bureau of Water Quality Planning requests approval to purchase a replacement vehicle at a cost of \$27,190.25.

Additional Information:

The agency is requesting authority to replace an aging, high mileage pickup truck. Funding for this replacement purchase was provided in the agency's legislatively approved budget. The vehicle is needed to support the agency's efforts associated with water quality assessments and other off-road field uses. Fleet Services has reviewed the agency's vehicle needs and has indicated that Bureau may be suited for dual vehicle resources: Fleet Services vehicles for non-field services vehicles mixed with the strategic purchase of field services vehicles. Fleet services has agreed to work with the agency in the interim to determine the proper mix of vehicle type for the bureau and will plan to transition to this vehicle purchase/use in the next budget process.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

STATE VEHICLE PURCHASE

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



| AGENCY NAME | # OF VEHICLES | NOT TO EXCEED: |
|---|-------------------------|-----------------------------------|
| <p align="center">DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF ENVIRONMENTAL PROTECTION – BUREAU OF WATER QUALITY PLANNING</p> | <p align="center">1</p> | <p align="center">\$27,190.25</p> |
| | | |
| | | |
| | | |
| | | |
| <p align="right">Total:</p> | <p align="center">1</p> | <p align="center">\$27,190.25</p> |

RECEIVED

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

FEB 13 2015

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

| | | | |
|---|--|---|--------------|
| Agency Name: Nevada Division of Environmental Protection | | Budget Account #: 3193 | |
| Contact Name: Dave Simpson | | Telephone Number: 775-687-9548 | |
| Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: | | | |
| Number of vehicles requested: 1 | | Amount of the request: \$27,190.25 | |
| Is the requested vehicle(s) new or used: NEW | | | |
| Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: 4x4 Truck | | | |
| Mission of the requested vehicle(s): Field vehicle for the Bureau of Water Quality Planning to conduct water quality assessments and other uses. | | | |
| Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, please provide the decision unit number: Div 02 Cat 06 - 66419D - Grant #97933611 (see attached) If no, please explain how the vehicles will be funded? | |
| Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> Replacement(s) | | | |
| Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. N/A. The vehicle will be based in Carson City. Truck will be used for off-road field work. | | | |
| 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: 2007 Odometer Reading: 147,754 Type of Vehicle: Ford F-150 Truck | | Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes | |
| Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: | | If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. | |
| <i>Please attach an additional sheet if necessary</i> | | | |
| APPOINTING AUTHORITY APPROVAL: | | | |
|  | |  | |
| Agency Appointing Authority | | Title | Date 2/11/15 |
| 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

| | |
|------------------------------|----------------|
| For Budget Division Use Only | |
| Reviewed by: <u>EMC</u> | <u>3/16/15</u> |
| Reviewed by: | |
| Reviewed by: | |

STATEWIDE LEASE INFORMATION

1. Agency: Nevada Funeral and Cemetery Services Board
 PMB 186
 4894 Lone Mountain Road
 Las Vegas, Nevada 89130
 Jennifer Kandt 775.232.1751 fax 775.322.0967(call prior to faxing) jenkandt@yahoo.com

Remarks: This Amendment to the lease adds an additional 184 rentable square feet to the existing 216 rentable square feet of space for a total of 400 rentable square feet of contiguous space, at a 25.45% increase of cost. This space will accommodate an additional staff member.

Exceptions/Special notes: This Executive Center office space includes all furniture including desks, credenza, chair, side chairs, filing cabinets, bookcases, telephone with handset, telephone service, high speed internet with wifi, use of conference rooms, janitorial, breakroom, restrooms and common area for one base rent rate.

2. Name of Landlord (Lessor): Jenkins Holding Company, LLC
 3. Address of Landlord: 501 Hammill Lane
 Reno, Nevada 89511

4. Property contact: Nathan Jenkins 775.829.7800 fax 775.829.0511 nathan@njenkinslaw.com

5. Address of Lease property: 501 Hammill Lane
 Reno, Nevada 89511

a. Square Footage: Rentable
 Usable 400

b. Cost:

| cost per month | # of months in time frame | cost per month | time frame | Approximate cost per square foot |
|--------------------------------------|---------------------------|----------------|----------------------------------|----------------------------------|
| \$1,200.00 | 16 days | \$640.00 | April 15, 2015 - April 30, 2015 | \$2.77 |
| \$1,200.00 | 5 | \$6,000.00 | May 1, 2015 - September 30, 2015 | \$2.77 |
| c. Total Lease Consideration: | | 5 mo 16 dys | \$6,640.00 | |

d. Option to renew: Yes No 30 Renewal terms: One (1) Identical Term

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

f. Term: Five (5) Months Sixteen (16) Days

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: \$1.50 - \$1.70

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

o. Lease will be paid for by Agency Budget Account Number: B009

6. Purpose of the lease: To house the Funeral and Cemetery Services Board

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

RECEIVED

MAR 13 2015 '5

DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes x No _____ Dec Unit _____

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

Wayne G. Fuzzano 3-12-15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

| | | | | |
|---|---|------------------------------|-------------------------------|--|
| a. Nevada Business ID Number: | <u>NV20071296651</u> | EXP: | <u>7/31/2015</u> | 2 |
| 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>N/A - Board Paid</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 type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

[Signature] 3-12-15
 Authorized Signature Date
 Public Works Division, Buildings and Grounds Section

||
 For Board of Examiners YES NO

| | |
|------------------------------|---------------|
| For Budget Division Use Only | |
| Reviewed by: <u>YIN</u> | <u>3/5/15</u> |
| Reviewed by: | |
| Reviewed by: | |

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Health Care Finance and Policy
 1100 East William Street, Suite 108
 Carson City, Nevada 89701
 Theresa Rooker 775.684.3770 fax: 775.684.3799 theresa.rooker@dhcp.nv.gov

Remarks: This owner reduced the Agency's rent in 2010, at Leasing Services request, from \$1.52 to \$1.25 and had been at the \$1.25 rate for the last five (5) years. \$1.33 is below current market rates.

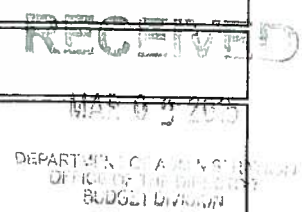
Exceptions/ Special notes: This owner has replaced carpeting and painted throughout and completed additional tenant improvements at no cost to the tenant.

2. Name of Landlord (Lessor): Sierra Medical Complex, LP

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

4. Property contact: Terry Yeager
 775.882.3211 fax: 775.882.7553 TerryYeager@carsoncommercial.com

5. Address of Lease property: 1000 East William Street, Suites 102, 110, 111, 114, 118, 200, 209
 1050 East William Street, Suites 403, 405A, 415, 435
 1100 East William Street, Suite 101
 Carson City, Nevada 89701



| | | | | | |
|-------------------------------|---|---------------------------|----------------|------------------------------|----------------------|
| a. Square Footage: | <input type="checkbox"/> Rentable | | | | |
| | <input checked="" type="checkbox"/> Usable 35,811 | | | | |
| b. Cost: | cost per month | # of months in time frame | cost per year | time frame | cost per square foot |
| Increase % | \$47,628.63 | 12 | \$571,543.56 | May 1, 2015 - April 30, 2016 | \$1.33 |
| | \$47,628.63 | 12 | \$571,543.56 | May 1, 2016 - April 30, 2017 | \$1.33 |
| 3% | \$49,061.07 | 12 | \$588,732.84 | May 1, 2017 - April 30, 2018 | \$1.37 |
| c. Total Lease Consideration: | | 36 | \$1,731,819.96 | | |
| Option to Renew | \$49,061.07 | 12 | \$588,732.84 | May 1, 2018 - April 30, 2019 | \$1.37 |
| 3% | \$50,493.51 | 12 | \$605,922.12 | May 1, 2019 - April 30, 2020 | \$1.41 |
| | \$50,493.51 | 12 | \$605,922.12 | May 1, 2020 - April 30, 2021 | \$1.41 |
| Optional Lease Consideration: | | 36 | \$1,800,577.08 | | |

d. Option to renew: Yes No 90 Renewal terms: Pre-negotiated Option

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

f. Term: Three (3) Years with Three (3) Year pre-negotiated option

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 3158

6. Purpose of the lease: To house the Division of Health Care Finance and Policy

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

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

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit Base

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

Aune Aquarone 2/24/15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

| | | | | |
|---|---|--|-------------------------------|-----------------------------|
| a. Nevada Business ID Number: | <u>NV19871012250</u> ✓ | Exp: | <u>10/31/2015</u> | 278 |
| b. The Contractor is registered with the Nevada Secretary of State's Office as a: | LLC <input type="checkbox"/> | INC <input type="checkbox"/> | CORP <input type="checkbox"/> | LP <input type="checkbox"/> |
| c. Is the Contractor Exempt from obtaining a Business License: | <input 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>T81090393</u> ✓ | | | |

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

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

[Signature] 2.2.15
 Authorized Signature Date
 Public Works Division

II
 For Board of Examiners YES NO

| | |
|------------------------------|---------|
| For Budget Division Use Only | |
| Reviewed by: | 3-12-15 |
| Reviewed by: | |
| Reviewed by: | |

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health & Human Services, Division of Public & Behavioral Health
 Radiation Control Program
 4150 Technology Way, Suite 300
 Carson City, Nevada 89706
 Karen Beckley 775.687.7540 fax 775.687.7552 email kbeckley@health.nv.gov

Remarks: This lease renewal includes a savings of \$65,024.64 or 13.09% over the initial five year term and minimal tenant improvements. An option to renew for an additional five years is also included in this agreement.

Exceptions/ Special notes: This location is equipped with specialized equipment used by the Tenant Agency.

2. Name of Landlord (Lessor): Park Flamingo, LP

3. Address of Landlord: 9420 Wilshire Boulevard, Suite 400
 Beverly Hills, California 90212

4. Property contact: Michael Daniel 310.300.4100 fax 310.300.4101 email michael@omninet.com

5. Address of Lease property: 2080 East Flamingo Road, Suite 319
 Las Vegas, Nevada 89119

a. Square Footage: Rentable Usable 3,763

| b. Cost: | cost per month | # of months in time frame | cost per year | time frame | cost per square foot |
|------------|----------------|---------------------------|---------------|--------------------------------|----------------------|
| Increase % | \$6,773.40 | 12 | \$81,280.80 | April 1, 2015 - March 31, 2016 | \$1.80 |
| 3% | \$6,961.55 | 12 | \$83,538.60 | April 1, 2016 - March 31, 2017 | \$1.85 |
| 3% | \$7,187.33 | 12 | \$86,247.96 | April 1, 2017 - March 31, 2018 | \$1.91 |
| 3% | \$7,413.11 | 12 | \$88,957.32 | April 1, 2018 - March 31, 2019 | \$1.97 |
| 3% | \$7,638.89 | 12 | \$91,666.68 | April 1, 2019 - March 31, 2020 | \$2.03 |

| c. Lease term Consideration: | | 60 | \$431,691.36 | | |
|------------------------------|----|------------|--------------|--------------------------------|--------|
| PRE-NEGOTIATED | 3% | \$7,864.67 | \$94,376.04 | April 1, 2020 - March 31, 2021 | \$2.09 |
| OPTION TO RENEW | 3% | \$8,090.45 | \$97,085.40 | April 1, 2021 - March 31, 2022 | \$2.15 |
| | 3% | \$8,353.86 | \$100,246.32 | April 1, 2022 - March 31, 2023 | \$2.22 |
| | 3% | \$8,617.27 | \$103,407.24 | April 1, 2023 - March 31, 2024 | \$2.29 |
| | 3% | \$8,843.05 | \$106,116.60 | April 1, 2024 - March 31, 2025 | \$2.35 |

c. Second Lease term Consideration: 60 \$501,231.60

d. Option to renew: Yes No 120 Renewal terms: Pre-Negotiated option to renew

e. Holdover notice: # of Days required 30 Holdover terms: 20%/90

f. Term: Five (5) Years w/ additional Five (5) Year Option

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: \$1.64 - \$2.45

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

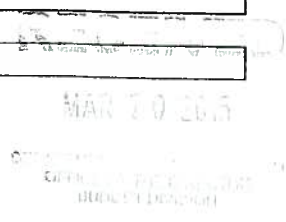
o. Lease will be paid for by Agency Budget Account Number: 3101

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



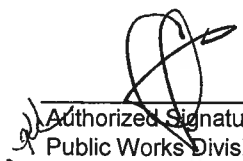
STATEWIDE LEASE INFORMATION

8. State of Nevada Business License Information:

| | | | |
|--|--|--|----|
| a. Nevada Business ID Number: | <u>NV20101138228</u> | <u>2/28/2016</u> | 10 |
| b. The Contractor is registered with the Nevada Secretary of State's Office as a: | LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input checked="" type="checkbox"/> | | |
| c. Is the Contractor Exempt from obtaining a Business License: | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | |
| *If yes, please explain in exceptions section | | | |
| d. Is the Contractors Name the same as the Legal Entity Name? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | |
| *If no, please explain in exceptions section | | | |
| e. Does the Contractor have a current Nevada State Business License (SBL)? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | |
| *If no, please explain in exceptions section | | | |
| f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | |
| g. State of Nevada Vendor number: | <u>T29023573</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

 Public Works Division, Buildings and Grounds Section

 Date 2-10-15



 Authorized Signature - Agency

 Date 3-4-15



 II

 For Board of Examiners YES NO

| | |
|------------------------------|----------------|
| For Budget Division Use Only | |
| Reviewed by: <u>TH</u> | <u>2/23/15</u> |
| Reviewed by: | |
| Reviewed by: | |

STATEWIDE LEASE INFORMATION

1. Agency: Silver State Health Insurance Exchange
 2310 South Carson Street, Suites 2 & 3A
 Carson City, Nevada 89701
 Cari Eaton 775.687.9939 fax: 775.687.9932 ceaton@exchange.nv.gov

Remarks: This lease was negotiated to expand space for the Exchange to continue to provide ongoing assistance for Nevadans. This expansion will ensure the Exchange continues to adhere to 45 CFR §155.205(a). This lease is an extension of an existing month to month agreement into a long term lease and includes the existing furniture at no cost to the agency.

Exceptions/ Special notes: The Exchange staff will be designated as the primary oversight of the Consumer Assistance Center with the ability to physically oversee the operation at any time.

2. Name of Landlord (Lessor): Coffee Road Investments, LLC
 3. Address of Landlord: 133 Old Wards Ferry Road, Suite G
 Sonora, California 95370
 4. Property contact: Scot L. Patterson
 209.743.9934 fax: 209.533.3160 scot@calgolddevelopment.com
 5. Address of Lease property: 2310 South Carson Street, Suite 3B
 Carson City, Nevada 89701

a. Square Footage: Rentable Usable 1,446

b. Cost:

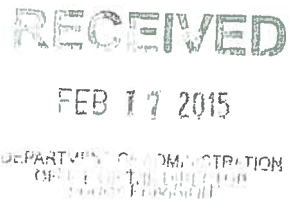
| cost per month | # of months in time frame | cost per year | time frame | cost per square foot |
|--------------------------------------|---------------------------|---------------|-------------------------------------|----------------------|
| \$2,009.94 | 8 | \$16,079.52 | May 1, 2015 - December 31, 2015 | \$1.39 |
| 0% \$2,009.94 | 12 | \$24,119.28 | January 1, 2016 - December 31, 2016 | \$1.39 |
| 3% \$2,067.78 | 12 | \$24,813.36 | January 1, 2017 - December 31, 2017 | \$1.43 |
| 0% \$2,067.78 | 12 | \$24,813.36 | January 1, 2018 - December 31, 2018 | \$1.43 |
| c. Total Lease Consideration: | | 44 | \$89,825.52 | |

d. Option to renew: Yes No 90 Renewal terms: One identical term
 e. Holdover notice: # of Days required 30 Holdover terms: 5%/90
 f. Term: Three (3) Years Eight (8) Months
 g. Pass-thrus/CAM/Taxes: Landlord Tenant
 h. Utilities: Landlord Tenant
 i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see remarks)
 j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant
 k. Comparable Market Rate: \$1.30 - \$1.50
 l. Specific termination clause in lease: Breach/Default lack of funding
 m. Lease will be paid for by Agency Budget Account Number: 1400

6. Purpose of the lease: To house the Silver State Health Insurance Exchange, Consumer Assistance Center

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

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$2,500.00




STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit M150

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

 2/13/15
Authorized Agency Signature Date

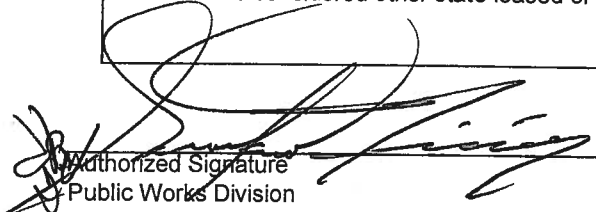
For Public Works Information:

8. State of Nevada Business License Information:

| | | | | |
|--|---|------|--|----|
| a. Nevada Business ID Number: | <u>NV20121553975</u> | Exp: | <u>9/30/2015</u> | 10 |
| 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: *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 | |
| f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office? | <input checked="" type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| g. State of Nevada Vendor number: | <u>T29031600</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 |

 2-17-15
Authorized Signature Date
Public Works Division

For Board of Examiners YES NO

For Budget Division Use Only
 Reviewed by: [Signature] 3/23/15
 Reviewed by:
 Reviewed by:

STATEWIDE LEASE INFORMATION

1. Agency: Department of Transportation
 1263 South Stewart Street
 Carson City, Nevada 89712
 Eduardo Miranda 702.523.8769 fax: 775.888.7115 emiranda@dot.state.nv.us

Remarks: This full service lease is necessary to support staff and meet goals and objectives for successful completion of Project NEON, and to be able to respond to the demands of this project. Project NEON is one of the largest highway projects in Nevada, the lease accomodates the need of the Department of Transportation to lease office space in the vicinity of the project.

Exceptions/ Special notes: This lease has pre-negotiated option to renew terms.

2. Name of Landlord (Lessor): Omninet Westbay, LP

3. Address of Landlord: 9420 Wilshire Boulevard, Suite 400
 Beverly Hills, California 90212

4. Property contact: Michael Danielpour 310.300.4100 fax 310.300.4101 michael@omninet.com

5. Address of Lease property: 3014 West Charleston Boulevard, Suite 150
 Las Vegas, Nevada 89102

a. Square Footage: Rentable
 Usable 6,350

b. Cost:

| cost per month | # of months in time frame | cost per year | time frame | cost per square foot | |
|----------------|---------------------------|---------------|---------------|----------------------|--------|
| \$11,112.50 | / 12 | \$133,350.00 | Months 1 - 12 | \$1.75 | |
| Increase % 3% | \$11,430.00 | / 12 | \$137,160.00 | Months 13 - 24 | \$1.80 |
| 3% | \$11,811.00 | / 12 | \$141,732.00 | Months 25 - 36 | \$1.86 |
| 3% | \$12,128.50 | / 12 | \$145,542.00 | Months 37 - 48 | \$1.91 |
| 3% | \$12,509.50 | / 12 | \$150,114.00 | Months 49 - 60 | \$1.97 |

c. Lease term Consideration:

| | | | | | | |
|-----------------|------|--------------|------|--------------|------------------|--------|
| | / 60 | \$707,898.00 | | | | |
| PRE-NEGOTIATED | 3% | \$12,890.50 | / 12 | \$154,686.00 | Months 61 - 72 | \$2.03 |
| OPTION TO RENEW | 3% | \$13,271.50 | / 12 | \$159,258.00 | Months 73 - 84 | \$2.09 |
| | 3% | \$13,652.50 | / 12 | \$163,830.00 | Months 85 - 96 | \$2.15 |
| | 3% | \$14,097.00 | / 12 | \$169,164.00 | Months 97 - 108 | \$2.22 |
| | 3% | \$14,541.50 | / 12 | \$174,498.00 | Months 109 - 120 | \$2.29 |

c. Second Lease term Consideration: / 60 \$821,436.00

d. Option to renew: Yes No 180 Renewal terms: Pre-Negotiated option to renew

e. Holdover notice: # of Days required 30 Holdover terms: 20%/90

f. Term: Five (5) Years w/ additional Five (5) Year Option

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.64 - 2.45

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

m. Lease will be paid for by Agency Budget Account Number: 4660

6. Purpose of the lease: To house the Department of Transportation, Project Neon

RECEIVED

MAR 19 2015

DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

- 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: \$10,000.00 Furnishings: \$320,000.00 Data/Phones: \$160,000.00

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit B000

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

Ruby M... NDOT 3-18-15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

| | | | | |
|---|---|---|-------------------------------|--|
| a. Nevada Business ID Number: | <u>NV20111574224</u> | Exp: | <u>9/30/2015</u> | 30 |
| 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 | <input checked="" type="checkbox"/> YES | | <input type="checkbox"/> NO |
| f. Office? | | | | |
| g. State of Nevada Vendor number: | <u>T32001530</u> | | | |

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

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

[Signature] 3-19-15
 Authorized Signature Date
 Public Works Division
 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: **16392**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: CAPITAL GLASS, INC. |
| Agency Code: 082 | Contractor Name: CAPITAL GLASS, INC. |
| Appropriation Unit: 1349-12 | Address: 2951 N DEER RUN RD STE 1 |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89701-1467 |
| If "No" please explain: Not Applicable | Contact/Phone: Lynn Durand 775/883-6401 |
| | Vendor No.: T80316580 |
| | NV Business ID: NV19671000768 |

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

| | | | | |
|---------------|--------|----------|---------------|--|
| General Funds | 0.00 % | X | Fees | 100.00 % Buildings and Grounds building rent income |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: **ASD #1846065**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Glass Repair**

5. Purpose of contract:

This is a new contract to provide ongoing glass door repair and installation services for various state buildings in Northern Nevada on an as-needed basis. These services will be provided 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: **\$50,000.00**

Other basis for payment: \$90 per hour (labor rate), \$135 per hour (overtime rate), \$180 per hour (holiday and weekend rate), and parts and material at contractor's cost plus 10% overhead and 25% mark-up.

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be maintained in a safe and secure environment.

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?

Per SAM 0338.0, each contractor will be contacted to submit bids on projects. Capital Glass, Inc. is a Public Works Board contractor. Pursuant to NRS 338.13862, Buildings and Grounds is using a Public Works pre-qualified bidder.

d. Last bid date: 02/01/2015 Anticipated re-bid date: 03/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2007 thru 2011, and 2011 thru 2015, Buildings and Grounds, 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 | csweeney | 03/10/2015 10:14:52 AM |
| Division Approval | csweeney | 03/10/2015 10:14:56 AM |
| Department Approval | csweeney | 03/10/2015 10:15:01 AM |
| Contract Manager Approval | csweeney | 03/10/2015 10:15:04 AM |
| Budget Analyst Approval | jrodrig9 | 03/10/2015 19:29:31 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:49:41 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16459**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: SUMMIT PLUMBING CO LLC |
| Agency Code: 082 | Contractor Name: SUMMIT PLUMBING CO LLC |
| Appropriation Unit: 1349-12 | Address: 1579 SHIRLEY ST |
| Is budget authority available?: Yes | City/State/Zip: MINDEN, NV 89423-9060 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/267-9987 |
| | Vendor No.: T29008376 |
| | NV Business ID: NV19991021762 |

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

| | | | | | |
|---------------|--------|----------|---------------|--------|---|
| General Funds | 0.00 % | X | Fees | | 100.00 % Buildings & Grounds building rent income fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % | |
| Highway Funds | 0.00 % | | Other funding | 0.00 % | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2015**

Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

This is a new contract to provide ongoing plumbing services. Services include pumping, heating, drain cleaning, air conditioning, wet well pumping, backflow testing, grease trap pumping, Hydro Vac services, camera service, pipe inspections, repairs, and replacements. These services will be provided 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: **\$50,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Plumbing in the buildings must be maintained in a safe and sanitary manner - work is beyond journey level plumbing expertise and equipment.

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

Lack of manpower and equipment.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

d. Last bid date: 02/16/2015 Anticipated re-bid date: 10/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2007-2015, Buildings & Grounds, service satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csweeney | 03/13/2015 08:34:17 AM |
| Division Approval | csweeney | 03/13/2015 08:34:21 AM |
| Department Approval | csweeney | 03/13/2015 08:34:24 AM |
| Contract Manager Approval | ssands | 03/18/2015 12:36:23 PM |
| Budget Analyst Approval | jrodrig9 | 03/19/2015 16:42:51 PM |
| BOE Agenda Approval | cwatson | 03/23/2015 09:30:35 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: **16402**

| | |
|--|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: LUMOS & ASSOCIATES |
| Agency Code: 082 | Contractor Name: LUMOS & ASSOCIATES |
| Appropriation Unit: 1351-10 | Address: 800 E COLLEGE PKWY |
| Is budget authority available?: No | City/State/Zip: CARSON CITY, NV 89706 |
| If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will be Account 712-1351, Buildings and Grounds, expenditure category 10, Marlette Lake water system improvements. | |
| | Contact/Phone: null775/883-7077 |
| | Vendor No.: T80912843 |
| | NV Business ID: NV19791006982 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | |
|---------------|--------|------------------------|-----------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Agency funded CIP |

Agency Reference #: 109252

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
 Contract term: **4 years and 91 days**

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

5. Purpose of contract:
This is a new contract to provide professional architectural/engineering services for the East Slope Catchments #5 improvements at the Marlette Lake Water System, Project No. 15-A022; SPWD Contract No. 109252. The scope of work includes improvement plans and construction documents.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$63,480.00**
 Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
2015 Agency CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Services are provided by 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 | 03/11/2015 14:56:43 PM |
| Division Approval | dgrimm | 03/11/2015 14:56:46 PM |
| Department Approval | dgrimm | 03/11/2015 14:56:53 PM |
| Contract Manager Approval | dgrimm | 03/16/2015 09:19:47 AM |
| Budget Analyst Approval | jrodrig9 | 03/17/2015 17:15:13 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:24:32 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: **15263** Amendment Number: **6**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CARPENTER SELLERS ASSOC DBA CARPENTER SELLERS ARCHITECTS**

Agency Code: **082** Contractor Name: **CARPENTER SELLERS ASSOC DBA CARPENTER SELLERS ARCHITECTS**

Appropriation Unit: **1510-63** Address: **1919 S JONES BLVD STE C**

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

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

Vendor No.: **T80997582**

NV Business ID: **NV19871041301**

To what State Fiscal Year(s) will the contract be charged? **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 % 13% Univ Sys Rcpt, 10% trans from Cap Proj Fnd, 55% trans from Treas, 22% trans from the PWB |

Agency Reference #: **92114**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/04/2014**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 146 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the sixth amendment to the original contract, which provides professional architectural/engineering services for the University of Las Vegas Hotel College Academic Building; Project No. 13-P05; SPWD Contract No. 92114. This amendment increases the maximum amount from \$3,046,223 to \$3,271,455.40 for additional services for design and production of the project. The scope includes additional services to travel to Carson City to meet with the building official and State Fire Department personnel to review the code requirements for the building, along with additional services for submittals to the Federal Aviation Administration as required due to the location of the project.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$2,794,118.00 |
| 2. Total amount of any previous contract amendments: | \$252,115.00 |
| 3. Amount of current contract amendment: | \$225,222.40 |
| 4. New maximum contract amount: | \$3,271,455.40 |

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 CIP

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

Professional Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

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

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

demonstrated the required expertise for work on this project

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 03/09/2015 11:13:30 AM |
| Division Approval | dgrimm | 03/09/2015 11:13:33 AM |
| Department Approval | dgrimm | 03/09/2015 11:13:36 AM |
| Contract Manager Approval | dgrimm | 03/17/2015 13:41:25 PM |
| Budget Analyst Approval | jrodrig9 | 03/18/2015 10:17:19 AM |
| BOE Agenda Approval | cwatson | 03/23/2015 09:15:13 AM |

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Gustavo "Gus" Nunez
Administrator

Carson City Offices:
515 East Musser Street, Suite 102
Carson City, Nevada 89701-4263

Public Works Section
(775) 684-4141 | Fax (775) 684-4142

Buildings & Grounds Section
(775) 684-1800 | Fax (775) 684-1821

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Public Works Division

Las Vegas Offices:
Public Works Section
1830 East Sahara Avenue, Suite 204
Las Vegas, Nevada 89104-3739
(702) 486-5115 | Fax (702) 486-5094

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

3/1715

MEMORANDUM

Clerk of the Board

Att: Mr. Jim Rodriguez

Ref: Justification of Retroactive Approval of Contract No. 92114 for Carpenter Sellers Del Gatto Architects
Project Name: University of Las Vegas Hotel College Academic Building
Project No.: 13-P05
Endorsement No. 06 Item no. 2 Additional services to travel to Carson City to meet with State Fire and SPWD's Building official.

Mr. Jim Rodriguez:

As requested, see below for the responses for the justification of retroactive approval for the above referenced project and item no. 2 of endorsement no. 06.

What circumstances cause the work to be done prior to the BOE approval?

The initial intent for the item reference above was to have the meeting via conference call, but as the complexity of the project developed it was determined that the meeting need to be held in person with State Fire and SPWD's Building Official. Also, there where several attempts to correlate the trips to Las Vegas of State Fire personnel and SPWD's Building Official that eventually proved to be impossible and, thus; there was a need to hold the meeting in Carson City.

Impact to the contract or project would have occurred if the work had waited for BOE approval.

The impact to the contract was identified as minimal since it was agreed upon to relate strictly to the cost of travel as reflected on item 2 of endorsement no. 6.

The impact to the project would have resulted on a delay to the completion of the design development phase of the project and subsequently to the projected construction schedule of the project. Per the request of the Using Agency, UNLV, the construction of the project needs to be completed by the fall of

2017. This correlates with the start of the fall semester classes at UNLV. To achieve this goal, the construction documents along with all the plan checking needs to be completed by the end of September of 2015 and to date the design schedule has been maintained.

What steps the agency is taking to prevent this from occurring in the future.

SPWD will increase diligence on this type of scenarios to prevent re-occurrence.

Regards;

Luis A. Roa
Luis A. Roa
Project Manager

CC: Chris Chimits and Kaye Grimm

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16450**

| | |
|---|--|
| Agency Name: ADMIN - 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? **2015-2017**

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 % varies depending upon the project requiring this service |

Agency Reference #: 109191

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date: 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**
 Contract term: **2 years and 91 days**

4. Type of contract: **Contract**
 Contract description: **Mat Tst PI Chck**

5. Purpose of contract:
This is a new contract to provide materials testing and inspection services as required. SPWD Contract No. 109191.

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 plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

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

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

demonstrated the required expertise for work on this project

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 03/12/2015 11:59:14 AM |
| Division Approval | dgrimm | 03/12/2015 11:59:16 AM |
| Department Approval | dgrimm | 03/12/2015 11:59:19 AM |
| Contract Manager Approval | dgrimm | 03/16/2015 14:58:05 PM |
| Budget Analyst Approval | jrodrig9 | 03/17/2015 17:25:14 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:21:50 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16449**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: CIVILWORKS LLC |
| Agency Code: 082 | Contractor Name: CIVILWORKS LLC |
| Appropriation Unit: All Appropriations | Address: 4945 W PATRICK LN |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89118-2858 |
| If "No" please explain: Not Applicable | Contact/Phone: null702/876-3474 |
| | Vendor No.: T29033909 |
| | NV Business ID: NV19981075781 |
| To what State Fiscal Year(s) will the contract be charged? | 2015-2017 |
| 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 % varies depending upon the project requiring this service |
| Agency Reference #: 109182 | |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**
Contract term: **2 years and 91 days**

4. Type of contract: **Contract**
Contract description: **Civ PI Chck**

5. Purpose of contract:
This is a new contract to provide professional civil plan checking services as required. SPWD Contract No. 109182.

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?
Civil 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 plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 03/12/2015 11:39:37 AM |
| Division Approval | dgrimm | 03/12/2015 11:39:39 AM |
| Department Approval | dgrimm | 03/12/2015 11:39:44 AM |
| Contract Manager Approval | dgrimm | 03/16/2015 14:57:48 PM |
| Budget Analyst Approval | jrodrig9 | 03/17/2015 17:21:47 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:22:36 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16430**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: All Appropriations Is budget authority available?: Yes If "No" please explain: Not Applicable | Legal Entity Name: CONSTRUCTION MATERIALS ENGINEERS, INC. 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? **2015-2017**

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 % varies depending upon the project requiring this service |

Agency Reference #: 109192

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date: 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**
 Contract term: **2 years and 61 days**

4. Type of contract: **Open Term**
 Contract description: **Matl Test and Insp**

5. Purpose of contract:
This is a new contract to provide professional materials testing and inspection services as required. SPWD Contract No. 109192.

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 Materials Testing 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?

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 03/10/2015 14:44:45 PM |
| Division Approval | dgrimm | 03/10/2015 14:44:48 PM |
| Department Approval | dgrimm | 03/10/2015 15:46:04 PM |
| Contract Manager Approval | dgrimm | 03/10/2015 15:59:07 PM |
| Budget Analyst Approval | jrodrig9 | 03/11/2015 20:02:22 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 13:22:48 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16470**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: | GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC. |
| 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? **2015-2017**

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 % varies depending upon the project requiring this service |

Agency Reference #: 109193

2. Contract start date:

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

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 91 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst PI Chck**

5. Purpose of contract:

This is a new contract to provide professional materials testing and inspection services as required. SPWD Contract No. 109193.

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 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 Materials Testing & Inspection 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 | 03/16/2015 15:59:55 PM |
| Division Approval | dgrimm | 03/16/2015 15:59:57 PM |
| Department Approval | dgrimm | 03/16/2015 16:00:00 PM |
| Contract Manager Approval | dgrimm | 03/16/2015 16:13:01 PM |
| Budget Analyst Approval | jrodrig9 | 03/17/2015 17:04:38 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:25:45 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: **16446**

| | | | |
|---------------------------------|--|--------------------|---------------------------------|
| Agency Name: | ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: | HYYTINEN ENGINEERING LLC |
| Agency Code: | 082 | Contractor Name: | HYYTINEN ENGINEERING LLC |
| Appropriation Unit: | All Appropriations | Address: | 5458 LONGLEY LN STE B |
| Is budget authority available?: | Yes | City/State/Zip: | RENO, NV 89511-3298 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null775/826-3019 |
| | | Vendor No.: | T29033964 |
| | | NV Business ID: | NV20111782953 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 % varies depending upon the project requiring this service |

Agency Reference #: 109227

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**
Contract term: **2 years and 91 days**

4. Type of contract: **Contract**
Contract description: **Struct PI Chck**

5. Purpose of contract:
This is a new contract to provide professional structural plan checking as required. SPWD Contract No. 109227.

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 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 | 03/11/2015 16:10:33 PM |
| Division Approval | dgrimm | 03/11/2015 16:10:36 PM |
| Department Approval | dgrimm | 03/11/2015 16:15:08 PM |
| Contract Manager Approval | dgrimm | 03/16/2015 07:43:11 AM |
| Budget Analyst Approval | jrodrig9 | 03/17/2015 16:59:09 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:26:22 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: **16457**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: | LOCHSA LLC DBA LOCHSA ENGINEERING |
| Agency Code: | 082 | Contractor Name: | LOCHSA LLC DBA LOCHSA ENGINEERING |
| Appropriation Unit: | All Appropriations | Address: | 6345 S JONES BLVD STE 100 |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89118-3334 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702/365-9312 |
| | | Vendor No.: | T27028884 |
| | | NV Business ID: | NV19951013840 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 % varies depending upon the project requiring this service |

Agency Reference #: 109188

2. Contract start date:

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

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **2 years and 91 days**4. Type of contract: **Contract**Contract description: **Civil PI Chk**

5. Purpose of contract:

This is a new contract to provide professional civil plan checking services as required. SPWD Contract No. 109188.

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?

Professional civil 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 civil plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|---------|------------------------|
| Budget Account Approval | dgrimm | 03/12/2015 16:07:27 PM |
| Division Approval | dgrimm | 03/12/2015 16:09:49 PM |
| Department Approval | dgrimm | 03/12/2015 16:09:51 PM |
| Contract Manager Approval | dgrimm | 03/16/2015 15:00:01 PM |
| Budget Analyst Approval | cwatson | 03/18/2015 14:21:13 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:21:17 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 CONTRACT

1. Contract Number: **16444**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: LUMOS & ASSOCIATES |
| Agency Code: 082 | Contractor Name: LUMOS & ASSOCIATES |
| Appropriation Unit: All Appropriations | Address: 9222 Prototype |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89510 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-827-6111 |
| | Vendor No.: T80912843 |
| | NV Business ID: NV19791006982 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 % varies depending upon the project requiring this service |

Agency Reference #: 109194

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date: 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**
Contract term: **2 years and 91 days**

4. Type of contract: **Contract**
Contract description: **Mat Tst & Insp**

5. Purpose of contract:
This is a new contract to provide professional materials testing and inspection plan checking services as required. SPWD Contract No. 109194.

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 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 | 03/11/2015 15:29:22 PM |
| Division Approval | dgrimm | 03/11/2015 15:29:28 PM |
| Department Approval | dgrimm | 03/11/2015 15:30:01 PM |
| Contract Manager Approval | dgrimm | 03/11/2015 16:15:38 PM |
| Budget Analyst Approval | jrodrig9 | 03/13/2015 09:47:11 AM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:20:34 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: **16445**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: LUMOS & ASSOCIATES |
| Agency Code: 082 | Contractor Name: LUMOS & ASSOCIATES |
| Appropriation Unit: All Appropriations | Address: 9222 Prototype Dr. |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89510 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-827-6111 |
| | Vendor No.: T80912843 |
| | NV Business ID: NV19791006982 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 % varies depending upon the project requiring this service |

Agency Reference #: 109184

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date: 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**
Contract term: **2 years and 91 days**

4. Type of contract: **Contract**
Contract description: **Civil PI Chk**

5. Purpose of contract:
This is a new contract to provide professional civil plan checking services as required. SPWD Contract No. 109184.

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?
Civil 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 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?

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 03/11/2015 15:59:15 PM |
| Division Approval | dgrimm | 03/11/2015 15:59:18 PM |
| Department Approval | dgrimm | 03/11/2015 15:59:20 PM |
| Contract Manager Approval | dgrimm | 03/11/2015 16:15:26 PM |
| Budget Analyst Approval | jrodrig9 | 03/13/2015 09:47:38 AM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:27:01 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: **16456**

| | |
|---|---|
| Agency Name: ADMIN - 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 89119-3744 |
| 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? **2015-2017**

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 % varies depending upon the project requiring service |

Agency Reference #: 109195

2. Contract start date:

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

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 91 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp PI Ch**

5. Purpose of contract:

This is a new contract to provide professional materials testing and inspection services as required. SPWD Contract No. 109195.

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 used 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 materials testing and inspection services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 03/12/2015 15:48:43 PM |
| Division Approval | dgrimm | 03/12/2015 15:48:46 PM |
| Department Approval | dgrimm | 03/12/2015 15:50:54 PM |
| Contract Manager Approval | dgrimm | 03/16/2015 15:01:17 PM |
| Budget Analyst Approval | jrodrig9 | 03/18/2015 17:50:05 PM |
| BOE Agenda Approval | cwatson | 03/23/2015 09:30:02 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16381**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Agency Code: **180**Appropriation Unit: **1373-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **56 TOP GALLANT RD**City/State/Zip: **STAMFORD, CT 06902**

Contact/Phone: Jay Friedman 239/561-4839

Vendor No.: T80976121

NV Business ID: NV19941112701

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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 **07/01/2015**

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **Other (include description): Joinder per NRS 332.195**Contract description: **Research Services**

5. Purpose of contract:

This is a new contract that continues subscription-based services for the Division of Enterprise Information Technology Services' (EITS) professional staff. This will allow for research of best practices related to cloud-based services, document production, mobile application development, enterprise software replacement, network design, and systems strategy. Pursuant to NRS 332.195, the vendor has authorized EITS to join the City of Las Vegas's contract with Gartner, Inc.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$170,560.00**

Payment for services will be made at the rate of \$85,280.00 per year

Other basis for payment: Invoiced in advance and payable 30 days from date of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Enterprise IT Services (EITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

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

State employees do not have the expertise.

9. Were quotes or proposals solicited?

No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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 | Imartin9 | 02/23/2015 10:02:09 AM |
| Division Approval | Imartin9 | 02/23/2015 10:02:13 AM |
| Department Approval | Imartin9 | 02/23/2015 10:02:16 AM |
| Contract Manager Approval | Imartin9 | 02/23/2015 10:02:23 AM |
| Budget Analyst Approval | sewart | 02/23/2015 11:35:31 AM |
| BOE Agenda Approval | jborrowm | 03/02/2015 15:10:13 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: **14896** Amendment Number: **2**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **MENTOR SERVICES CORPORATION**

Agency Code: **180** Contractor Name: **MENTOR SERVICES CORPORATION**

Appropriation Unit: **1385-30** Address: **PO BOX 115**

Is budget authority available?: **Yes** City/State/Zip: **ARDSLEY, NY 10502-0115**

If "No" please explain: Not Applicable Contact/Phone: **Karen Bernard 914/686-0600**

Vendor No.: **T29034312A**

NV Business ID: **NV20131480143**

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 % | 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? **No** or b. other effective date **11/06/2013**Anticipated BOE meeting date **04/2015**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **03/31/2016**Contract term: **2 years and 145 days**4. Type of contract: **Contract**Contract description: **Training**

5. Purpose of contract:

This is the second amendment to the original contract, which provides training in Carson City. This amendment increases the maximum amount from \$30,000 to \$57,000 due to continued need for training.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$12,000.00 |
| 2. Total amount of any previous contract amendments: | \$18,000.00 |
| 3. Amount of current contract amendment: | \$27,000.00 |
| 4. New maximum contract amount: | \$57,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Enterprise IT Services staff must be kept up to date on the latest computer technology.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Lowest Bidder.

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 | Imartin9 | 03/03/2015 09:28:10 AM |
| Division Approval | Imartin9 | 03/03/2015 09:28:14 AM |
| Department Approval | Imartin9 | 03/03/2015 09:28:17 AM |
| Contract Manager Approval | Imartin9 | 03/03/2015 09:30:06 AM |
| Budget Analyst Approval | sewart | 03/12/2015 13:51:00 PM |
| BOE Agenda Approval | jborrowm | 03/13/2015 10:12:30 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: 13833 | Amendment Number: 2 |
| Agency Name: OFFICE OF VETERAN'S SERVICES | Legal Entity Name: Morrison Healthcare Services |
| Agency Code: 240 | Contractor Name: Morrison Healthcare Services |
| Appropriation Unit: 2561-08 | Address: 5801 Peachtree Dunwoody Road |
| Is budget authority available?: Yes | City/State/Zip: Atlanta, GA 30342 |
| If "No" please explain: Not Applicable | Contact/Phone: Mary Abeyta 480-264-2802 |
| | Vendor No.: PUR0002019 |
| | NV Business ID: NV20011302439 |

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 | 71.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 29.00 % Patient collections, Clark County Reimbursements, Hospice Charges |

Agency Reference #: **RFP 1996**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2012**
 Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/01/2016**

Contract term: **4 years and 19 days**

4. Type of contract: **Contract**
 Contract description: **Food Services**

5. Purpose of contract:

This is the second amendment to the original contract, which provides food services for the residents of the Nevada State Veterans Home. This amendment increases the maximum amount from \$2,500,000 to \$5,000,000 for anticipated food service costs.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$2,500,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$2,500,000.00 |
| 4. New maximum contract amount: | \$5,000,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the staffing or expertise to perform these duties.

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 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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #1996 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/03/2012 Anticipated re-bid date: 08/02/2013

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?

Yes If "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 food services to NSVH for many years. 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 | agarland | 02/19/2015 11:42:20 AM |
| Division Approval | agarland | 02/19/2015 11:42:22 AM |
| Department Approval | agarland | 02/19/2015 11:42:26 AM |
| Contract Manager Approval | mnobles | 02/19/2015 14:04:05 PM |
| Budget Analyst Approval | ekin4 | 03/16/2015 15:29:25 PM |
| BOE Agenda Approval | nhovden | 03/18/2015 11:18:43 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: **16412**

| | |
|---|---|
| Agency Name: NDE - DEPARTMENT OF EDUCATION | Legal Entity Name: BOARD OF REGENTS-UNR |
| Agency Code: 300 | Contractor Name: BOARD OF REGENTS-UNR |
| Appropriation Unit: 2712-41 | Address: UNR CONTROLLERS OFFICE MAIL STOP 0124 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89557-0124 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/784-1233 |
| | Vendor No.: D35000816 |
| | NV Business ID: Governmental Agency |

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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 % |

2. Contract start date:

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

Anticipated BOE meeting date: 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2015**

Contract term: **152 days**

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

Contract description: **Now is the Time Eval**

5. Purpose of contract:

This is a new interlocal agreement to provide for a comprehensive evaluation of the Nevada Now is the Time-Project Aware grant program. This evaluation includes data collection, creation of strategic plans, measurement of progress and focus on the overall program objectives.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$131,295.00**

Other basis for payment: Reimbursement of expenses billed on a monthly basis.

II. JUSTIFICATION

7. What conditions require that this work be done?

Provisions of the grant award require the evaluation of the program.

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

It is appropriate to have an outside evaluator of this 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?

[Empty box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: 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 | lyoun7 | 03/05/2015 09:25:25 AM |
| Division Approval | lyoun7 | 03/05/2015 09:25:28 AM |
| Department Approval | lyoun7 | 03/05/2015 09:25:30 AM |
| Contract Manager Approval | lyoun7 | 03/05/2015 09:25:33 AM |
| Budget Analyst Approval | sbrown | 03/15/2015 14:53:48 PM |
| BOE Agenda Approval | sbrown | 03/15/2015 14:53:52 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: **16349**

| | |
|---|--|
| Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: FIRST HEALTH LIFE AND HEALTH |
| Agency Code: 402 | Contractor Name: FIRST HEALTH LIFE AND HEALTH |
| Appropriation Unit: 3156-16 | Address: INSURANCE COMPANY |
| Is budget authority available?: Yes | 6720 B ROCKLEDGE DRIVE, STE700 |
| If "No" please explain: Not Applicable | City/State/Zip: BETHESDA, MA 20817 |
| | Contact/Phone: MICHAEL DOBSON 412/865-3674 |
| | Vendor No.: T29021178 |
| | NV Business ID: NV20141224182 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | |
|---------------|--------|------------------------|-------------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % TOBACCO FUNDS |

2. Contract start date:

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

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/09/2019**

Contract term: **3 years and 343 days**

4. Type of contract: **Contract**

Contract description: **First Health Life**

5. Purpose of contract:

This is a new contract that continues Nevada's ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, authorized by the State Legislature to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$210,300.00**

Other basis for payment: 100% of the low income benchmark for Nevada, as provided by the Centers for Medicare and Medicaid Services (CMS) plus a monthly administrative fee.

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

State employees are not authorized to perform the needed services.

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

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

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

Not Applicable

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

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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/Provider Agreement with Aging and Disability Services: Satisfactory

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

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

Not Applicable

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

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)?

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 | Igoulart | 02/09/2015 08:00:17 AM |
| Division Approval | Igoulart | 02/11/2015 10:02:06 AM |
| Department Approval | ecreceli | 02/18/2015 15:28:17 PM |
| Contract Manager Approval | jpruneau | 02/24/2015 13:39:35 PM |
| Budget Analyst Approval | knielsen | 03/11/2015 14:37:20 PM |
| BOE Agenda Approval | nhovden | 03/13/2015 12:28:47 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: **16363**

| | | | |
|---------------------------------|--|--------------------|---------------------------------------|
| Agency Name: | DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: | SILVERSCRIPT INSURANCE COMPANY |
| Agency Code: | 402 | Contractor Name: | SILVERSCRIPT INSURANCE COMPANY |
| Appropriation Unit: | 3156-16 | Address: | 1 CVS DR |
| Is budget authority available?: | Yes | City/State/Zip: | WOONSOCKET, RI 02895-6146 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Nora Moujane 401/770-6780 |
| | | Vendor No.: | T29030993 |
| | | NV Business ID: | NV20071305187 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/09/2019**

Contract term: **3 years and 343 days**

4. Type of contract: **Contract**

Contract description: **SilverScript**

5. Purpose of contract:

This is a new contract that continues Nevada's ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, authorized by the State Legislature to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$118,600.00**

Other basis for payment: 100% of the low income benchmark for Nevada, as provided by the Centers for Medicare and Medicaid Services (CMS) plus a monthly administrative fee.

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

State employees are not authorized to perform the needed services.

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

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

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

Not Applicable

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

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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 or provider agreement with Aging and Disability Services: Satisfactory

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

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

Not Applicable

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

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 | lgoulart | 02/13/2015 13:38:09 PM |
| Division Approval | tmyler | 02/24/2015 10:44:52 AM |
| Department Approval | ecreceli | 03/02/2015 15:21:16 PM |
| Contract Manager Approval | mmedeiro | 03/12/2015 08:17:24 AM |
| Budget Analyst Approval | knielsen | 03/12/2015 08:22:04 AM |
| BOE Agenda Approval | nhovden | 03/13/2015 12:22:07 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: **16326**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: | WELLCARE PRESCRIPTION INSURANCE |
| Agency Code: | 402 | Contractor Name: | WELLCARE PRESCRIPTION INSURANCE |
| Appropriation Unit: | 3156-16 | Address: | INC 8725 HENDERSON RD REN # 1 |
| Is budget authority available?: | Yes | City/State/Zip: | TAMPA, FL 33634-1143 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Lee Genco 813/206-6456 |
| | | Vendor No.: | T27013210 |
| | | NV Business ID: | NV20131722994 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/09/2019**

Contract term: **3 years and 343 days**

4. Type of contract: **Contract**

Contract description: **Wellcare Insurance**

5. Purpose of contract:

This is a new contract that continues Nevada's ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, authorized by the State Legislature to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$175,400.00**

Other basis for payment: 100% of the low income benchmark for Nevada, as provided by the Centers for Medicare and Medicaid Services (CMS) plus a monthly administrative fee.

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

State employees are not authorized to perform the needed services.

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

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

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

Not Applicable

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

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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 with Aging and Disability Services: Satisfactory

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

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

Not Applicable

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

Other **No Registered Agent required for Non-Title 7 Business Licenses. Non-Entity 7 Business Entity (Exemption Code 006)**

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 | Igoulart | 02/04/2015 12:49:30 PM |
| Division Approval | Igoulart | 02/11/2015 10:01:17 AM |
| Department Approval | ecreceli | 02/18/2015 15:31:49 PM |
| Contract Manager Approval | jpruneau | 02/24/2015 13:42:54 PM |
| Budget Analyst Approval | knielsen | 03/11/2015 14:26:09 PM |
| BOE Agenda Approval | nhovden | 03/13/2015 12:26:16 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: **14079** Amendment Number: **1**

Agency Name: **HEALTH CARE FINANCING & POLICY** Legal Entity Name: **DEPARTMENT OF ADMINISTRATION HEARINGS AND APPEALS**

Agency Code: **403** Contractor Name: **DEPARTMENT OF ADMINISTRATION HEARINGS AND APPEALS**

Appropriation Unit: **3158-11** Address: **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? **2014-2017**

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 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Appeals Hearings**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing services ensuring those entitled are afforded the right to an appeals process when refused Medicaid benefits. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$41,162 to \$118,220 due to an increased volume of hearings and for the extended termination date.

6. CONTRACT AMENDMENT

| | | |
|----|--|--------------|
| 1. | The maximum amount of the original contract: | \$41,162.00 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | \$77,058.00 |
| 4. | New maximum contract amount: | \$118,220.00 |
| | and/or the termination date of the original contract has changed to: | 06/30/2017 |

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?

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

The Department of Administration, Hearings Division has been engaged under contract with the Division of Health Financing and Policy for several years and services 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 | trooker | 02/18/2015 16:23:55 PM |
| Division Approval | trooker | 02/18/2015 16:23:59 PM |
| Department Approval | ecreceli | 03/02/2015 15:34:25 PM |
| Contract Manager Approval | cmoriart | 03/02/2015 16:20:54 PM |
| Budget Analyst Approval | nhovden | 03/06/2015 15:45:17 PM |
| BOE Agenda Approval | nhovden | 03/06/2015 15:45:26 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16440**

| | | | |
|---------------------------------|--|--------------------|--------------------------------------|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | SOLUTIONS RECOVERY, INC. |
| Agency Code: | 406 | Contractor Name: | SOLUTIONS RECOVERY, INC. |
| Appropriation Unit: | 3161-18 | Address: | 9811 W CHARLESTON BLVD # 2626 |
| Is budget authority available?: | Yes | City/State/Zip: | LAS VEGAS, NV 89117 |
| If "No" please explain: | Not Applicable | Contact/Phone: | null702/228-8520 |
| | | Vendor No.: | T29014791A |
| | | NV Business ID: | NV20051545835 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2017**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Residential Services**

5. Purpose of contract:

This is a new contract which continues ongoing residential services to include a forty bed group home environment, and training in daily living skills for clients who have been diagnosed with co-occurring disorders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,571,200.00**

Other basis for payment: All inclusive rate of \$124.00 per client, per day

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.334, the Division is authorized to contract with other institutions for care of consumers with mental illness and related conditions such as those with co-occurring disorders (diagnosed with mental health and substance abuse issues) and requiring residential treatment services.

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

Currently the agency does not have the necessary facilities or FTE staff with training, time and expertise to provide these specialized co-occurring disorder 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 #3169, 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: 01/02/2015 Anticipated re-bid date: 01/01/2019

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:

SNAMHS, 2008-present, 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 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 | alaw1 | 03/11/2015 10:45:55 AM |
| Division Approval | alaw1 | 03/11/2015 10:45:57 AM |
| Department Approval | ecreceli | 03/12/2015 08:27:49 AM |
| Contract Manager Approval | rfine | 03/19/2015 08:04:09 AM |
| Budget Analyst Approval | bberry | 03/19/2015 08:48:26 AM |
| BOE Agenda Approval | nhovden | 03/19/2015 09:08:51 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13703** Amendment Number: **1**
 Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **ZIRMED INC**
 Agency Code: **406** Contractor Name: **ZIRMED INC**
 Appropriation Unit: **3161-04** Address: **888 W MARKET ST STE 400**
 Is budget authority available?: **Yes** City/State/Zip: **LOUISVILLE, KY 40202-4042**
 If "No" please explain: **Not Applicable** Contact/Phone: **null502/779-4370**
 Vendor No.: **T29016276**
 NV Business ID: **NV20101524863**

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

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

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

Agency Reference #: **HD 13043**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/11/2012**

Anticipated BOE meeting date **04/2015**

Retroactive? **Yes**

If "Yes", please explain

The original contract authority proved to be insufficient requiring the need to increase budgeting. It was also determined that a greater need for services existed. Negotiations between DPBH, NEIS and ZirMed Inc. reached an impasse that was only recently resolved. If this amendment is not granted a retroactive start date, DPBH and NEIS will not be able to pay past due invoices that accrued during the extended negotiation period.

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Billing Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides claims processing services in conjunction with online claims management processing systems. This amendment extends the termination date from June 30, 2015 to September 10, 2016 and increases the maximum amount from \$39,062.00 to \$167,913.50 due to an increased volume of claims. This amendment also adds the following budget accounts: Behavioral Health Administration (B/A 3168), Northern Nevada Adult Mental Health Services (B/A 3162), Southern Nevada Adult Mental Health Services (B/A 3161), and Rural Community Health Clinics (B/A 3648).

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$39,062.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$128,851.50 |
| 4. New maximum contract amount: | \$167,913.50 |
| and/or the termination date of the original contract has changed to: | 09/10/2016 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Health and Human Services, through the Health Division, is establishing an online billing service for healthcare providers and payers.

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

This capability does not exist within the state at the present time.

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?

ZirMed appeared to provide the best value for the cost.

d. Last bid date: 05/15/2012 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:

Health Division has used this vendor 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 | alaw1 | 03/02/2015 10:40:27 AM |
| Division Approval | alaw1 | 03/02/2015 10:40:29 AM |
| Department Approval | ecreceli | 03/02/2015 16:03:38 PM |
| Contract Manager Approval | rmorse | 03/03/2015 10:04:02 AM |
| Budget Analyst Approval | bberry | 03/16/2015 14:16:14 PM |
| BOE Agenda Approval | nhovden | 03/16/2015 16:57:14 PM |

BRIAN SANDOVAL
Governor

ROMAINE GILLILAND
Director

STATE OF NEVADA



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

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

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-5975 · Fax: (775) 684-4211

February 26, 2015

MEMORANDUM

TO: **Brenda Berry**
Budget Analyst
Budget Division

THROUGH: **Mark Winebarger**
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: **Rick Morse**
Management Analyst II
Division Contract Manager

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT AMENDMENT – ZirMed Inc.**
(CETS #13703)

This contract provides the Division of Public and Behavioral Health (DPBH) and Nevada Early Intervention Services (NEIS) with billing services to process claims for central billing in both divisions. The original contract authority proved to be insufficient requiring the need to increase budgeting. It was also determined that a greater need for services existed, therefore additional funding sources and programs were added to the contract.

Negotiations between DPBH, NEIS and ZirMed Inc. reached an impasse that was only recently resolved.

We therefore request that this contract amendment be accepted with a retroactive start date of October 9, 2014. If this amendment is not granted a retroactive start date, DPBH and NEIS will not be able to pay past due invoices that accrued during the extended negotiation period.

Any questions or additional information required, please contact Rick Morse at 775-684-5932, or rmorse@health.nv.gov.

Thank you for your consideration in this matter.

CC: Rick Morse, Management Analyst II
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16398**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | Northern Nevada Child and Adolescent Services |
| Agency Code: | 406 | Contractor Name: | Northern Nevada Child and Adolescent Services |
| Appropriation Unit: | 3162-00 | Address: | 2655 Enterprise Road |
| Is budget authority available?: | Yes | City/State/Zip: | Sparks, NV 89512 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Jason Holm, ASO II 775-688-1600 |
| | | Vendor No.: | |
| | | NV Business ID: | Government Entity |

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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

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

Agency Reference #: C 14845

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

4. Type of contract: **Revenue Contract**

Contract description: **Lease Agreement**

5. Purpose of contract:

This is a new interlocal revenue agreement that continues 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 Applicable

b. Solicitation Waiver: **Not Applicable**

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

Government entity for leased space.

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:

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 | alaw1 | 03/02/2015 10:50:31 AM |
| Division Approval | alaw1 | 03/02/2015 10:50:34 AM |
| Department Approval | ecreceli | 03/02/2015 15:50:31 PM |
| Contract Manager Approval | rmorse | 03/03/2015 10:09:11 AM |
| Budget Analyst Approval | bberry | 03/12/2015 13:47:26 PM |
| BOE Agenda Approval | nhovden | 03/16/2015 10:26:46 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13594** Amendment Number: **2**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **ENVISION TECHNOLOGY PARTNERS, INC.**

Agency Code: **406** Contractor Name: **ENVISION TECHNOLOGY PARTNERS, INC.**

Appropriation Unit: **3213-20** Address: **7995 E PRENTICE AVE STE 201E**

Is budget authority available?: **Yes** City/State/Zip: **GREENWOOD VILLAGE, CO 80111-2713**

If "No" please explain: **Not Applicable** Contact/Phone: **null303/914-9797**

Vendor No.: **T27014352**

NV Business ID: **NV20101518662**

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 #: **HD 13031**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/14/2012**Anticipated BOE meeting date **04/2015**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2015**Contract term: **3 years and 139 days**4. Type of contract: **Contract**Contract description: **Upgrade Data Base**

5. Purpose of contract:

This is the second amendment to the original contract, which continues ongoing services to upgrade and maintain the state's Immunization Registry (Nevada WebIZ) application, enhance certain reporting elements, data collection, retrieval, and external database interface features. This amendment increases the maximum amount from \$422,900 to \$545,978 to fund new cloud-based hosting and web-environment management activities.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$422,900.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$123,078.00 |
| 4. New maximum contract amount: | \$545,978.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Center for Disease Control (CDC) awards grant funding to the State specifically for the purpose of continual enhancement to Nevada WebIZ. Continually upgrading this database allows the State's Immunization Program to properly report and track immunization data in accordance with national standards, while improving data quality within the registry.

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

The Nevada WebIZ is a proprietary application of Envision Technology Partners, and is recognized as such by the CDC.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done 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 #: 120609B
Approval Date: 02/23/2015

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

The Nevada WebIZ is a proprietary application of this vendor.

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 Health Division uses this vendor and is satisfied with their 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 | alaw1 | 02/27/2015 11:56:03 AM |
| Division Approval | alaw1 | 02/27/2015 11:56:06 AM |
| Department Approval | ecreceli | 03/02/2015 16:26:25 PM |
| Contract Manager Approval | rmorse | 03/03/2015 09:45:18 AM |
| DoIT Approval | bbohm | 03/04/2015 08:39:37 AM |
| Budget Analyst Approval | bberry | 03/16/2015 14:12:19 PM |
| BOE Agenda Approval | nhovden | 03/16/2015 17:02:59 PM |



| | |
|-----------------------------|---------|
| Purchasing Use Only: | |
| Approval#: | 120609B |

Amendment 2

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

| | | | |
|----|---|--|------------------------|
| 1a | Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below: | | |
| | State Agency: | Division of Public and Behavioral Health Immunization Program | |
| | Contact Name and Title | Phone Number | Email Address |
| | Amanda Harris | 775-684-4258 | asharris@health.nv.gov |
| | Rick Morse | 775-684-5932 | rmorse@health.nv.gov |

| | |
|----------------------------|------------------------------------|
| Vendor Information: | |
| Identify Vendor: | Envision Technology Partners, Inc. |
| Contact Name: | Claire Murchie |
| Address: | 7995 E. Prentice Ave., Suite 201-E |
| Telephone Number: | 303-914-9797 |
| Email Address: | cjmurchie@envisiontechnology.com |

| | | |
|----|---|---|
| 1c | Type of Waiver Requested – Check the appropriate type: | |
| | Sole or Single Source: | X |
| | Professional Service Exemption: | |

| | | | |
|------------------------------|-------------------------|--------|------|
| Contract Information: | | | |
| 1d | Is this a new Contract? | Yes | No X |
| | Amendment: | #2 | |
| | CETS: | #13594 | |

| | | | | | |
|----|------------------------|-------------|-----------|-----------|------------|
| 1e | Term: | | | | |
| | One (1) Time Purchase: | | | | |
| | Contract: | Start Date: | 8/14/2012 | End Date: | 12/31/2015 |

| | | |
|----|---------------------|------|
| 1f | Funding: | |
| | State Appropriated: | |
| | Federal Funds: | 100% |
| | Grant Funds: | |
| | Other (Explain): | |

| | | |
|----|---|--|
| 1g | Total Estimated Value of this Service Contract, Amendment or Purchase: | |
| | \$545,978.00 total – adding \$123,078.00 per Rick Morse (C) | |

| | |
|---|---|
| 2 | <p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>This amendment is to adjust the maximum amount of the contract authority for the term to \$545,978 to fund new activities. Nevada State Immunization Program will receive a Notice of Grant Award with specific deliverables in Round Two (2) of its main federal grant funding. The funds must be expended and deliverables met by December 31, 2015. Funding availability was not announced until August 2014 for the calendar year 2015 award.</i></p> |
| | <p><i>The following activities have been added:</i></p> <p><u>Hosting and Management</u></p> <p>1.1 Microsoft Azure Cloud-Based Hosting: Host the Nevada IIS (including all environments and applications) in the Microsoft Azure cloud-based computing environment (one-time fee)</p> <p>1.2 Cloud-Based Environment Configuration: One-time fee for necessary supporting software and environment configuration</p> <p>1.3 IIS Management: Provide ongoing oversight and management of the Nevada IIS environments</p> |

| | |
|---|--|
| 3 | <p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> |
| | <p><i>The unique qualification needed for this software to be properly managed and supported is the complete understanding of the current software, the data repository, how the two are connected, and how the environments should be managed and configured for optimal performance.</i></p> |

| | |
|---|--|
| 4 | <p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> |
| | <p><i>Envision Technology Partners, Inc. is the vendor of Nevada WebIZ, Nevada's immunization information system (IIS). Nevada WebIZ is a proprietary application that no other vendor has permission to provide any type of service on. Only Envision Technology Partners can fulfill the activities on this application.</i></p> |

| | |
|---|--|
| 5 | <p>Were alternative services or commodities evaluated? Check One.</p> <p>Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/></p> |
| | <p>a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i></p> |
| | <p>b. <i>If not, why were alternatives not evaluated?</i></p> |
| | <p><i>Other options were not evaluated due to the requirement that the proprietary software may only be maintained and modified by Envision Technology Partners, Inc.</i></p> |

| | |
|---|--|
| 6 | <p>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers must accompany this request.</p> <p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p> |
| | <p>a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship</i></p> |

| | | | | |
|---|-------------------|---------------------|--|---|
| <i>with this vendor, or any other vendor for this service or commodity, please provide the following information:</i> | | | | |
| <i>Term Start and End Dates</i> | | <i>Value</i> | <i>Short Description</i> | <i>Type of Procurement (RFP, RFQ, Waiver)</i> |
| <i>8/11/2010</i> | <i>9/30/2012</i> | <i>\$308,477.35</i> | <i>New contract to maintain, upgrade and enhance WebIZ IIS application</i> | <i>Waiver #100603</i> |
| <i>8/14/2012</i> | <i>12/31/2015</i> | <i>\$422,900.00</i> | <i>Ongoing services to maintain, upgrade and enhance WebIZ IIS application</i> | <i>Waiver #120609</i> |
| | | <i>\$</i> | | |
| | | <i>\$</i> | | |
| | | <i>\$</i> | | |

7 **What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
Another vendor may not be able to appropriately manage and configure the software because of proprietary issues. Denying the waiver request would halt progress towards appropriate configuration, management and maintenance of the IIS. This could result in negative consequences from the CDC, and prevent the Immunization Program from meeting grant deliverables. The CDC also encouraged and recommended that Nevada continue to partner with Envision Technology Partners in implementing and maintaining the immunization registry. Additionally if this waiver request is denied and appropriate hosting, management and configuration of the IIS is put out for a competitive bid and another vendor wins the bid, this may result in the inability to meet federal and state requirements to maintain, enhance, and expand the use of (including expansion of electronic data exchange) the IIS due to limitations in its current environment. Finally, if this waiver request is denied and the immunization registry is put out for a competitive bid and another vendor wins the bid, this would result in over \$8 million being wasted (amount of money already invested in WebIZ) and over 9,000 users having to learn a new system.

8 **What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?**
A competitive solicitation is not possible due to the proprietary application. Additionally, the cost to implement a new immunization registry with a new vendor could potentially cost millions Envision Technology Partners is the vendor of Nevada's immunization registry. No other vendor will be allowed access to this proprietary application

9 **Will this purchase obligate the State to this vendor for future purchases? Check One.** Yes: No:

a. *If yes, please provide details regarding future obligations or needs.*

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Richard Morse

Agency Representative Initiating Request

RICHARD MORSE

Print Name of Agency Representative Initiating Request

2/17/15
Date

Amber Law

Signature of Agency Head Authorizing Request

Amber Law

Print Name of Agency Head Authorizing Request

2-18-15
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:

Greg Smith

Administrator, Purchasing Division or Designee

2.23.15
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16383**

| | |
|---|---|
| Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: ACCESS TO HEALTHCARE NETWORK |
| Agency Code: 406 | Contractor Name: ACCESS TO HEALTHCARE NETWORK |
| Appropriation Unit: 3220-21 | Address: INC |
| Is budget authority available?: Yes | City/State/Zip: 4001 S VIRGINIA ST STE F RENO, NV 89502-6029 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/284-8989 |
| | Vendor No.: T29014671 |
| | NV Business ID: NV20061133335 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **RFP 3135/C 14849**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2015**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Women's Health**

5. Purpose of contract:

This is a new contract that continues ongoing management services for the division's Women's Health Connection program for determination of client eligibility and referral including provider network; training; marketing; contract management; screening and diagnostic services; case management services; treatment services; data collection; and fiscal management.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The federal grant, from the Centers for Disease Control and Prevention, mandates that women eligible for the Women's Health Connection Program, be afforded screenings for breast and cervical cancer.

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 capability to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was awarded the contract based on RFP 3135.

d. Last bid date: 01/15/2015 Anticipated re-bid date: 01/01/2019

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 these types of services for the Health Division in the past 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 | alaw1 | 02/20/2015 14:58:11 PM |
| Division Approval | alaw1 | 02/20/2015 14:58:14 PM |
| Department Approval | ecreceli | 02/23/2015 15:20:34 PM |
| Contract Manager Approval | rmorse | 02/25/2015 10:22:14 AM |
| Budget Analyst Approval | bberry | 03/13/2015 11:56:09 AM |
| BOE Agenda Approval | nhovden | 03/13/2015 15:34:32 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: 16244 | Amendment Number: 1 |
| Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: BOARD OF REGENTS-NSHE OBO UNR |
| Agency Code: 406 | Contractor Name: BOARD OF REGENTS-NSHE OBO UNR |
| Appropriation Unit: 3648-08 | Address: CONTROLLERS MAIL STOP 124 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89557 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-784-6001 |
| | Vendor No.: D35000849 |
| | NV Business ID: Government Entity |

To what State Fiscal Year(s) will the contract be charged? **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 % |
| <input type="checkbox"/> Federal Funds | 0.00 % | Bonds | 0.00 % |
| <input type="checkbox"/> Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: **C 14651**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2014**

Anticipated BOE meeting date **04/2015**

Retroactive? **Yes**

If "Yes", please explain

This contract amendment needs a retroactive start date because UNSOM believes that the services will reach the total maximum budgeted amount by at least 2/17/15 based on their preliminary billable services.

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **333 days**

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

Contract description: **Psychiatric Services**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which continues ongoing implementation of a statewide network of telemedicine/tele-psychiatry services to increase access to care in the rural areas on behalf of individuals with mental and co-occurring substance abuse disorders. This amendment increases the maximum amount from \$49,900 to \$69,900 due to an increased volume of services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$49,900.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$20,000.00 |
| 4. New maximum contract amount: | \$69,900.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Program requires that emergent psychiatric services be provided for seriously mentally ill and seriously emotionally disturbed consumers.

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 carry out this task.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done 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?

Governmental entity.
 Professional Services; indirect rate is 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 vendor routinely provides services to the division with a satisfactory rating.

13. Is the contractor currently involved in litigation with the State 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 | alaw1 | 03/02/2015 10:31:06 AM |
| Division Approval | alaw1 | 03/02/2015 10:31:09 AM |
| Department Approval | ecreceli | 03/04/2015 10:29:46 AM |
| Contract Manager Approval | rmorse | 03/05/2015 13:56:26 PM |
| Budget Analyst Approval | bberry | 03/16/2015 11:52:50 AM |
| BOE Agenda Approval | nhovden | 03/18/2015 08:49:44 AM |

BRIAN SANDOVAL
Governor

STATE OF NEVADA

RICHARD WHITLEY, MS
Administrator

RICHARD WHITLEY, MS
Interim Director



TRACEY D. GREEN, MD
Chief Medical Officer

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

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-5975 · Fax: (775) 684-4211

February 25, 2015

MEMORANDUM

TO: **Brenda Berry**
Budget Analyst
Budget Division

THROUGH: **Mark Winebarger**
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: **Kathryn Baughman**
Agency Director
Rural Community Health Services

SUBJECT: **UNSOM - REQUEST FOR RETROACTIVE START DATE OF CONTRACT**
AMENDMENT – (CETS #16244)

This memorandum requests that the Division of Public and Behavioral Health be approved for a retroactive start date effective February 17, 2015. This contract amendment needs a retroactive start date because UNSOM believes that the services will reach the total maximum budgeted amount by at least 2/17/15 based on their preliminary billable services. Since the contract states Rural Community Health Services (RCHS) should receive invoices monthly on the 15th for the previous month and since UNSOM has not submitted invoices timely we were unaware of this issue. We will set in place more diligent measures to receive these invoices in a timely manner and ensure UNSOM does not exceed the budgeted amount.

Thank you for your consideration in this matter.

CC: Rick Morse, Management Analyst II
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: 15804 | Amendment Number: 2 |
| Agency Name: DHHS - WELFARE AND SUPPORT SERVICES | Legal Entity Name: CIT FINANCE, LLC. DBA AVAYA FINANCIAL SERVICES |
| Agency Code: 407 | Contractor Name: CIT FINANCE, LLC. DBA AVAYA FINANCIAL SERVICES |
| Appropriation Unit: 3228-04 | Address: 10201 CENTURION PKWY N #100 |
| Is budget authority available?: Yes | City/State/Zip: JACKSONVILLE, FL 32256 |
| If "No" please explain: Not Applicable | Contact/Phone: null949-306-4015 |
| | Vendor No.: T81077517 |
| | NV Business ID: NV20111396654 |

To what State Fiscal Year(s) will the contract be charged? **2015-2020**

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

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 30.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 70.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2014**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2019**

Contract term: **5 years and 85 days**

4. Type of contract: **Lease/Purchase Agreement**

Contract description: **Tech Refresh**

5. Purpose of contract:

This is the second amendment to the original lease to provide financing for equipment required to upgrade the Division of Welfare and Supportive Services telephone system. This amendment increases the amount from \$2,095,604.19 to \$2,166,676.77 to incorporate schedule number 0030 to lease number x263772 for telecommunication equipment located at the Durango Office.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$1,984,096.80 |
| 2. Total amount of any previous contract amendments: | \$111,507.39 |
| 3. Amount of current contract amendment: | \$71,072.58 |
| 4. New maximum contract amount: | \$2,166,676.77 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Telecom systems must be kept up to date to provide continuous support to customers.

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.

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 #3067, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed committee. Financing through Avaya Financial Services was included in the bid for service.

d. Last bid date: 02/01/2014 Anticipated re-bid date: 12/31/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 and performing 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 | ewatson | 03/02/2015 09:04:42 AM |
| Division Approval | msmit5 | 03/09/2015 12:37:33 PM |
| Department Approval | ecrecli | 03/12/2015 11:52:22 AM |
| Contract Manager Approval | sneudaue | 03/13/2015 07:52:58 AM |
| Budget Analyst Approval | ekin4 | 03/16/2015 15:05:25 PM |
| BOE Agenda Approval | nhovden | 03/18/2015 11:42:26 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: 15607 | Amendment Number: 2 |
| Agency Name: DHHS - WELFARE AND SUPPORT SERVICES | Legal Entity Name: BERES, GINNIE DBA ROADRUNNER JANITORIAL SERVICE |
| Agency Code: 407 | Contractor Name: BERES, GINNIE DBA ROADRUNNER JANITORIAL SERVICE |
| Appropriation Unit: 3233-07 | Address: 5911 VICKI ANN RD |
| Is budget authority available?: Yes | City/State/Zip: PAHRUMP, NV 89048-7440 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/727-4405 |
| | Vendor No.: T29032429 |
| | NV Business ID: NV20131113914 |

To what State Fiscal Year(s) will the contract be charged? **2015-2018**

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

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 33.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 67.00 % | 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 **07/01/2014**

Anticipated BOE meeting date 05/2015

Retroactive? **Yes**

If "Yes", please explain

The Division of Welfare and Supportive Services requests retroactive approval back to March 1, 2015 for a rate increase of \$110.00 per month due to renovations performed to the building by the landlord which increased the service workload.

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the second amendment to the original contract, which continues ongoing janitorial services for the Division of Welfare and Supportive Services Pahrump District Office. This amendment revises the consideration language, increases the maximum amount from \$47,940 to \$52,340, and provides retroactive approval for a rate increase of \$110 per month for additional janitorial services for 1,500 square feet beginning March 1, 2015.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$32,400.00 |
| 2. Total amount of any previous contract amendments: | \$15,540.00 |
| 3. Amount of current contract amendment: | \$4,400.00 |
| 4. New maximum contract amount: | \$52,340.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is to ensure that a clean and sanitary work environment exists for staff and the clients served by DWSS.

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

Janitorial services are not offered by 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?
This vendor has been providing satisfactory service and was the lowest bidder.

d. Last bid date: 03/13/2014 Anticipated re-bid date: 03/13/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 is currently under contract with DWSS and performing janitorial services in a 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 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 | ewatson | 03/04/2015 11:32:58 AM |
| Division Approval | msmit5 | 03/09/2015 14:43:19 PM |
| Department Approval | ecreceli | 03/11/2015 11:42:07 AM |
| Contract Manager Approval | sneudaue | 03/11/2015 11:47:59 AM |
| Budget Analyst Approval | ekin4 | 03/16/2015 11:02:17 AM |
| BOE Agenda Approval | nhovden | 03/18/2015 11:09:06 AM |



BRIAN SANDOVAL
Governor

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

1470 College Parkway
Carson City, Nevada 89706-7924
(775) 684-0500 • Fax (775) 684-0656

RICHARD WHITLEY
Interim Director

STEVE H. FISHER
Administrator

February 25, 2015

TO: ERIC KING, BUDGET ANALYST IV
BUDGET AND PLANNING DIVISION

THROUGH: RICHARD WHITLEY, INTERIM DIRECTOR
DEPARTMENT OF HEALTH AND HUMAN SERVICES

FROM: STEVE H. FISHER, ADMINISTRATOR

Re: Retroactive approval of the Contract Amendment between the Division of Welfare and Supportive Services and Ginnie Beres, DBA: Roadrunner Cleaning and Janitorial Services.

The Division of Welfare and Supportive Services (DWSS) is requesting a retroactive approval of the above referenced Contract Amendment to March 1, 2015.

The landlord for the DWSS Pahrump District Office performed renovations to the building, which removed approximately 1,500 square feet of carpeting and replaced it with Vinyl Composition Tile (VCT). The new VCT will require additional maintenance to include daily dust-mopping followed by wet mopping with a neutral pH cleaner and weekly buffing to maintain a high shine. Due to the increase of time and materials the vendor is requesting a rate increase of \$110.00 per month.

DWSS is requesting that the effective date of the rate increase be approved retroactively to March 1, 2015.

Thank you for your assistance in this matter.

Sondra L. Neudauer

Sondra L. Neudauer
Management Analyst II, Contract Manager
Division of Welfare and Supportive Services

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|---|
| 1. Contract Number: 12930 | Amendment Number: 2 |
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: CLARK COUNTY |
| Agency Code: 407 | Contractor Name: CLARK COUNTY |
| Appropriation Unit: 3239-16 | Address: DISTRICT ATTORNEY FAMILY SUPRT 1900 E. Flamingo Rd, Suite 100 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89119 |
| If "No" please explain: Not Applicable | Contact/Phone: null702-671-9500 |
| | Vendor No.: T81026920T |
| | NV Business ID: Governmental Intity |
| 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 | 66.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 34.00 % County Share |

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 06/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2015**

Termination Date:

Contract term: **5 years**

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

Contract description: **CSEP**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing federal Title IV-D services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date of the agreement from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$97,244,238 to \$167,745,072 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|------------------|
| 1. The maximum amount of the original contract: | \$97,244,238.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$70,500,834.00 |
| 4. New maximum contract amount: | \$167,745,072.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2017 |

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done 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 RFP is not a requirement of an interlocal agreement.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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 | ewatson | 12/10/2014 11:18:39 AM |
| Division Approval | msmit5 | 03/05/2015 11:28:54 AM |
| Department Approval | ecreceli | 03/09/2015 13:33:18 PM |
| Contract Manager Approval | sjon23 | 03/10/2015 12:33:52 PM |
| Budget Analyst Approval | ekin4 | 03/16/2015 10:32:26 AM |
| BOE Agenda Approval | nhovden | 03/18/2015 10:59:08 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: 12946 | Amendment Number: 1 |
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: DOUGLAS COUNTY |
| Agency Code: 407 | Contractor Name: DOUGLAS COUNTY |
| Appropriation Unit: 3239-16 | Address: DOUGLAS CO DA/CHILD SUPPORT 1625 8th Street |
| Is budget authority available?: Yes | City/State/Zip: MINDEN, NV 89423 |
| If "No" please explain: Not Applicable | Contact/Phone: Connie Wenner 775/782-9807 |
| | Vendor No.: T40174400B |
| | NV Business ID: Governmental Entity |
| 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 | 66.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 34.00 % County Share |

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 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2015**

Termination Date:
 Contract term: **5 years**

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

Contract description: **CSEP**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing federal Title IV-D services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount of the agreement from \$1,655,945 to \$2,895,043 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$1,655,945.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$1,239,098.00 |
| 4. New maximum contract amount: | \$2,895,043.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2017 |

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done 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 RFP is not a requirement of an interlocal agreement.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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 | ewatson | 12/15/2014 09:32:45 AM |
| Division Approval | msmit5 | 02/11/2015 08:14:25 AM |
| Department Approval | ecreceli | 02/18/2015 16:54:25 PM |
| Contract Manager Approval | sneudaue | 02/19/2015 16:12:26 PM |
| Budget Analyst Approval | ekin4 | 03/13/2015 14:20:20 PM |
| BOE Agenda Approval | nhovden | 03/18/2015 09:06:05 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|---|
| 1. Contract Number: 12961 | Amendment Number: 1 |
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: MINERAL COUNTY |
| Agency Code: 407 | Contractor Name: MINERAL COUNTY |
| Appropriation Unit: 3239-16 | Address: MINERAL CO DISTRICT ATTORNEY 166 E Street |
| Is budget authority available?: Yes | City/State/Zip: HAWTHORNE, NV 89415 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/945-3636 |
| | Vendor No.: T40291300G |
| | NV Business ID: Governmental Entity |
| 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 | 66.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 34.00 % County Share |

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **5 years**

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

Contract description: **CSEP**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing federal Title IV-D services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date of the agreement from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$454,978 to \$797,815 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$454,978.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$342,837.00 |
| 4. New maximum contract amount: | \$797,815.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2017 |

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done 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 RFP is not a requirement of an interlocal agreement.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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 | ewatson | 12/19/2014 16:13:08 PM |
| Division Approval | msmit5 | 03/05/2015 11:26:08 AM |
| Department Approval | ecreceli | 03/09/2015 13:38:28 PM |
| Contract Manager Approval | sjon23 | 03/10/2015 12:31:57 PM |
| Budget Analyst Approval | ekin4 | 03/18/2015 10:53:56 AM |
| BOE Agenda Approval | nhovden | 03/18/2015 10:55:10 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: 13009 | Amendment Number: 1 |
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: WASHOE COUNTY |
| Agency Code: 407 | Contractor Name: WASHOE COUNTY |
| Appropriation Unit: 3239-16 | Address: WASHOE CO DISTRICT ATTORNEY 1 South Sierra Street |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89501 |
| If "No" please explain: Not Applicable | Contact/Phone: null775/328-3200 |
| | Vendor No.: T40283400AG |
| | NV Business ID: Governmental Entity |
| 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 | 66.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 34.00 % County Share |

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 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **5 years**

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

Contract description: **CSEP**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing federal Title IV-D services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$13,212,506 to \$23,078,379 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-----------------|
| 1. The maximum amount of the original contract: | \$13,212,506.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$9,865,873.00 |
| 4. New maximum contract amount: | \$23,078,379.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2017 |

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done 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 RFP is not a requirement of an interlocal agreement.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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 | ewatson | 12/18/2014 15:42:33 PM |
| Division Approval | msmit5 | 02/11/2015 08:15:53 AM |
| Department Approval | ecrecli | 02/18/2015 16:51:47 PM |
| Contract Manager Approval | sneudaue | 02/19/2015 16:13:57 PM |
| Budget Analyst Approval | ekin4 | 03/13/2015 14:20:55 PM |
| BOE Agenda Approval | nhovden | 03/18/2015 09:00:19 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14816** Amendment Number: **1**
 Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD** Legal Entity Name: **NDI PLUMBING, INC.**
 Agency Code: **431** Contractor Name: **NDI PLUMBING, INC.**
 Appropriation Unit: **3650-07** Address: **39 GLEN CARRAN CIR**
 Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431-5826**
 If "No" please explain: **Not Applicable** Contact/Phone: **NEIL DEMENT 775/745-8791**
 Vendor No.: **T32001385**
 NV Business ID: **20041568607**
 To what State Fiscal Year(s) will the contract be charged? **2014-2017**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

| | | | | |
|-------------------------------------|---------------|----------------|---|------------------------------|
| <input checked="" type="checkbox"/> | General Funds | 10.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 80.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 10.00 % RENTAL INCOME |

Agency Reference #: **NMD# 025-13**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/16/2013**
 Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/01/2015**
 Contract term: **3 years and 319 days**

4. Type of contract: **Contract**
 Contract description: **NDI Plumbing**

5. Purpose of contract:
This is the first amendment to the original contract, which provides plumbing services on an as needed basis at Office of the Military locations in Northern Nevada. The scope of work for plumbing services could range from replacing/installing sink faucets to repairing major sewer lines, as well as drain, waste and venting issues. The amendment extends the termination date from July 1, 2015 to June 30, 2017 and increases the maximum amount of the contract from \$48,000 to \$96,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$48,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$48,000.00 |
| 4. New maximum contract amount: | \$96,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2017 |

II. JUSTIFICATION

7. What conditions require that this work be done?
Plumbing services are required throughout the year as maintenance or repairs are needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees do not have all necessary equipment to perform adequate plumbing repair and 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?

NDI was the only vendor to submit a proposal from the Reno Gazette Journal ad and phone solicitations.

d. Last bid date: 04/19/2013 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:
 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 | vradford | 03/04/2015 11:47:51 AM |
| Division Approval | ctyle1 | 03/10/2015 08:25:51 AM |
| Department Approval | ctyle1 | 03/10/2015 08:25:54 AM |
| Contract Manager Approval | vradford | 03/10/2015 08:42:27 AM |
| Budget Analyst Approval | jborrowm | 03/10/2015 09:58:27 AM |
| BOE Agenda Approval | jborrowm | 03/10/2015 09:58:32 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16405**

| | |
|---|---|
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: ABC Fire and Cylinder Service |
| Agency Code: 431 | Contractor Name: ABC Fire and Cylinder Service |
| Appropriation Unit: All Appropriations | Address: 1025 TELEGRAPH ST |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89502 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-856-5204 |
| | Vendor No.: T81093069 |
| | NV Business ID: 19861017903 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | |
|---|----------------|---------------|--------|
| <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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/14/2019**

Contract term: **4 years and 14 days**

4. Type of contract: **Contract**

Contract description: **Fire Extinguish Svc**

5. Purpose of contract:

This is a new contract to provide statewide fire extinguisher service, repair, inspections and maintenance to the agency's fire extinguishers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Military currently has fire extinguishers statewide and no current contract for services related to these fire extinguishers.

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 requisite skills and certifications to perform maintenance and repairs to our fire extinguishers.

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 chose as the best qualified contract by the 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 | ctyle1 | 03/03/2015 17:47:47 PM |
| Division Approval | ctyle1 | 03/03/2015 17:47:50 PM |
| Department Approval | ctyle1 | 03/03/2015 17:47:53 PM |
| Contract Manager Approval | vradford | 03/10/2015 15:52:46 PM |
| Budget Analyst Approval | jborrowm | 03/13/2015 10:35:58 AM |
| BOE Agenda Approval | jborrowm | 03/13/2015 10:36:03 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: **16368**

Agency Name: **DPS-RECORDS & TECHNOLOGY**
Agency Code: **655**
Appropriation Unit: **4709-26**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **DATAWORKS PLUS LLC**
Contractor Name: **DATAWORKS PLUS LLC**
Address: **728 N PLEASANTBURG DR**
City/State/Zip: **GREENVILLE, SC 29607**
Contact/Phone: **Todd Pastorini 925/240-9010**
Vendor No.: **PUR0004245**
NV Business ID: **NV20101769693**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Software Support**

5. Purpose of contract:

This is a new contract to provide ongoing software and hardware support for the General Services Division's National Institute of Standards and Technology System, which accepts records for further forwarding to the Federal Bureau of Investigation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$151,095.91**

Other basis for payment: at a cost per line item as delineated on pages one through three of maintenance agreement

II. JUSTIFICATION

7. What conditions require that this work be done?

This is ongoing maintenance and support for the NIST software program.

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

There are no qualified state employees in this area who provide this service.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This vendor provides ongoing maintenance and support of a system already purchased and installed as a result of a competitive solicitation, therefore bids were not solicited for this contract.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has been under contract with the General Service Division in the past. 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: 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 | jbauer | 03/10/2015 19:03:59 PM |
| Division Approval | jdibasil | 03/11/2015 08:46:10 AM |
| Department Approval | jbauer | 03/11/2015 09:12:10 AM |
| Contract Manager Approval | jbauer | 03/11/2015 09:12:13 AM |
| DoIT Approval | bbohm | 03/11/2015 11:55:40 AM |
| Budget Analyst Approval | jstrandb | 03/11/2015 13:07:52 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:34:18 PM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16428**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **1511-91**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **CH SPENCER & COMPANY**
Contractor Name: **CH SPENCER & COMPANY**
Address: **1075 S PIONEER RD**
City/State/Zip: **SALT LAKE CITY, UT 84104**
Contact/Phone: null801/975-0300
Vendor No.: T81099774
NV Business ID: NV19961206322

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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 % | X Bonds | 100.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

Agency Reference #: 15-34

2. Contract start date:

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

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/01/2015**

Contract term: **244 days**

4. Type of contract: **Contract**

Contract description: **Pumps in Gallagher**

5. Purpose of contract:

This is a new contract to disassemble, tear down, and repair three pumps at the Gallagher Fish Hatchery for Brood Canopy Fish.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,307.23**

Other basis for payment: upon approval and completion of work

II. JUSTIFICATION

7. What conditions require that this work be done?

The pumps have become corroded over the years and are now necessary to start a Brood Fish program at the facility.

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

State employees do not have the staff and expertise to remove and repair the pumps.

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 only contractor that responded.

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)?

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 | kdailey | 03/06/2015 15:11:42 PM |
| Division Approval | kdailey | 03/06/2015 15:11:44 PM |
| Department Approval | eobrien | 03/06/2015 15:21:56 PM |
| Contract Manager Approval | kdailey | 03/06/2015 15:24:06 PM |
| Budget Analyst Approval | sbarkdul | 03/10/2015 06:48:31 AM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:32:49 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: **16413**

| | |
|---|--|
| Agency Name: DCNR - FORESTRY DIVISION | Legal Entity Name: DOUGLAS COUNTY TAHOE DOUGLAS FIRE PROTECTION |
| Agency Code: 706 | Contractor Name: DOUGLAS COUNTY TAHOE DOUGLAS FIRE PROTECTION |
| Appropriation Unit: 4194-00 | Address: PO BOX 919 |
| Is budget authority available?: Yes | City/State/Zip: ZEPHYR COVE, NV 89448 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-588-3591 |
| | Vendor No.: T40174400Z |
| | NV Business ID: N/A |

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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 % Fire Protection District Funds |

Agency Reference #: **NDF16-001**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services as under the Wildland Fire Protection Program. In accordance with this agreement, the division and district will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership.

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 beginning July 1, 2015 for State Fiscal Year 2016-2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Tahoe Douglas Fire Protection District will work closely together to maintain effective wildfire management without duplication of efforts with federal cooperators to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the 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

Tahoe Douglas 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?

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

Tahoe Douglas Fire Protection District is currently under contract with the Division of Forestry for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State 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 | jkidd | 03/05/2015 16:34:46 PM |
| Division Approval | dprather | 03/09/2015 06:49:11 AM |
| Department Approval | dprather | 03/09/2015 06:49:14 AM |
| Contract Manager Approval | ldunn | 03/09/2015 07:48:58 AM |
| Budget Analyst Approval | jrodrig9 | 03/10/2015 19:43:22 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:47:14 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: **16417**

| | |
|--|---|
| Agency Name: DCNR - FORESTRY DIVISION | Legal Entity Name: Eureka County |
| Agency Code: 706 | Contractor Name: Eureka County |
| Appropriation Unit: 4194-00 | Address: P.O. Box 714 |
| Is budget authority available?: Yes | City/State/Zip: Eureka, NV 89316 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-237-5372 |
| | Vendor No.: |
| | NV Business ID: N/A |
| To what State Fiscal Year(s) will the contract be charged? | 2016-2017 |

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 % Eureka County Funds |

Agency Reference #: **NDF16-002**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement, the division and the county will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership.

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 beginning July 1, 2015 for State Fiscal Year 2016-2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Eureka County will work closely together to maintain effective wildfire management without duplication of efforts with federal cooperators to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

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

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

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

Not Applicable

b. 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

Eureka County 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:

Eureka County is currently under contract with the Division of Forestry for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State 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 | jkidd | 03/05/2015 16:43:33 PM |
| Division Approval | dprather | 03/09/2015 06:48:55 AM |
| Department Approval | dprather | 03/09/2015 06:48:59 AM |
| Contract Manager Approval | ldunn | 03/09/2015 07:49:15 AM |
| Budget Analyst Approval | jrodrig9 | 03/10/2015 19:45:05 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:46:02 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: **16420**

| | |
|--|--|
| Agency Name: DCNR - FORESTRY DIVISION | Legal Entity Name: Lander County |
| Agency Code: 706 | Contractor Name: Lander County |
| Appropriation Unit: 4194-00 | Address: 315 S. Humboldt Street |
| Is budget authority available?: Yes | City/State/Zip: Battle Mountain, NV 89820 |
| If "No" please explain: Not Applicable | Contact/Phone: null775-635-2885 |
| | Vendor No.: |
| | NV Business ID: N/A |
| To what State Fiscal Year(s) will the contract be charged? | 2016-2017 |

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 % Lander County Funds |

Agency Reference #: **NDF16-003**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement, the division and the county will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership.

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 beginning July 1, 2015 for State Fiscal Year 2016-2017.

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 of efforts with federal cooperators to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

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

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

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

Not Applicable

b. 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

Lander County is 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:

Lander County is currently under contract with the Division of Forestry for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State 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 | jkidd | 03/05/2015 16:32:48 PM |
| Division Approval | dprather | 03/09/2015 06:48:38 AM |
| Department Approval | dprather | 03/09/2015 06:48:41 AM |
| Contract Manager Approval | ldunn | 03/09/2015 07:49:30 AM |
| Budget Analyst Approval | jrodrig9 | 03/10/2015 19:39:43 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:48:44 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: 16121 | Amendment Number: 1 |
| Agency Name: DCNR - 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: Joe McGinley 775/829-2245 |
| | Vendor No.: T81202459 |
| | NV Business ID: NV20021218343 |

To what State Fiscal Year(s) will the contract be charged? **2015-2020**

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

| | | | | |
|------------------------|---------------|----------|---------------|---|
| General Funds | 0.00 % | X | Fees | 43.00 % Hazerdous Waste Fees |
| X Federal Funds | 7.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X | Other funding | 50.00 % Interim Fluid Management Trust |

Agency Reference #: **RFP #3133**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2015**
 Anticipated BOE meeting date **02/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/30/2019**

Contract term: **4 years and 364 days**

4. Type of contract: **Contract**

Contract description: **Environmental EMAR**

5. Purpose of contract:

This is the first amendment to the original contract, which provides environmental mitigation, assessment, and remediation services on an as needed basis. This amendment extends the termination date from December 30, 2018 to December 30, 2019 and increases the maximum amount from \$4,500,000 to \$4,850,000 due to additional funding being made available to support the Abandoned Mine Site Program activities.

6. CONTRACT AMENDMENT

| | | |
|----|---|----------------|
| 1. | The maximum amount of the original contract: | \$4,500,000.00 |
| 2. | Total amount of any previous contract amendments: | \$0.00 |
| 3. | Amount of current contract amendment: | \$350,000.00 |
| 4. | New maximum contract amount: | \$4,850,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Environmental contamination can occur or be identified statewide. The State needs to be able to protect the public welfare.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3133, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/22/2014 Anticipated re-bid date: 07/01/2019

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:

NDEP - Bureau of Corrective Actions - The contractor has current and past contracts with BCA 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 | lfleming | 12/30/2014 16:10:34 PM |
| Division Approval | glovato | 01/05/2015 09:49:46 AM |
| Department Approval | demme | 01/05/2015 09:58:29 AM |
| Contract Manager Approval | sgotta | 01/21/2015 16:13:49 PM |
| Budget Analyst Approval | jrodrig9 | 03/11/2015 16:04:38 PM |
| BOE Agenda Approval | cwatson | 03/26/2015 10:41:55 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: **12639** Amendment Number: **3**

Agency Name: **ENVIRONMENTAL PROTECTION** Legal Entity Name: **Windsor Solutions, Inc.**

Agency Code: **709** Contractor Name: **Windsor Solutions, Inc.**

Appropriation Unit: **3187-60** Address: **4386 SW Macadam Ave, Suite 101**

Is budget authority available?: **No** City/State/Zip: **Portland, OR 97239**

If "No" please explain: Pending WP # C32016 will provide adequate budget authority. Contact/Phone: **Simon Watson 503-675-7833**

Vendor No.: **T27010424**

NV Business ID: **NV20111356993**

To what State Fiscal Year(s) will the contract be charged? **2012-2017**

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

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 #2011 DEP#12-009**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/11/2011**Anticipated BOE meeting date **04/2015**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2016**Contract term: **4 years and 356 days**4. Type of contract: **Contract**Contract description: **Technical Support**

5. Purpose of contract:

This is the third amendment to the original contract, which provides technical support for the National Environmental Exchange Network. This amendment increases the maximum amount from \$675,000 to \$1,012,000 to expand the scope of work to include the modernization of water quality databases. The modernization is expected to significantly reduce staff time, as one consolidated web interface will be provided to staff eliminating the need for staff to work directly with the individual outdated Microsoft Access databases.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$300,000.00 |
| 2. Total amount of any previous contract amendments: | \$375,000.00 |
| 3. Amount of current contract amendment: | \$337,000.00 |
| 4. New maximum contract amount: | \$1,012,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Exchange network is the means by which States can share data with USEPA and other partners. USEPA has provided grant funds to enable the State to participate. This contract provides technical support to enable on-going development of data exchanges with USEPA.

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

The Division has a limited IT staff and the skills needed are very specialized.

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 received the highest score in a competitive procurement process

d. Last bid date: 07/18/2011 Anticipated re-bid date: 12/01/2015

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:

NDEP had a contract with the vendor for the following periods:
3/05 - 01/10
06/06 - 12/07
05/10 - 06/11
The vendor's work was 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 | lfleming | 02/25/2015 11:16:56 AM |
| Division Approval | dgaskin | 02/26/2015 14:24:12 PM |
| Department Approval | dgaskin | 02/26/2015 14:24:29 PM |
| Contract Manager Approval | abasham | 02/27/2015 10:20:59 AM |
| DoIT Approval | bbohm | 03/03/2015 16:10:57 PM |
| Budget Analyst Approval | jrodrig9 | 03/07/2015 15:50:33 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 14:51:22 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: 10603 | Amendment Number: 5 |
| Agency Name: DEPT OF MOTOR VEHICLES | Legal Entity Name: XEROX STATE & LOCAL SOLUTIONS, INC. |
| Agency Code: 810 | Contractor Name: XEROX STATE & LOCAL SOLUTIONS, 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 320/257-1463 |
| | Vendor No.: PUR0003261B |
| | NV Business ID: NV19911026030 |

To what State Fiscal Year(s) will the contract be charged? **2010-2016**

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 % |
| X Highway Funds | 100.00 % | Other funding | 0.00 % |

Agency Reference #: **ZA0433**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2009**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **6 years and 262 days**

4. Type of contract: **Contract**

Contract description: **Licensing/Tax Admin**

5. Purpose of contract:

This is the fifth amendment to the original contract, which provides the standardized services and systems support relating to commercial vehicle licensing and tax administration for the Motor Carrier Division operations. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$1,330,626.24 to \$1,553,034.60 utilizing the first of five single year renewal options.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$467,236.16 |
| 2. Total amount of any previous contract amendments: | \$863,390.08 |
| 3. Amount of current contract amendment: | \$222,408.36 |
| 4. New maximum contract amount: | \$1,553,034.60 |
| 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 DMV is a member of the Internation Fuel Tax Agreement (IFTA) as defined under NRS366.175 and the International Registration Plan (IRP) as defined under NRS 706.826; and such ar 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 #: 45
Approval Date: 05/22/2014

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 | bmacke1 | 02/26/2015 10:09:21 AM |
| Division Approval | bmacke1 | 02/26/2015 10:10:17 AM |
| Department Approval | akeillor | 02/26/2015 11:00:57 AM |
| Contract Manager Approval | hazevedo | 02/26/2015 12:14:18 PM |
| Budget Analyst Approval | cwatson | 03/23/2015 09:24:14 AM |
| BOE Agenda Approval | cwatson | 03/23/2015 09:24:19 AM |



| | |
|-----------------------------|----|
| Purchasing Use Only: | |
| Approval #: | 45 |

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

| | | | |
|---|---|---------------------------------|--|
| 1 | Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below: | | |
| | State Agency: | Department of Motor Vehicles | |
| | Contact Name(s) and Titles: | Heidi Azevedo, Contract Manager | |
| | Telephone Number(s): | 775-684-4504 | |
| | Email Address(s): | hazevedo@dmv.nv.gov | |

| | | | |
|---|--------------------------------|---|--|
| 2 | Contractor Information: | | |
| | Contractor: | Xerox State and Local Solutions, Inc. Successor in Interest to: Affiliated Computer Services Inc. (ACS) Successor in Interest to: Lockheed Martin IMS | |
| | Contact Name: | Jason Stein | |
| | Address: | 101 North Avenue, Suite 2250 | |
| | Phone Number: | 602-412-2070 / 602-510-1028 (cell) | |
| | Email Address: | jason.stein@xerox.com | |

| | | | | | |
|---|--|----------------|------------|-----------|------------|
| 3 | Ongoing relationship disclosure – List all previous contract information: | | | | |
| | Procurement method: | Sole Source | | | |
| | CETS #: | N/A | | | |
| | Contract “not to exceed amount”: | \$1,528,348.88 | | | |
| | Contract term: | Start date: | 04/15/1998 | End date: | 06/30/2002 |
| * | Procurement method: | Sole Source | | | |
| | CETS #: | CONV556 | | | |
| | Contract “not to exceed amount”: | \$2,625,666.00 | | | |
| | Contract term: | Start date: | 8/13/2002 | End date: | 06/30/2005 |
| * | Procurement Method: | Sole Source | | | |
| | CETS #: | CONV1555 | | | |
| | Contract “not to exceed amount”: | \$2,185,196.00 | | | |
| | Contract term: | Start date: | 06/14/2005 | End date: | 10/31/2009 |

| | | |
|----------|---|--------|
| 4 | Procurement method used to award the current contract: Sole Source | |
| | RFP, solicitation # if applicable: | |
| | Quote, solicitation # if applicable: | |
| | Waiver, provide number: | 090905 |
| | Other: | |

| | | | | |
|----------|--|--------------|------------|-----------|
| 5 | Current contract information: | | | |
| | CETS #: | 10603 | | |
| | Initial contract "not to exceed amount": | \$467,236.16 | | |
| | Contract term: | Start date: | 10/13/2009 | End date: |

| Amendment information – List all previously approved amendments: | | | | |
|---|---|-----------------------------------|---------------------------------|--|
| Amd #: | Brief synopsis of what amendment accomplished: | Change in "not to exceed" amount: | Change in end date: mm/dd/yy | |
| 6 | 1 <i>Vendor agreed to decrease their costs by 10% per the request of the Governor, and by doing so the contract was extended an additional 2 years at the reduced cost.</i> | \$874,586.48 | 06/30/2013 | |
| | 2 <i>Change the legal entity name from Affiliated Computer Services, Inc. (ACS) to Xerox State and Local Solutions, Inc.</i> | N/A | N/A | |
| | 3 <i>A one-time cost to provide programming and software developments to improve the efficiency of the Motor Carrier Division operations as well as meet the specifications and requirements in accordance with the International Fuel Tax Agreement (IFTA) and the International Registration Plan (IRP).</i> | \$882,906.48 | N/A | |
| | 4 <i>Utilizing the 2 year renewal option agreed upon by both parties in amendment #1.</i> | \$1,330,626.24 | 06/30/2015 | |

| Proposed amendment information: | | | | |
|--|--|--|---------------------------------|--|
| Amd #: | Brief synopsis of what the requested amendment will accomplish | Change in "not to exceed" amount: | Change in end date: mm/dd/yy | |
| 7 | This amendment will modify the end date of the existing contract and allow the Department of Motor Vehicles (DMV), Motor Carrier Division to continue to conduct uninterrupted business. The Department is requesting an extension with five (5) single year | <i><u>New total:</u> \$2,912,274.69 Includes a 5% COLA increase each year.</i> | 06/30/21 | |

| | | | |
|--|--|--|--|
| | renewal options through June 30, 2021. Due to the extension, the “not to exceed amount” would have to be amended to correlate to the new 5 year extension. Even though the current contract amendment does not expire until June 30, 2015, we are requesting an amendment now due to the time it would take to conduct an RFP, if necessary. | | |
|--|--|--|--|

| | |
|--|--|
| | <p>What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):</p> <p>DMV is in the process of submitting a Technology Investment Request (TIR) for a statewide system modernization for all DMV computer applications and software. If the TIR is approved by the Governor and the Legislature in the 2015 Legislative Session, DMV will proceed with modernization. In the best interest of the state, the Department is requesting a contract extension until June 30, 2021. The Department is committed to dedicating the necessary resources for a complete system modernization and hope to have Legislative approval as early as July 2015. The five (5) year extension request, with one year renewal options, should allow adequate time for the RFP process, business requirement identification, programming, user acceptance testing and any potential delays in vendor selection or vendor programming. The Department appreciates your understanding and consideration.</p> <p>8 Additionally, the current vendor, Xerox, supplies Tax System software for specialized services for Motor Carrier International Fuel Tax Agreement (IFTA) users. Nevada is a member of the International Fuel Tax Agreement (IFTA) wherein the state of Nevada and 58 states and Canadian Provinces collect and distribute the appropriate fuel user taxes for fuel users based in their jurisdictions. Tax amounts are determined on reported mileage traveled and fuel gallons purchased for each user. All new fuel tax users and financial information is loaded to a repository daily that must be available to law enforcement and other IFTA member jurisdictions; all fees collected for all member jurisdictions must be reconciled and loaded to the IFTA repository monthly by set due dates. As Nevada is responsible for the collection of not only Nevada fees and information but 58 other member jurisdictions, IFTA has outlined all compliance issues. Each jurisdiction is then audited through a peer review process. Any delays, whether due to programming or staff processing, are identified as compliance findings and could ultimately result in a loss of fuel tax revenue and support of our member jurisdictions. The current Tax System is utilized by the Motor Carrier Division staff to process the IFTA user fuel tax returns. This Tax System has been customized with Nevada’s unique business requirements. If a new vendor had to be selected, it would involve a long process to select a vendor, document business requirements, perform programming, conduct user acceptance testing and train staff on this new program. There is always the potential for delays when designing and programming software. Any delays could impact customer service and the collection of tax revenue. Therefore, it is imperative we maintain a functioning collection and distribution system for these taxes without interruption.</p> |
|--|--|

| | |
|--|---|
| | <p>What are the potential consequences to the State if the contract extension request is denied?</p> <p>The consequences include but are not limited;</p> <p>9 1) Impact to customer service while staff is learning new software program;</p> <p>2) Compliance issues; (Please refer to question #8 for more details)</p> <p>3) Loss of fuel tax revenue;</p> |
|--|---|

4) Non-existent or limited internal IT resources to facilitate any internal programming changes needed for financial interfaces and/or other programming needs.

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.

Signature of Agency Representative Initiating Request

Heidi Azevedo

Print Name of Agency Representative Initiating Request

5/20/14

Date

Signature of Agency Head Authorizing Request

Troy L Dillard

Print Name of Agency Head Authorizing Request

5-20-14

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:

Gumbella

Administrator, Purchasing Division or Designee

5/22/14

Date

Xerox State & Local Solutions

| | Current Cost Per Month | Cost of Living (COLA) up to 5% | New Per Month Cost | Cost per Year Fiscal Year |
|--|---------------------------|--------------------------------------|-----------------------|------------------------------|
| FY14 | \$17,575.96 | | \$17,575.96 | \$210,911.52 |
| FY15 | | \$878.80 | \$18,454.76 | \$221,457.10 |
| FY16 | | \$922.74 | \$19,377.50 | \$232,529.95 |
| FY17 | | \$968.87 | \$20,346.37 | \$244,156.45 |
| FY18 | | \$1,017.32 | \$21,363.69 | \$256,364.27 |
| FY19 | | \$1,068.18 | \$22,431.87 | \$269,182.48 |
| FY20 | | \$1,121.59 | \$23,553.47 | \$282,641.61 |
| FY21 | | \$1,177.67 | \$24,731.14 | \$296,773.69 |
| Additional Authority Amendment #5 | | | | \$1,581,648.45 |
| | | | | |
| Amendment #4-Not to Exceed Amount | | | | \$1,330,626.24 |
| | | | | |
| Amendment #5-New Maximum Contract Amount | | | | \$2,912,274.69 |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14574** Amendment Number: **1**

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? **2014-2020**

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

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % 33% Premium Revenue 67% State Subsidy |

Agency Reference #: RFP #3010

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/09/2013**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **6 years and 358 days**

4. Type of contract: **Contract**

Contract description: **Dental Claims Admin**

5. Purpose of contract:

This is the first amendment to the original contract, which provides dental claims administration. This amendment extends the termination date from June 30, 2017 to June 30, 2020 and increases the maximum amount from \$2,812,000 to \$4,724,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$2,812,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$1,912,000.00 |
| 4. New maximum contract amount: | \$4,724,000.00 |

and/or the termination date of the original contract has changed to: 06/30/2020

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program (PEBP) offers dental coverage as a part of its core benefits package.

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

The state of Nevada does not pay medical or dental claims.

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 #3010, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee and was ratified by the PEPP Board.

d. Last bid date: 01/01/2013 Anticipated re-bid date: 01/01/2020

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 is PEPP's current administrator for medical benefits and administers the HSA and FSA for participants of the program. PEPP 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 | 03/06/2015 10:24:52 AM |
| Division Approval | mstron1 | 03/06/2015 10:24:57 AM |
| Department Approval | cglover | 03/06/2015 10:46:56 AM |
| Contract Manager Approval | mstron1 | 03/06/2015 10:48:52 AM |
| Budget Analyst Approval | jstrandb | 03/17/2015 10:08:24 AM |
| BOE Agenda Approval | cwatson | 03/18/2015 13:14:24 PM |



| | |
|-----------------------------|----|
| Purchasing Use Only: | |
| Approval #: | 69 |

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

| | | | | |
|----------|---|---|--|--|
| 1 | Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below: | | | |
| | State Agency: | Public Employees' Benefits Program (PEBP) | | |
| | Contact Name(s) and Titles: | Megan Sloan | | |
| | Telephone Number(s): | 775-684-7020 | | |
| | Email Address(s): | msloan@peb.state.nv.us | | |

| | | | | |
|----------|--------------------------------|---|--|--|
| 2 | Contractor Information: | | | |
| | Contractor: | HealthSCOPE Benefits <i>Dental Claims</i> | | |
| | Contact Name: | Mary Catherine Person | | |
| | Address: | 27 Corporate Hill Dr. Little Rock, AR 72205 | | |
| | Phone Number: | 501-218-7513 | | |
| | Email Address: | Mary.person@healthscopebenefits.com | | |

| | | | | | |
|----------|--|-------------|------------|-----------|------------|
| 3 | Ongoing relationship disclosure – List all previous contract information: | | | | |
| | Procurement method: | RFP #3010 | | | |
| | CETS #: | 14574 | | | |
| | Contract "not to exceed amount": | \$2,812,000 | | | |
| | Contract term: | Start date: | 07/09/2013 | End date: | 06/30/2017 |
| | | mm/dd/yy | | mm/dd/yy | |

| | | |
|----------|---|-----------|
| 4 | Procurement method used to award the current contract: | |
| | RFP, solicitation # if applicable: | RFP #3010 |
| | Quote, solicitation # if applicable: | |
| | Waiver, provide number: | |
| | Other: | |

| | | | | | |
|----------|--|-------------|------------|-----------|------------|
| 5 | Current contract information: | | | | |
| | CETS #: | 14574 | | | |
| | Initial contract "not to exceed amount": | \$2,812,000 | | | |
| | Contract term: | Start date: | 07/09/2013 | End date: | 06/30/2017 |
| | | mm/dd/yy | | mm/dd/yy | |

| Amendment information – List all previously approved amendments: | | | | |
|--|--------|--|-----------------------------------|------------------------------|
| 6 | Amd #: | Brief synopsis of what amendment accomplished: | Change in “not to exceed” amount: | Change in end date: mm/dd/yy |
| | | | | |
| | | | | |

| Proposed amendment information: | | | | |
|---------------------------------|--------|--|-----------------------------------|------------------------------|
| 7 | Amd #: | Brief synopsis of what the requested amendment will accomplish | Change in “not to exceed” amount: | Change in end date: mm/dd/yy |
| | 1 | Extend contract, increase contract maximum, | + \$1,912,000 | 06/30/2020 |

| | | | | |
|---|---|--|--|--|
| 8 | What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338): | | | |
| | See attachment | | | |

| | | | | |
|---|---|--|--|--|
| 9 | What are the potential consequences to the State if the contract extension request is denied? | | | |
| | If PEBP were to go out to bid for this service and a new vendor was chosen there would be significant disruption to the plan as currently dental claims are paid by the medical claims administrator. The vendor agreed to keep fees flat for the length of the extension. With possible higher administration fees and implementation costs and factoring in new vendor errors while the plan is loaded into a new system there could be significant costs to the plan and its participants. | | | |

By signing below, I know and understand the proposed contract extension exceeds the State’s policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.



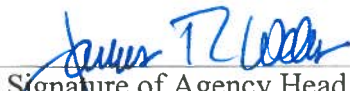
Signature of Agency Representative Initiating Request

Megan Sloan

Print Name of Agency Representative Initiating Request

01-30-2015

Date



Signature of Agency Head Authorizing Request

James R. Wells

Print Name of Agency Head Authorizing Request

01-30-2015

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:

Aug Smith

Administrator, Purchasing Division or Designee

2-4-15

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: 13330 | Amendment Number: 1 |
| Agency Name: PUBLIC EMPLOYEES BENEFITS | Legal Entity Name: HEALTHSCOPE BENEFITS, INC. |
| Agency Code: 950 | Contractor Name: HEALTHSCOPE BENEFITS, INC. |
| Appropriation Unit: 1338-12 | 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? **2013-2020**

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

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % 33% Premium Revenue 67% State Subsidy |

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 **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

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

4. Type of contract: **Contract**

Contract description: **National PPO**

5. Purpose of contract:

This is the first amendment to the original contract, which provides a medical Preferred Provider Organization network for PEBP participants who reside outside of Nevada and for those who live in Nevada but choose to seek medical services out-of-state. This amendment extends the termination date from June 30, 2016 to June 30, 2020 and increases the maximum amount from \$8,900,000 to \$11,900,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-----------------|
| 1. The maximum amount of the original contract: | \$8,900,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$3,000,000.00 |
| 4. New maximum contract amount: | \$11,900,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2020 |

II. JUSTIFICATION

7. What conditions require that this work be done?

PEBP provides medical coverage for its participants, in state and out of state as a part of the standard benefits package offered to active employees and retirees.

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

The State of Nevada does not maintain medical networks.

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen by the evaluation committee and ratified by the PEBP Board for its ability to provide network discounts, beneficial negotiation rates, scope of network availability and noo contract exceptions. This vendor is also PEBP's current Third Party Administrator.

d. Last bid date: 09/01/2006 Anticipated re-bid date: 09/01/2015

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:

HealthSCOPE Benefits is PEBP's current Third Party Administrator, dental claims administrator and FSA 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 | 02/17/2015 13:48:18 PM |
| Division Approval | mstron1 | 02/17/2015 13:48:21 PM |
| Department Approval | cglover | 02/17/2015 17:02:22 PM |
| Contract Manager Approval | mstron1 | 02/18/2015 08:48:39 AM |
| Budget Analyst Approval | jstrandb | 02/26/2015 11:20:03 AM |
| BOE Agenda Approval | cwatson | 03/18/2015 13:11:02 PM |



| | |
|-----------------------------|----|
| Purchasing Use Only: | |
| Approval #: | 71 |

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

| | | | | |
|----------|---|---|--|--|
| 1 | Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below: | | | |
| | State Agency: | Public Employees' Benefits Program (PEBP) | | |
| | Contact Name(s) and Titles: | Megan Sloan | | |
| | Telephone Number(s): | 775-684-7020 | | |
| | Email Address(s): | msloan@peb.state.nv.us | | |

| | | | | |
|----------|--------------------------------|---|--|--|
| 2 | Contractor Information: | | | |
| | Contractor: | HealthSCOPE Benefits <i>National PPO</i> | | |
| | Contact Name: | Mary Catherine Person | | |
| | Address: | 27 Corporate Hill Dr. Little Rock, AR 72205 | | |
| | Phone Number: | 501-218-7513 | | |
| | Email Address: | Mary.person@healthscopebenefits.com | | |

| | | | | | |
|----------|--|-------------|------------|-----------|------------|
| 3 | Ongoing relationship disclosure – List all previous contract information: | | | | |
| | Procurement method: | RFP #1963 | | | |
| | CETS #: | 13330 | | | |
| | Contract "not to exceed amount": | \$8,900,000 | | | |
| | Contract term: | Start date: | 07/01/2012 | End date: | 06/30/2016 |
| | | mm/dd/yy | | mm/dd/yy | |

| | | |
|----------|---|-----------|
| 4 | Procurement method used to award the current contract: | |
| | RFP, solicitation # if applicable: | RFP #1963 |
| | Quote, solicitation # if applicable: | |
| | Waiver, provide number: | |
| | Other: | |

| | | | | | |
|----------|--|-------------|------------|-----------|------------|
| 5 | Current contract information: | | | | |
| | CETS #: | 13330 | | | |
| | Initial contract "not to exceed amount": | \$8,900,000 | | | |
| | Contract term: | Start date: | 07/01/2012 | End date: | 06/30/2016 |
| | | mm/dd/yy | | mm/dd/yy | |

| Amendment information – List all previously approved amendments: | | | | |
|--|--------|--|-----------------------------------|------------------------------|
| 6 | Amd #: | Brief synopsis of what amendment accomplished: | Change in “not to exceed” amount: | Change in end date: mm/dd/yy |
| | | | | |
| | | | | |

| Proposed amendment information: | | | | |
|---------------------------------|--------|--|-----------------------------------|------------------------------|
| 7 | Amd #: | Brief synopsis of what the requested amendment will accomplish | Change in “not to exceed” amount: | Change in end date: mm/dd/yy |
| | 1 | Extend contract, increase contract maximum, | + \$3,000,000 | 06/30/2020 |

| | | | | |
|---|---|--|--|--|
| 8 | What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338): | | | |
| | See attachment | | | |

| | | | | |
|---|--|--|--|--|
| 9 | What are the potential consequences to the State if the contract extension request is denied? | | | |
| | If PEBP were to go out to bid for this service and a new vendor was chosen there would be substantial disruption to the plan and its participant’s continuum of care. HealthSCOPE provides provider negotiations, Centers of Excellence network pricing for organ transplants and bariatric surgeries all at a substantial savings to the plan. Provider pricing transparency will be lost. HealthSCOPE has agreed to keep the per participant per month costs flat for the extension. | | | |

By signing below, I know and understand the proposed contract extension exceeds the State’s policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.


Signature of Agency Representative Initiating Request

Megan Sloan
Print Name of Agency Representative Initiating Request

01-30-2015
Date


Signature of Agency Head Authorizing Request

James R. Wells
Print Name of Agency Head Authorizing Request

01-30-2015
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:

Hug Smith

Administrator, Purchasing Division or Designee

2-4-15

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: 11825 | Amendment Number: 1 |
| 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: Mary Catherine Person 501/218-7810 |
| | Vendor No.: T29028424 |
| | NV Business ID: NV20011223201 |

To what State Fiscal Year(s) will the contract be charged? **2011-2020**

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

| | | | |
|---------------|--------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % 33% Premium Revenue 67% State Subsidy |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/08/2011**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **9 years and 144 days**

4. Type of contract: **Contract**

Contract description: **TPA**

5. Purpose of contract:

This is the first amendment to the original contract, which provides Third Party Administrator services to the PEBP plan. This amendment extends the termination date from June 30, 2016 to June 30, 2020 and increases the maximum amount from \$29,500,000 to \$46,100,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-----------------|
| 1. The maximum amount of the original contract: | \$29,500,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$16,600,000.00 |
| 4. New maximum contract amount: | \$46,100,000.00 |
| and/or the termination date of the original contract has changed to: | 06/30/2020 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program requires a Third Party Administrator to process medical, dental and vision health claims for the self funded PPO Plan.

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 and PEBP does not have the infrastructure to support such a large project.

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

This vendor received the highest score from the evaluation committee and was ratified by the PEBP Board. Criteria included ability to perform required functions, cost, conformance with the terms of the RFP.

d. Last bid date: 10/01/2010 Anticipated re-bid date: 10/01/2015

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:

HealthSCOPE Benefits currently provides PEBP's third party administrator services, voluntary flexible spending account (FSA) administration and provides the national PPO medical network.

13. Is the contractor currently involved in litigation with the State 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 | 03/02/2015 10:20:12 AM |
| Division Approval | mstron1 | 03/02/2015 10:20:14 AM |
| Department Approval | cglover | 03/02/2015 11:10:09 AM |
| Contract Manager Approval | mstron1 | 03/02/2015 11:15:25 AM |
| Budget Analyst Approval | jstrandb | 03/03/2015 09:51:04 AM |
| BOE Agenda Approval | cwatson | 03/18/2015 13:13:05 PM |



RECEIVED

MAR 02 2015

DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

Brian Sandoval
 Governor
 Julia Teska
 Director
 Greg Smith
 Administrator

| | |
|-----------------------------|----|
| Purchasing Use Only: | |
| Approval #: | 68 |

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

| | | | | |
|---|---|---|--|--|
| 1 | Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below: | | | |
| | State Agency: | Public Employees' Benefits Program (PEBP) | | |
| | Contact Name(s) and Titles: | Megan Sloan | | |
| | Telephone Number(s): | 775-684-7020 | | |
| | Email Address(s): | msloan@peb.state.nv.us | | |

| | | | | |
|---|--------------------------------|---|--|--|
| 2 | Contractor Information: | | | |
| | Contractor: | HealthSCOPE Benefits TPA | | |
| | Contact Name: | Mary Catherine Person | | |
| | Address: | 27 Corporate Hill Dr. Little Rock, AR 72205 | | |
| | Phone Number: | 501-218-7513 | | |
| | Email Address: | Mary.person@healthscopebenefits.com | | |

| | | | | |
|---|--|--------------|------------|-----------|
| 3 | Ongoing relationship disclosure – List all previous contract information: | | | |
| | Procurement method: | RFP #1893 | | |
| | CETS #: | 11825 | | |
| | Contract "not to exceed amount": | \$29,500,000 | | |
| | Contract term: | Start date: | 02/08/2011 | End date: |
| | | mm/dd/yy | | mm/dd/yy |

| | | |
|---|---|-------|
| 4 | Procurement method used to award the current contract: | |
| | RFP, solicitation # if applicable: | #1893 |
| | Quote, solicitation # if applicable: | |
| | Waiver, provide number: | |
| | Other: | |

| | | | | |
|---|--|--------------|------------|-----------|
| 5 | Current contract information: | | | |
| | CETS #: | 11825 | | |
| | Initial contract "not to exceed amount": | \$29,500,000 | | |
| | Contract term: | Start date: | 02/08/2011 | End date: |
| | | mm/dd/yy | | mm/dd/yy |

| Amendment information – List all previously approved amendments: | | | |
|--|--------|--|------------------------------|
| 6 | Amd #: | Brief synopsis of what amendment accomplished: | Change in end date: mm/dd/yy |
| | | | |
| | | | |

| Proposed amendment information: | | | |
|---------------------------------|--------|---|------------------------------|
| 7 | Amd #: | Brief synopsis of what the requested amendment will accomplish | Change in end date: mm/dd/yy |
| | 1 | <i>Extend contract, increase contract maximum, bonus structure for exceeding performance guarantees</i> | <i>+\$16,600,000</i> |
| | | | <i>06/30/2020</i> |

| | |
|---|---|
| 8 | What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338): <i>See attachment</i> |
|---|---|

| | |
|---|---|
| 9 | What are the potential consequences to the State if the contract extension request is denied? If PEBP were to go out to bid for this service and a new vendor was chosen there would be substantial disruption to the plan and its participants as the learning curve to correctly pay PEBP claims is approximately 2 years. HealthSCOPE has agreed to keep rates flat for the length of the extension and have generated several million dollars in savings to the plan with negotiations, subrogation efforts and overpayment recovery. If this contract is not extended PEBP risks paying more for less service, loss of transparency as HealthSCOPE hosts the online provider pricing tool and the long and costly process of implementing a new vendor. |
|---|---|

By signing below, I know and understand the proposed contract extension exceeds the State’s policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.

Megan Sloan
 Signature of Agency Representative Initiating Request

Megan Sloan
 Print Name of Agency Representative Initiating Request

01-30-2015
 Date

James R. Wells
 Signature of Agency Head Authorizing Request

James R. Wells
 Print Name of Agency Head Authorizing Request

01-30-2015
 Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Signed:

Hug Smith

Administrator, Purchasing Division or Designee

2-4-15

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11994** Amendment Number: **2**

Agency Name: **PUBLIC EMPLOYEES BENEFITS** Legal Entity Name: **HOMETOWN HEALTH PLAN, INC.**

Agency Code: **950** Contractor Name: **HOMETOWN HEALTH PLAN, INC.**

Appropriation Unit: **1338-08** Address: **HMO PREMIUM**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-2055**

If "No" please explain: Not Applicable Contact/Phone: null775/982-3181

Vendor No.: T27019413

NV Business ID: NV19871019956

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 % 33% Premium Revenue 67% State Subsidy |

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date 04/2015

Retroactive? **Yes**

If "Yes", please explain

Amendment #2 is retroactive to February 1, 2015, due to a shortfall in the contract authority and a delay in notification from PEBP's accounting staff. PEBP staff has addressed this issue with training in order to avoid this in the future.

3. Previously Approved Termination Date: **06/30/2015**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Northern NV HMO**

5. Purpose of contract:

This is the second amendment to the original contract, which provides a Health Maintenance Organization for Northern Nevada participants of the PEBP program. This amendment increases the maximum amount from \$247,200,000 to \$272,200,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|------------------|
| 1. The maximum amount of the original contract: | \$247,200,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$25,000,000.00 |
| 4. New maximum contract amount: | \$272,200,000.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Access to medical care and services are provided as a benefit to active and retired plan participants.

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?
This vendor was chosen because of its ability to provide health care providers in all of the geographic locations required by PEBP in the RFP and because their pricing was reasonable.

d. Last bid date: 10/01/2010 Anticipated re-bid date: 10/01/2014

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:
Hometown Health is PEBP's current northern Nevada PPO network and PEBP's current northern Nevada HMO. PEBP and PEBP 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 | 02/17/2015 13:39:22 PM |
| Division Approval | mstron1 | 02/17/2015 13:39:25 PM |
| Department Approval | cglover | 02/17/2015 16:46:00 PM |
| Contract Manager Approval | mstron1 | 02/24/2015 09:03:18 AM |
| Budget Analyst Approval | jstrandb | 02/24/2015 14:11:37 PM |
| BOE Agenda Approval | cwatson | 03/18/2015 13:15:39 PM |



BRIAN SANDOVAL
Governor

JAMES R. WELLS, CPA
Executive Officer

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM

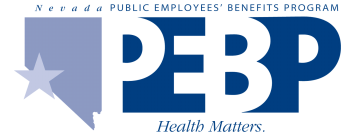
901 S. Stewart Street, Suite 1001

Carson City, Nevada 89701

Telephone (775) 684-7000 · (800) 326-5496

Fax (775) 684-7028

www.pebp.state.nv.us



LEO M. DROZDOFF, P.E.
Board Chairman

Memorandum

DATE: February 17, 2015
TO: Julie Strandberg, Budget Analyst
FROM: Megan Sloan, Management Analyst
SUBJECT: Retroactive Contract Amendment

Attached is a retroactive contract amendment between PEBP and Hometown Health Plan for HMO services for northern Nevada. Because of a shortfall in the contract authority PEBP will be unable to pay premiums due for participants of PEBP who are enrolled in the northern Nevada HMO. The shortfall was identified in February and PEBP initiated the contract amendment as soon as possible.

The reason for the late notification of the shortfall in contract authority has been addressed to prevent this scenario in the future.

Your consideration in approval of this contract amendment is greatly appreciated. If you have any questions or I can be of assistance in any way, please contact me.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16388**

| | |
|--|---|
| Agency Name: BDC LICENSING BOARDS & COMMISSIONS | Legal Entity Name: G L Suite, Inc. |
| Agency Code: BDC | Contractor Name: G L Suite, Inc. |
| Appropriation Unit: B011 - All Categories | Address: G L Soutions P.O. Box 591 |
| Is budget authority available?: Yes | City/State/Zip: Bend, OR 97709 |
| If "No" please explain: Not Applicable | Contact/Phone: null541-312-3662 |
| | Vendor No.: |
| | NV Business ID: NV20101523765 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 % 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 **04/14/2015**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2016**

Contract term: **1 year and 201 days**

4. Type of contract: **Contract**

Contract description: **Licensing Data Base**

5. Purpose of contract:

This is a new contract to replace the Nevada State Contractors Board's existing licensing, enforcement, and cash management system, which has reached the end of its useful life. The replacement system will integrate the Board's licensing, enforcement, and accounting functions; provide detailed enforcement case management, detailed application processes and contractor license maintenance; online services; cash management; and document imaging capabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$850,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Obsolescence of current product which has reached end of support.

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

Complexity of project to develop a licensure and enforcement management database.

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?

G L Solutions' offer best met agency needs in terms of compatibility with business rules, product scalability and adaptability of platform.

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:

Board of Veterinary Medical Examiners 2001 - Board of Accountancy 2000 - State Fire Marshal 2003 - Board of Chiropractic 2003 - Board of Private Investigators 2007 - Board of Occupational Therapy 2009 - Board of Examiners for Alcohol, Drug & Gambling Counselors 2013 - Nevada State Bar 2014 - Board of Cosmetology 2014 - PreBoard of Audiology and Speech Pathology 2013 - Board of Funeral and Cemetery Services 2014 - Board of Dental Examiner 2006 - Present: References have been verified.

13. Is the contractor currently involved in litigation with the State 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 Inc.

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 | 02/24/2015 07:47:53 AM |
| Division Approval | dlumbert | 02/24/2015 07:47:57 AM |
| Department Approval | dlumbert | 02/24/2015 07:48:00 AM |
| Contract Manager Approval | dlumbert | 02/24/2015 07:48:03 AM |
| DoIT Approval | bbohm | 02/24/2015 09:40:38 AM |
| Budget Analyst Approval | ekin4 | 03/16/2015 08:50:09 AM |
| BOE Agenda Approval | nhovden | 03/18/2015 09:33:09 AM |
| BOE Final Approval | Pending | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16337**

| | |
|---|--|
| Agency Name: MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: AMERICAN SEATING COMPANY |
| Agency Code: MSA | Contractor Name: AMERICAN SEATING COMPANY |
| Appropriation Unit: 9999 - All Categories | Address: 401 AMERICAN SEATING CENTER |
| Is budget authority available?: Yes | City/State/Zip: GRAND RAPIDS, MI 49504 |
| If "No" please explain: Not Applicable | Contact/Phone: Randy Herman 563-554-3296 |
| | Vendor No.: PUR00005596 |
| | NV Business ID: NV19881022128 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: 3146

2. Contract start date:

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

Anticipated BOE meeting date 01/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/13/2019**

Contract term: **4 years and 163 days**

4. Type of contract: **MSA**

Contract description: **Educational Furnitur**

5. Purpose of contract:

The purpose of this contract is to establish a Participating Addendum with the Western States Contracting Alliance-National Association of State Purchasing Officers contract for educational furniture led by the State of Utah. This Participating Addendum is for general educational furniture, residential furniture, cafeteria furniture and lecture hall/auditorium furniture.

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 invoice for furniture as needed.

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies, schools and universities require various types of furniture

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

This is a specialized furniture and 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 selected by an evaluation committee based on scored criteria.

d. Last bid date: 06/12/2014 Anticipated re-bid date: 01/01/2019

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 | 02/24/2015 13:04:50 PM |
| Division Approval | ldeloach | 02/24/2015 13:05:00 PM |
| Department Approval | ktarter | 02/27/2015 17:37:12 PM |
| Contract Manager Approval | gburchet | 03/02/2015 08:30:26 AM |
| Budget Analyst Approval | sjohnso9 | 03/05/2015 13:19:00 PM |
| BOE Agenda Approval | sbrown | 03/13/2015 12:03:55 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 CONTRACT

1. Contract Number: **16338**

| | | | |
|---------------------------------|--------------------------------------|--------------------|--|
| Agency Name: | MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: | AMTAB MANUFACTURING CORPORATION |
| Agency Code: | MSA | Contractor Name: | AMTAB MANUFACTURING CORPORATION |
| Appropriation Unit: | 9999 - All Categories | Address: | 652 N. HIGHLAND AVE |
| Is budget authority available?: | Yes | City/State/Zip: | AUROA, IL 60506 |
| If "No" please explain: | Not Applicable | Contact/Phone: | DOSS SAMIKKANNU 630-301-7600 |
| | | Vendor No.: | PUR0005607 |
| | | NV Business ID: | NV20151010242 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: 3146

2. Contract start date:

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

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/13/2019**

Contract term: **4 years and 74 days**

4. Type of contract: **MSA**

Contract description: **Educational Furnitur**

5. Purpose of contract:

The purpose of this contract is to establish a Participating Addendum with the Western States Contracting Alliance-National Association of State Purchasing Officers contract for educational furniture led by the State of Utah. This Participating Addendum is for general educational furniture, residential furniture, cafeteria furniture and lecture hall/auditorium furniture.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Other basis for payment: As invoiced

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies, cities, counties, school districts and universities require various kinds of furniture.

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

This is a specialized furniture and 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 selected by an evaluation committee based on scored criteria.

d. Last bid date: 06/12/2014 Anticipated re-bid date: 01/01/2019

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 | 02/24/2015 13:04:23 PM |
| Division Approval | ldeloach | 02/24/2015 13:04:26 PM |
| Department Approval | ktarter | 02/27/2015 17:37:31 PM |
| Contract Manager Approval | gburchet | 03/02/2015 08:30:04 AM |
| Budget Analyst Approval | sjohnso9 | 03/05/2015 13:46:35 PM |
| BOE Agenda Approval | sbrown | 03/13/2015 12:09:07 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: **16376**

| | | | |
|---------------------------------|--------------------------------------|--------------------|---|
| Agency Name: | MSA MASTER SERVICE AGREEMENTS | Legal Entity Name: | Western States Liquefied Petroleum Gas Co. |
| Agency Code: | MSA | Contractor Name: | Western States Liquefied Petroleum Gas Co. |
| Appropriation Unit: | 9999 - All Categories | Address: | 1207 Water St. |
| Is budget authority available?: | Yes | City/State/Zip: | Elko, NV 89801 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Julie Kraus 775-7535950 |
| | | Vendor No.: | |
| | | NV Business ID: | NV19931084350 |

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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 |

Agency Reference #: RFQ 3064

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2015**

Anticipated BOE meeting date 04/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2016**

Contract term: **292 days**

4. Type of contract: **MSA**

Contract description: **Bulk Fuel Purchase**

5. Purpose of contract:

This is a new contract for bulk fuel and delivery services statewide, on an as-needed basis for state-owned tanks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have the need for bulk fuel and delivery services.

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

The State does not employ bulk fuel and delivery services for the State.

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 RFQ 3064 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 21 vendors selected by the appointed eval. committee.

d. Last bid date: Anticipated re-bid date: 10/01/2015

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:
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 | sberry | 02/25/2015 08:55:04 AM |
| Division Approval | sberry | 02/25/2015 08:55:06 AM |
| Department Approval | sberry | 02/25/2015 08:55:08 AM |
| Contract Manager Approval | nfese1 | 02/26/2015 11:21:27 AM |
| Budget Analyst Approval | sjohnso9 | 03/10/2015 10:42:30 AM |
| BOE Agenda Approval | sbrown | 03/13/2015 12:12:10 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: **16366**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: PREMIER JANITORIAL MANAGEMENT |
| Agency Code: 082 | Contractor Name: PREMIER JANITORIAL MANAGEMENT |
| Appropriation Unit: 1349-12 | Address: 3579 US HIGHWAY 50 STE 306 |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89701-2826 |
| If "No" please explain: Not Applicable | Contact/Phone: 888/988-7736 |
| | Vendor No.: T27030039 |
| | NV Business ID: NV20101175503 |

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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

| | | | | |
|---------------|--------|----------|---------------|--|
| General Funds | 0.00 % | X | Fees | 100.00 % Building and Grounds Rent Income Fee |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/19/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/07/2015**

Contract term: **168 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Service**

5. Purpose of contract:

This is a new contract that continues going janitorial services to the Blasdel Building located at 209 East Musser Street, Carson City, Nevada

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,727.00**

Payment for services will be made at the rate of \$2,024.00 per month

Other basis for payment: with \$1,000.00 for extra services as needed

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide a safe, clean healthy work environment for state employees-upkeep of the buildings is vital to the integrity of the buildings.

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

not enough 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):

Enterprise Janitorial
McNeils Inc.
Premier Janitorial Management

b. Solicitation Waiver: **Not Applicable**

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

They were the lowest bidder of the three companies to bid.

d. Last bid date: 02/10/2015 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?

No If "Yes", specify 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:

Cheryl Warren, Custodial Supervisor Ph:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csweeney | 02/13/2015 10:31:35 AM |
| Division Approval | csweeney | 02/13/2015 10:31:39 AM |
| Department Approval | csweeney | 02/13/2015 10:31:41 AM |
| Contract Manager Approval | ssands | 02/17/2015 09:42:28 AM |
| Budget Analyst Approval | jrodrig9 | 02/19/2015 10:15:40 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: **16367**

| | |
|---|---|
| Agency Name: ADMIN - 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 17445 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89511 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/691-2939 |
| | Vendor No.: T29025484A |
| | NV Business ID: NV20141642364 |

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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

| | | | | |
|---------------|--------|----------|---------------|---|
| General Funds | 0.00 % | X | Fees | 100.00 % Building and Grounds 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 final approval? **No** or b. other effective date **02/19/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2015**

Contract term: **161 days**

4. Type of contract: **Contract**

Contract description: **Janitorial services**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services to the Bryan Building located at 901 S. Stewart Street, Carson City, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,872.00**

Payment for services will be made at the rate of \$9,774.46 per month

Other basis for payment: \$1,000 for extra services as needed.

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide a safe, clean and healthy work environment for state employees - upkeep of the buildings is vital to the integrity of the buildings

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):

Premier Janitorial Management
McNeils Inc
Enterprise Janitorial Services

b. Solicitation Waiver: **Not Applicable**

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

Lowest bidder of the three to bid

d. Last bid date: 02/10/2015 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?

No If "Yes", specify 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:

Cheryl Warren, Custodial Supervisor Ph: 684-1800

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csweeney | 02/17/2015 09:10:32 AM |
| Division Approval | csweeney | 02/17/2015 09:10:35 AM |
| Department Approval | csweeney | 02/17/2015 09:10:39 AM |
| Contract Manager Approval | ssands | 02/17/2015 09:21:00 AM |
| Budget Analyst Approval | jrodrig9 | 02/19/2015 10:44:39 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16380**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: GFDS NV 1 LLC |
| Agency Code: 082 | Contractor Name: GFDS NV 1 LLC |
| Appropriation Unit: 1558-57 | Address: 11811 N. Tatum Blvd., Ste. 303 |
| Is budget authority available?: Yes | City/State/Zip: Phoenix, AZ 85028 |
| If "No" please explain: Not Applicable | Contact/Phone: (602) 953-78 |
| | Vendor No.: |
| | NV Business ID: NV20131357075 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 #: 109178

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/02/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years and 120 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional Engineering services for the feasibility study and potential design, financing, construction and management of Government Facilities; Project No. 13-S04; Contract No. 109178. Specifically, the project will address the needs for three new office buildings approximately 360,000 square feet in size with an estimated two-thirds located in Carson City and one-third of the square footage located in Las Vegas. The scope of work includes a strategic analysis to facilitate implementation of the Master Plan; consideration of existing Nevada lease rates and terms along with an analysis of Nevada's programming needs for the Department of Health and Human Services and Nevada Department of Business and Industry; and documentation of the underlying assumptions used in all calculations and a preliminary analysis of Nevada's immediate facility needs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 CIP

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

Professional Services are provided by 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:

Chris Chimits, project manager Ph: 775-684-4141

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 02/26/2015 15:54:31 PM |
| Division Approval | dgrimm | 02/26/2015 15:54:34 PM |
| Department Approval | dgrimm | 02/26/2015 15:54:36 PM |
| Contract Manager Approval | dgrimm | 02/26/2015 16:04:42 PM |
| Budget Analyst Approval | jrodrig9 | 03/02/2015 13:55:47 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: **16389**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: WATERS SEPTIC TANK SERVICE DBA |
| Agency Code: 082 | Contractor Name: WATERS SEPTIC TANK SERVICE DBA |
| Appropriation Unit: 1349-12 | Address: WATERS VACUUM TRUCK SERVICE PO BOX 18160 |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89511 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/825-1595 |
| | Vendor No.: T80206180A |
| | NV Business ID: NV19781005671 |

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

| | | | | |
|---------------|--------|----------|---------------|--|
| General Funds | 0.00 % | X | Fees | 100.00 % Building & Grounds rental fee income |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **08/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Plumbing services**

5. Purpose of contract:

This is a new contract for the ongoing provision of plumbing and sewer lines, hydro flushing, video inspection and vacuum truck services 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: **\$25,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Plumbing in the buildings must be maintained in a safe and sanitary manner - work is beyond journey level plumbing.

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

Lack of manpower and expertise.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Per SAM 0338.0 each contractor will be contacted to submit bids on projects. Waters Septic Tank Service is a Nevada Public Works Board Contractor. Pursuant to NRS 338.13862, Buildings and Grounds is using a Public Works Board prequalified bidder.

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2007-2015, Buildings & Grounds, service satisfactory

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

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

Not Applicable

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

JON VIETTI, FACILITY SUPERVISOR 3 Ph: 775-684-1800

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csweeney | 03/12/2015 06:57:47 AM |
| Division Approval | csweeney | 03/12/2015 06:57:50 AM |
| Department Approval | csweeney | 03/12/2015 06:57:53 AM |
| Contract Manager Approval | ssands | 03/12/2015 07:31:44 AM |
| Budget Analyst Approval | jrodrig9 | 03/18/2015 18:23:26 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: **16411**

| | |
|---|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: VALLEY CONCRETE CO INC |
| Agency Code: 082 | Contractor Name: VALLEY CONCRETE CO INC |
| Appropriation Unit: 1349-12 | Address: 601 S 15TH ST |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89431-5606 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/329-0656 |
| | Vendor No.: T27019563 |
| | NV Business ID: NV19761001714 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | | |
|---------------|--------|----------|---------------|--|
| General Funds | 0.00 % | X | Fees | 100.00 % Buildings and Grounds rental income fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/19/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Concrete Work**

5. Purpose of contract:

This is a new contract to provide for concrete work, replacement and repairs as requested and approved by Buildings and Grounds designee.

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?

Deteriorating, up-heaving concrete poses a safety issue-work is beyond journey level masonry expertise and equipment.

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

Lack of manpower and expertise.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Contracts are bid projects and emergency services. One of multiple contracts for concrete work on file. Per SAM338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: **02/09/2015** Anticipated re-bid date: **02/09/2019**

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:

Jon Vietti, Facility Supervisor 3 Ph: 775-684-1800

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csweeney | 03/18/2015 15:26:35 PM |
| Division Approval | csweeney | 03/18/2015 15:26:39 PM |
| Department Approval | csweeney | 03/18/2015 15:26:46 PM |
| Contract Manager Approval | ssands | 03/19/2015 07:25:07 AM |
| Budget Analyst Approval | jrodrig9 | 03/19/2015 17:18:38 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16422**

| | |
|--|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: FARR WEST ENGINEERING DBA |
| Agency Code: 082 | Contractor Name: FARR WEST ENGINEERING DBA |
| Appropriation Unit: 1366-10 | Address: FARR WEST CHILTON ENGINEERING 5442 LONGLEY LN STE A |
| Is budget authority available?: No | City/State/Zip: RENO, NV 89511-3297 |
| If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will be Account 1366 Marlette Lake, expenditure category 10, Operating pumping pass through. | Contact/Phone: 775/851-4788 |
| | Vendor No.: T81102795 |
| | NV Business ID: NV20011242988 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | |
|---------------|--------|------------------------|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Agency funded CIP - Operating Utilities Pass Through Revenue |

Agency Reference #: 109233

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/10/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years and 113 days**

4. Type of contract: **Contract**

Contract description: **Misc Serv Agr**

5. Purpose of contract:

This is a new contract, which provides miscellaneous services for field inspection services for air box and air release improvements at the Marlette Lake Water System; Project No. 15-026; Contract No. 109233. The scope of work includes full-time field inspection (3 weeks) during the air-box reconstruction and air release valve installations. The anticipated construction period is estimated at five weeks with the first week dedicated to mobilization and the last week for site cleanup, punch list items and demobilization.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,800.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 Agency CIP

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

This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will be Account 3650, Marlette Lake; expenditure category 10,

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done 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:

Dan Daily, project manager Ph: 775-684-4141

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 03/05/2015 16:08:50 PM |
| Division Approval | dgrimm | 03/05/2015 16:08:54 PM |
| Department Approval | dgrimm | 03/05/2015 16:08:56 PM |
| Contract Manager Approval | dgrimm | 03/05/2015 16:15:31 PM |
| Budget Analyst Approval | jrodrig9 | 03/10/2015 20:00:37 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16429**

| | |
|---|---|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION | Legal Entity Name: SILVER STATE GLASS & MIRROR CO |
| Agency Code: 082 | Contractor Name: SILVER STATE GLASS & MIRROR CO |
| Appropriation Unit: 1349-12 | Address: INC DBA SILVER STATE GLASS 2825 FREMONT STE 200 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89104 |
| If "No" please explain: Not Applicable | Contact/Phone: 702/382-1400 |
| | Vendor No.: PUR0005419 |
| | NV Business ID: NV19551000141 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | | | |
|---------------|--------|----------|---------------|-----------------|--|
| General Funds | 0.00 % | X | Fees | 100.00 % | Buildings & Grounds 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 final approval? **No** or b. other effective date **03/19/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Glass/window repair**

5. Purpose of contract:

This is a new contract that continues ongoing repair and maintenance of glass and mirrors for various state owned buildings 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: **\$30,000.00**

Other basis for payment: Hourly rate of \$85.00, 8:00 am to 3:30 pm; overtime rate of \$128.00 per hour after 3:30 pm. \$175 per hour for weekends and holidays; materials are cost plus 30%; additional costs for sky lift equipment

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be maintained in a safe and secure manner. Window and door replacement require the expertise beyond journey level, equipment and manpower that B&G does not have.

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

Lack of expertise 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):

Silver State Glass & Mirror
Western States Door Controls
Vortex Industries

b. Solicitation Waiver: **Not Applicable**

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

One of multiple contracts for window/mirror/glass services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 12/01/2014 Anticipated re-bid date: 12/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2008-2014, Buildings & Grounds, Service Satisfactory

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

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

Not Applicable

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

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:

Doug Hartwell, Facility Manager Ph: 702-486-4300

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csweeney | 03/18/2015 15:25:26 PM |
| Division Approval | csweeney | 03/19/2015 07:43:38 AM |
| Department Approval | csweeney | 03/19/2015 07:43:41 AM |
| Contract Manager Approval | ssands | 03/19/2015 07:44:12 AM |
| Budget Analyst Approval | jrodrig9 | 03/19/2015 17:19:42 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: **16442**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Agency Code: **082**

Appropriation Unit: **1366-10**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Douglas Co Community Sevices/Parks and Recreation - Weed Control

Contractor Name: **Douglas Co Community Sevices/Parks and Recreation - Weed Control**

Address: **1327 WATERLOO LANE**

City/State/Zip: **GARDNERVILLE, NV 89410**

Contact/Phone: CRAIG BURNSIDE 775-782-9828

Vendor No.: T40174400X

NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | | |
|---------------|--------|----------|---------------|--|
| General Funds | 0.00 % | X | Fees | 100.00 % Operating Utilities Pass-Thru Revenues |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/19/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 288 days**

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

Contract description: **Weed Control**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing weed control to Marlette and Hobart Dam and Yard.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,203.98**

II. JUSTIFICATION

7. What conditions require that this work be done?

Roads/access/system areas must be maintained in a safe manner.

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?

This is a Interlocal 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:

10/14/2013 to 12/31/14, Water Department, performance 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:

Jerry Walker, Water Manager Ph: 775-684-1800

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | csweeney | 03/18/2015 15:27:32 PM |
| Division Approval | csweeney | 03/18/2015 15:27:35 PM |
| Department Approval | csweeney | 03/18/2015 15:27:37 PM |
| Contract Manager Approval | ssands | 03/19/2015 07:26:14 AM |
| Budget Analyst Approval | jrodrig9 | 03/19/2015 17:11:30 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: **16479**

| | |
|--|--|
| Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1590-15 Is budget authority available?: Yes If "No" please explain: Not Applicable | Legal Entity Name: FARR WEST ENGINEERING DBA Contractor Name: FARR WEST ENGINEERING DBA Address: FARR WEST CHILTON ENGINEERING 5442 LONGLEY LN STE A RENO, NV 89511-3297 City/State/Zip: Contact/Phone: 775/851-4788 Vendor No.: T81102795 NV Business ID: NV20011242988 |
|--|--|

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: 109264

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/20/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years and 103 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Stewart Indian Colony intertie backflow preventer; Project No. 09-M02a; Contract No. 109264. The scope of work includes providing design plans and technical specifications for an intertie backflow preventer, field verification of the property boundary, ensuring all design improvements are within State Lands property and survey locations of the existing pipe. The scope of work also includes providing engineering and construction management services during construction of the improvements and providing construction surveying.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,880.00**

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

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?

No If "Yes", specify 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:

Ken Scarbrough, project manager Ph: 775-684-4119

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dgrimm | 03/19/2015 14:03:05 PM |
| Division Approval | dgrimm | 03/19/2015 14:03:08 PM |
| Department Approval | dgrimm | 03/19/2015 15:27:22 PM |
| Contract Manager Approval | dgrimm | 03/19/2015 15:59:54 PM |
| Budget Analyst Approval | jrodrig9 | 03/20/2015 13:07:41 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: **16414**

| | |
|---|--|
| Agency Name: DTCA - COMMISSION ON TOURISM Agency Code: 101 Appropriation Unit: 1522-31 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2015 | Legal Entity Name: CARSON VALLEY VISITORS Contractor Name: CARSON VALLEY VISITORS AUTHORITY Address: 1477 US HIGHWAY 395 STE C GARDNERVILLE, NV 89410 City/State/Zip: GARDNERVILLE, NV 89410 Contact/Phone: AJ FRELS 775/782-8145 Vendor No.: T80961158 NV Business ID: NV20141770222 |
|---|--|

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding 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 final approval? **No** or b. other effective date **03/09/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/17/2015**

Contract term: **39 days**

4. Type of contract: **Contract**

Contract description: **Rural Rndp Conf Site**

5. Purpose of contract:

This is a new contract with Carson Valley Visitors Authority to provide facilities services (accommodations, food and beverage, convention center space, etc.) for the 2015 Rural Roundup Conference to be held in Gardnerville, Nevada April 15 - 17, 2015.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Other basis for payment: Payment to be made based on actual costs upon submission of final itemized billings.

II. JUSTIFICATION

7. What conditions require that this work be done?

Each year the agency selects a rural community in which to hold the annual Rural Roundup conference. It is necessary for the conference to be held at a location that can provide lodging for participants, meeting space for general sessions attended by all registered conferees, rooms for 4 concurrent breakout sessions that can accommodate 50 conferees each, and food and beverage for approximately 250 attendees. In addition, the vendor will make arrangements for the opening reception the first day of the conference and for two Familiarization Tours to take place the last day of the conference showcasing cultural tourism and agritourism in the Carson Valley area.

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 Division of Tourism or any other State agency that can provide convention center space, meals, refreshments, and related services.

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

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

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

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

Approval #: 150102

Approval Date: 01/21/2015

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

In the Carson Valley area, the Carson Valley Visitors Authority is the only local tourism entity who is able to coordinate and provide all of the services needed in order to put on a conference of this size.

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 | amathies | 03/05/2015 13:20:20 PM |
| Division Approval | amathies | 03/05/2015 13:20:27 PM |
| Department Approval | amathies | 03/05/2015 13:20:31 PM |
| Contract Manager Approval | amathies | 03/09/2015 15:05:34 PM |
| Budget Analyst Approval | tgreenam | 03/09/2015 15:06:59 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: 14982 | Amendment Number: 1 |
| Agency Name: ADMIN - ENTERPRISE IT SERVICES | Legal Entity Name: RENO TAHOE FRANCHISING INC |
| Agency Code: 180 | Contractor Name: RENO TAHOE FRANCHISING INC |
| Appropriation Unit: 1385-07 | Address: DBA JANI KING OF RENO |
| Is budget authority available?: No | City/State/Zip: RENO, NV 89502 |
| If "No" please explain: Contingent upon work program | Contact/Phone: VAUGHN PARKS 775/323-1600 |
| | Vendor No.: T29026876 |
| | NV Business ID: NV20051738893 |

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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

Agency Reference #: **RFP #2050**

2. Contract start date:
a. Effective upon final approval? **No** or b. other effective date **12/01/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **11/30/2017**

Contract term: **4 years**

4. Type of contract: **Contract**
Contract description: **Janitorial Services**

5. Purpose of contract:
This is the first amendment to the original contract, which continues ongoing janitorial services for the Enterprise Information Technology Services Computer Facility. The amendment increases the maximum amount from \$100,000 to \$116,410 due to the addition of carpet and floor cleaning.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$100,000.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$16,410.00 |
| 4. New maximum contract amount: | \$116,410.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?
The building is occupied and requires daily cleaning and sanitizing.

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

9. Were quotes or proposals solicited? **Yes**
Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #2050 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/16/2013 Anticipated re-bid date: 07/15/2017

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:

DMV in Carson City, vendor 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 | Imartin9 | 02/19/2015 09:15:03 AM |
| Division Approval | Imartin9 | 02/19/2015 09:15:08 AM |
| Department Approval | Imartin9 | 02/19/2015 09:15:11 AM |
| Contract Manager Approval | Imartin9 | 02/19/2015 09:18:40 AM |
| Budget Analyst Approval | sewart | 02/23/2015 08:25:01 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: **16406**

| | |
|--|---|
| Agency Name: ADMIN - ENTERPRISE IT SERVICES | Legal Entity Name: SOLUTIONS II INC |
| Agency Code: 180 | Contractor Name: SOLUTIONS II INC |
| Appropriation Unit: 1405-26 | Address: 8822 S RIDGELINE BLVD STE 205 |
| Is budget authority available?: Yes | City/State/Zip: LITTLETON, CO 80129-2334 |
| If "No" please explain: Not Applicable | Contact/Phone: Daniel Goggiano 303/796-8393 |
| | Vendor No.: PUR0001838 |
| | NV Business ID: NV20101521185 |
| To what State Fiscal Year(s) will the contract be charged? 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 % Allocation |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **110 days**

4. Type of contract: **Contract**

Contract description: **DPS Hardware Move**

5. Purpose of contract:

This is a new contract to provide professional services to support the physical move/relocation of State of Nevada, Department of Public Safety's production Spillman Technologies and IBM hardware from the Carson City, Wright Way facility to the Enterprise Information Technology Services Facility in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,488.94**

II. JUSTIFICATION

7. What conditions require that this work be done?

As part of the Department of Public Safety consolidation project, these pieces of hardware must be physically moved to the Enterprise Information Technology Services facility location.

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

Under the direction of Solutions II, Spillman and IBM are required to move the hardware or the warranty will be void.

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

Was the solicitation (RFP) done 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?

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. Essentially, these ongoing requirements are contemplated as a 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. This does not exempt an agency from following any other process that may be required (i.e. RXQ entries into Advantage, agency specific approvals or authorizations, etc.).

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:

07/01/14-06/30/16 for Enterprise Information Technology Services - Satisfactory

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

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

Not Applicable

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

Catherine Krause, Chief IT Manager, Contract Monitor Ph: 775-684-4726
Lynda Bashor, PO1, Contract Manager Ph: 775-684-0241

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | lmartin9 | 03/04/2015 09:32:08 AM |
| Division Approval | lmartin9 | 03/04/2015 09:32:11 AM |
| Department Approval | lmartin9 | 03/04/2015 09:32:15 AM |
| Contract Manager Approval | lmartin9 | 03/04/2015 09:32:18 AM |
| DoIT Approval | bbohm | 03/05/2015 06:18:07 AM |
| Budget Analyst Approval | sewart | 03/12/2015 14:06:28 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: **16351**

Agency Name: **OFFICE OF VETERANS SERVICES**
 Agency Code: **240**
 Appropriation Unit: **2561-07**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Pyro Combustion & Controls Inc.**
 Contractor Name: **Pyro Combustion & Controls Inc.**
 Address: **2969 S. Highland Dr.**
 City/State/Zip: **Las Vegas, NV 89109**
 Contact/Phone: **Annie Caraboolad 702-384-7976**
 Vendor No.: **T27010089**
 NV Business ID: **NV20041406870**
 To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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

| | | | |
|------------------------|----------------|------------------------|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 50.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 50.00 % 50% Private Funds, 50% Federal |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 332 days**

4. Type of contract: **Contract**

Contract description: **Boiler Maintenance**

5. Purpose of contract:

This is a new contract to provide boiler maintenance and annual cleaning for the boilers at the Nevada State Veterans Home. This is a 2-year contract with an option for an additional 2 years.

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 \$2,840.00 per annual maintenance

Other basis for payment: plus other parts and labor

II. JUSTIFICATION

7. What conditions require that this work be done?

Boilers that create hot water for the Home must have annual maintenance and cleaning in order to perform properly. Previous vendors performing this work have not been able to maintain the boilers.

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

No State employees with experience in this area are available.

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):

Southland Industries - Las Vegas, NV
 Pyro Combustion and Controls - Las Vegas, NV
 Johnson Controls - Las Vegas, NV

b. Solicitation Waiver: **Not Applicable**

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

Best price and best experience with the type of boilers that the Home has installed.

d. Last bid date: 12/30/2014 Anticipated re-bid date: 12/31/2016

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?

No If "Yes", specify 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:

Robert Robinson, Facility Supervisor Ph: 702-332-6751

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | agarland | 02/19/2015 11:41:44 AM |
| Division Approval | agarland | 02/19/2015 11:41:47 AM |
| Department Approval | agarland | 02/19/2015 11:41:50 AM |
| Contract Manager Approval | mnobles | 02/19/2015 14:04:31 PM |
| Budget Analyst Approval | ekin4 | 03/06/2015 11:11:20 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|--|
| 1. Contract Number: 13915 | Amendment Number: 1 |
| Agency Name: NEVADA STATE LIBRARY AND ARCHIVES | Legal Entity Name: LAS VEGAS PRESORT LLC |
| Agency Code: 332 | Contractor Name: LAS VEGAS PRESORT LLC |
| Appropriation Unit: 1346-10 | Address: 3655 E PATRICK LN STE 300 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89120 |
| If "No" please explain: Not Applicable | Contact/Phone: Robert Rivera 702/320-0450 |
| | Vendor No.: T29009519 |
| | NV Business ID: NV20061772395 |

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 % Contractor to receive rebate from the United States Post Office |

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **01/01/2013**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **12/31/2016**
 Termination Date:
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **Presort LV mail svc**

5. Purpose of contract:
This is the first amendment to the original contract, which continues ongoing First Class Presort/Prebarcode Mail Services for all mail not presorted within the Nevada State Mail System and any other agencies or political subdivision that may require this service. This amendment increases the maximum amount by \$14,400.00 from \$9,900.00 to 24,300.00 to support contract through December 31, 2016.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,900.00 |
| 2. Total amount of any previous contract amendments: | \$0.00 |
| 3. Amount of current contract amendment: | \$14,400.00 |
| 4. New maximum contract amount: | \$24,300.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?
Provides first class presort/prebarcode services for the State Mail Service.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Only vendor that responded.

d. Last bid date: 10/16/2012 Anticipated re-bid date: 10/16/2014

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:

Mail Services - satisfactory

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

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

Not Applicable

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

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 | csweeney | 03/03/2015 08:08:00 AM |
| Division Approval | csweeney | 03/03/2015 08:08:03 AM |
| Department Approval | csweeney | 03/03/2015 08:08:07 AM |
| Contract Manager Approval | csweeney | 03/03/2015 08:08:15 AM |
| Budget Analyst Approval | sewart | 03/05/2015 09:39:02 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|---|
| 1. Contract Number: 13452 | Amendment Number: 2 |
| Agency Name: AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: FINGERPRINTING PROS INC |
| Agency Code: 402 | Contractor Name: FINGERPRINTING PROS INC |
| Appropriation Unit: 3151-04 | Address: 2620 S MARYLAND PKWY STE 17 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89109 |
| If "No" please explain: Not Applicable | Contact/Phone: ANTHONY CARRILLO 702/734-2665 |
| | Vendor No.: T27006696 |
| | NV Business ID: NV20031514455 |

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 | 22.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> | Federal Funds | 78.00 % | Bonds | 0.00 % |
| | Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:
a. Effective upon final approval? **No** or b. other effective date **05/23/2012**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2015**
Contract term: **4 years**

4. Type of contract: **Contract**
Contract description: **Specialty Services**

5. Purpose of contract:

This is the second amendment to the original contract, which continues ongoing fingerprint services to grant program volunteers. This amendment extends the termination date from May 31, 2015 to May 22, 2016 and increases the maximum amount from \$9,999 to \$15,000 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: | \$5,001.00 |
| 4. | New maximum contract amount: | \$15,000.00 |
| | and/or the termination date of the original contract has changed to: | 05/22/2016 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Complete background checks must be conducted on volunteers working in positions of trust in order to protect the interest of the community, the agency and to maintain compliance with HIPAA regulations.

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

Staff lack the expertise and the required equipment. NRS does not authorize State agencies to conduct fingerprints for volunteers.

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):

BURTON STUDIOS
PSI EXAMINATION SERVICES
FINGERPRINTING PROS INC.

b. Solicitation Waiver: **Not Applicable**

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

They were the only vendor to submit a proposal.

d. Last bid date: 02/24/2012 Anticipated re-bid date: 02/28/2013

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:

Current ongoing contract with ADSD from May 2012-Satisfactory

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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 | Igoulart | 02/04/2015 15:36:40 PM |
| Division Approval | Igoulart | 02/11/2015 10:00:35 AM |
| Department Approval | ecrecli | 02/17/2015 14:44:45 PM |
| Contract Manager Approval | jpruneau | 02/19/2015 09:10:44 AM |
| Budget Analyst Approval | knielsen | 02/26/2015 15:51:25 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16322**

| | | | |
|---------------------------------|--|--------------------|--|
| Agency Name: | DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: | ANTHEM INSURANCE COMPANIES INC |
| Agency Code: | 402 | Contractor Name: | ANTHEM INSURANCE COMPANIES INC |
| Appropriation Unit: | 3156-16 | Address: | MONUMENT CIRCLE BUILDING 220 VIRGINIA AVE INDIANAPOLIS, IN 46204-3709 |
| Is budget authority available?: | Yes | City/State/Zip: | INDIANAPOLIS, IN 46204-3709 |
| If "No" please explain: | Not Applicable | Contact/Phone: | CHRISTINE SWICK 630-360-0576 |
| | | Vendor No.: | T27021696 |
| | | NV Business ID: | NV20071531463 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/26/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/09/2019**

Contract term: **4 years and 12 days**

4. Type of contract: **Contract**

Contract description: **Anthem Insurance**

5. Purpose of contract:

This is a new contract that continues Nevada's ongoing two-part State Pharmaceutical Assistance Program (SPAP), known as Senior Rx and Disability Rx, is authorized by the State Legislature to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: 100% of the low income benchmark for Nevada, as provided by the Centers for Medicare and Medicaid Services (CMS) plus a monthly administrative fee.

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

State employees are not authorized to perform the needed services.

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

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

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

Not Applicable

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

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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 with Aging and Disability Services: Satisfactory

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | Igoulart | 02/04/2015 12:47:01 PM |
| Division Approval | Igoulart | 02/11/2015 10:01:01 AM |
| Department Approval | ecreceli | 02/17/2015 15:33:48 PM |
| Contract Manager Approval | jpruneau | 02/26/2015 10:47:56 AM |
| Budget Analyst Approval | knielsen | 02/26/2015 15:39:43 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16364**

| | |
|---|--|
| Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: QBS INC |
| Agency Code: 402 | Contractor Name: QBS INC |
| Appropriation Unit: 3279-30 | Address: 257 TURNPIKE RD STE 320 |
| Is budget authority available?: Yes | City/State/Zip: SOUTHBOROUGH, MA 01772-1791 |
| If "No" please explain: Not Applicable | Contact/Phone: 508/281-0246 |
| | Vendor No.: T29034782 |
| | NV Business ID: NV20141240237 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 | 53.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 47.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/10/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2017**

Contract term: **1 year and 356 days**

4. Type of contract: **Contract**

Contract description: **Safety Training**

5. Purpose of contract:

This is a new contract to provide training and certification for campus staff members in advanced skills for use in working with individuals who may exhibit self-injurious or violent behaviors. The contract includes annual recertification of the Safety-Care Core Curriculum, High Severity Behavior 1 and High Severity Behavior 2 training and funding for additional training on an as needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,900.00**

Other basis for payment: Upon invoice per contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Residents at Desert Regional Center (Jones Campus) occasionally exhibit self-injurious or violent behaviors. The proposed training will provide campus staff with the necessary specialized skills needed to continue to provide a safe environment for both the residents and staff.

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

State employees are not professional trainers in behavioral safety training.

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

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

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

PCMA Professional Crisis Management
Therapeutic Options, Inc.
QBS Inc.

b. Solicitation Waiver: **Not Applicable**

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

QBS, Inc. was the lowest responsible bidder.

d. Last bid date: 11/21/2014 Anticipated re-bid date: 11/21/2016

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:

Matt Stoll, Residential Director Ph: 702-486-6803

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | dhanse6 | 02/13/2015 14:41:54 PM |
| Division Approval | tmyler | 02/23/2015 11:54:15 AM |
| Department Approval | ecreceli | 03/03/2015 15:44:09 PM |
| Contract Manager Approval | dhanse6 | 03/09/2015 09:49:39 AM |
| Budget Analyst Approval | knielsen | 03/10/2015 10:37:37 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: **16382**

| | |
|---|---|
| Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION | Legal Entity Name: Humboldt County |
| Agency Code: 402 | Contractor Name: Humboldt County |
| Appropriation Unit: 3167-00 | Address: 50 W 5th Street |
| Is budget authority available?: Yes | City/State/Zip: Winnemucca, NV 89445 |
| If "No" please explain: Not Applicable | Contact/Phone: 7756236444 |
| | Vendor No.: |
| | NV Business ID: Governmental Entity |

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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 from County |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

4. Type of contract: **Revenue Contract**

Contract description: **Humboldt County**

5. Purpose of contract:

This is a new revenue contract that continues ongoing service to children with developmental disabilities and provides structure for county reimbursement of the non-federal share of funding as payment for services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Revenue Contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020 Division of Aging and Disability Services (ADSD) is obligated to provide services to children with developmental disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

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

Not applicable. State employees and/or community providers are providing the services for the 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?

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 revenue contract has been ongoing since 2011.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

John Kucera, Management Analyst I Ph: 775 238 3435 x2129

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jkucera | 02/20/2015 12:03:10 PM |
| Division Approval | lgoulart | 02/25/2015 07:52:39 AM |
| Department Approval | ecreceli | 03/03/2015 15:21:57 PM |
| Contract Manager Approval | jpruneau | 03/04/2015 10:26:45 AM |
| Budget Analyst Approval | knielsen | 03/10/2015 10:55:39 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16362**

| | | | |
|---------------------------------|--|--------------------|---|
| Agency Name: | DHHS - PUBLIC AND BEHAVIORAL HEALTH | Legal Entity Name: | IA LLC DBA Innovative Architects LLC |
| Agency Code: | 406 | Contractor Name: | IA LLC DBA Innovative Architects LLC |
| Appropriation Unit: | 3223-26 | Address: | 3122 Hill Street |
| Is budget authority available?: | Yes | City/State/Zip: | Duluth, GA 30096 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Megan Grabowski 770-623-5734 |
| | | Vendor No.: | T32003226 |
| | | NV Business ID: | NV20151021381 |

To what State Fiscal Year(s) will the contract be charged? **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 % Division Cost Allocation (Indirect) |

Agency Reference #: C 14794

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/18/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **104 days**

4. Type of contract: **Contract**

Contract description: **Form Website**

5. Purpose of contract:

This is a new contract to provide a public facing website that would make available administrative forms of the Division of Public and Behavioral Health in a format which allows forms to be completed, downloaded, saved electronically and submitted securely to the division via the internet pursuant to NRS 237.360.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This work is required to establish compliance with NRS 237.360.

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 skills, abilities or resources 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):

Aithent
Thunderhead Licensing
Innovative Architects LLC

b. Solicitation Waiver: **Not Applicable**

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

The vendor has established a satisfactory relationship with the division and other state agencies. Their proposal was also the most cost effective for the product.

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 | alaw1 | 02/12/2015 11:19:27 AM |
| Division Approval | alaw1 | 02/12/2015 11:19:30 AM |
| Department Approval | ecreceli | 02/18/2015 16:49:18 PM |
| Contract Manager Approval | rmorse | 02/20/2015 09:58:58 AM |
| DoIT Approval | bbohms | 02/24/2015 09:39:52 AM |
| Budget Analyst Approval | bberry | 03/18/2015 14:45:52 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|--|
| 1. Contract Number: 13619 | Amendment Number: 5 |
| Agency Name: WELFARE AND SUPPORT SERVICES | Legal Entity Name: HOUSING DIVISION |
| Agency Code: 407 | Contractor Name: HOUSING DIVISION |
| Appropriation Unit: 4862-16 | Address: DEPT OF BUSINESS & INDUSTRY 1535 OLD HOT SPRINGS RD STE 50 CARSON CITY, NV 89706 |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89706 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/687-2049 |
| | Vendor No.: D74426000 |
| | NV Business ID: Gov't Entity |

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 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **10/01/2012**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **09/30/2016**

Termination Date:

Contract term: **4 years**

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

Contract description: **LIHEAP**

5. Purpose of contract:

This is the fifth amendment to the interlocal agreement to provide the Department of Business and Industry, Housing Division, Weatherization Assistance Program (WAP) with 5% of the Low Income Home Energy Assistance Program (LIHEAP) Block Grant funds awarded to Division of Welfare and Supportive Services to help fund WAP for low income families. WAP encourages and enables households to reduce their home energy needs by providing for various energy conservation measures, which decreases the need for energy assistance. This amendment increases the maximum amount from \$2,054,771.70 to \$2,078,977.20 due to the release of FFY15 grant funds under the federal 2015 Consolidated Appropriations Act.

6. CONTRACT AMENDMENT

| | |
|--|----------------|
| 1. The maximum amount of the original contract: | \$1,902,800.00 |
| 2. Total amount of any previous contract amendments: | \$151,971.70 |
| 3. Amount of current contract amendment: | \$24,205.50 |
| 4. New maximum contract amount: | \$2,078,977.20 |

II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS is responsible for the administration of the Low Income Home Energy Assistance Program (LIHEAP) Block Grant. Authorization for this grant is provided under CFR 45 Part 96 and CFR 10 Part 440. DWSS provides the Housing Division with 5% of this grant to help fund the Weatherization Assistance Program for low income families.

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

Department of Business and Industry, Housing Division is a state agency, which provides weatherization assistance to low income families.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done 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:

Contracted with DWSS from October 14, 2008 to current and provide 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 | ewatson | 02/11/2015 10:59:43 AM |
| Division Approval | msmit5 | 02/19/2015 09:22:12 AM |
| Department Approval | ecrecli | 02/23/2015 15:10:58 PM |
| Contract Manager Approval | sneudaue | 02/25/2015 08:25:25 AM |
| Budget Analyst Approval | ekin4 | 03/13/2015 15:04:07 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16385**

| | |
|--|--|
| Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: Dallas Floor Designs LLC |
| Agency Code: 409 | Contractor Name: Dallas Floor Designs LLC |
| Appropriation Unit: 3281-95 | Address: 9738 S Virginia St Ste C |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89511 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-870-1223 |
| | Vendor No.: T27033004 |
| | NV Business ID: NV20131309777 |

To what State Fiscal Year(s) will the contract be charged? **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 final approval? **No** or b. other effective date **03/10/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **112 days**

4. Type of contract: **Contract**

Contract description: **flooring install**

5. Purpose of contract:

This is a new contract to provide new floor covering in the four Family Learning Homes located at Northern Nevada Child and Adolescent Services at 2655 Enterprise Road in Reno.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,904.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The flooring is very worn and due for replacement.

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

The agency does not have staff with the needed 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?

This vendor best meets the needs of the 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 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:

Jason Holm, ASO2 Ph: 688-1658x312

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jmorro5 | 02/23/2015 14:23:07 PM |
| Division Approval | jmorro5 | 02/23/2015 14:23:10 PM |
| Department Approval | ecreceli | 03/02/2015 15:28:28 PM |
| Contract Manager Approval | ihyman | 03/03/2015 11:38:04 AM |
| Budget Analyst Approval | knielsen | 03/10/2015 08:55:02 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16386**

| | |
|--|--|
| Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: Labeeg Building Services Inc |
| Agency Code: 409 | Contractor Name: Labeeg Building Services Inc |
| Appropriation Unit: 3229-07 | Address: 225 Keystone Ave |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89503 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-348-4805 |
| | Vendor No.: T27029360 |
| | NV Business ID: NV20071295199 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | |
|---|----------------|---------------|--------|
| <input checked="" type="checkbox"/> General Funds | 84.00 % | Fees | 0.00 % |
| <input checked="" type="checkbox"/> Federal Funds | 16.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **janitorial services**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services to the child welfare rural region office located in Fernley.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,195.00**

Payment for services will be made at the rate of \$450.00 per month

Other basis for payment: with additional costs for supplies and periodic special cleaning

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are not included in the lease for Fernley.

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

DCFS does not have janitorial staff in Fernley.

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):

FAAD Janitorial Inc
Labeeg Building Services Inc
Executive Cleaning Service LLC

b. Solicitation Waiver: **Not Applicable**

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

This vendor best meet the needs of the 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?

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

Yes, with DCFS 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:

Kelli Weishaupt, SSM3 Ph: 775-423-8566

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | pcolegro | 02/23/2015 14:35:53 PM |
| Division Approval | pcolegro | 02/23/2015 14:35:57 PM |
| Department Approval | ecreceli | 02/24/2015 16:36:24 PM |
| Contract Manager Approval | ihyman | 02/24/2015 17:05:35 PM |
| Budget Analyst Approval | knielsen | 02/27/2015 12:42:35 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16401**

| | |
|--|---|
| Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: Legacy Painting LLC |
| Agency Code: 409 | Contractor Name: Legacy Painting LLC |
| Appropriation Unit: 3281-95 | Address: 870 Deming Way |
| Is budget authority available?: Yes | City/State/Zip: Sparks, NV 89431 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-870-4523 |
| | Vendor No.: T29036043 |
| | NV Business ID: NV20121673967 |

To what State Fiscal Year(s) will the contract be charged? **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 final approval? **No** or b. other effective date **03/11/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **111 days**

4. Type of contract: **Contract**

Contract description: **painting services**

5. Purpose of contract:

This is a new contract to provide painting services at three state-owned buildings housed by Northern Nevada Child and Adolescent Services located at 2655 Enterprise Road in Reno.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,342.00**

Other basis for payment: upon approved invoice that work has been completed

II. JUSTIFICATION

7. What conditions require that this work be done?

State Public Works Board facility condition analysis dated April 2008 recommended work to protect the exterior finishes of buildings A, B, and C within two to three years.

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

No employees with the needed 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):

Vision Design Painting
Legacy Painting

b. Solicitation Waiver: **Not Applicable**

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

The agency conducted an RFP. Only two vendors responded. This vendor best meets the needs of the 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?

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

Yes, with DCFS and 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:
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:

Jason Holm, ASO2 Ph: 688-1658x312

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jmorro5 | 03/02/2015 15:49:16 PM |
| Division Approval | jmorro5 | 03/02/2015 15:49:20 PM |
| Department Approval | ecrecli | 03/09/2015 13:45:46 PM |
| Contract Manager Approval | ihyman | 03/09/2015 15:37:31 PM |
| Budget Analyst Approval | knielsen | 03/11/2015 10:49:09 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: **16408**

| | |
|--|---|
| Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES | Legal Entity Name: NetSmart Technologies Inc |
| Agency Code: 409 | Contractor Name: NetSmart Technologies Inc |
| Appropriation Unit: 3143-10 | Address: 3500 Sunrise Hwy Ste D-122 |
| Is budget authority available?: Yes | City/State/Zip: Great River, NY 11739 |
| If "No" please explain: Not Applicable | Contact/Phone: 631-968-2000 |
| | Vendor No.: PUR0003686A |
| | NV Business ID: NV20101021052 |

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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 | 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 final approval? **No** or b. other effective date **03/11/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2015**

Contract term: **295 days**

4. Type of contract: **Contract**

Contract description: **software upgrade svc**

5. Purpose of contract:

This is a new contract to provide information technology services to transition the Avatar system to use the International Statistical Classification of Diseases and Related Health Problems version 10 (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders version 5 (DSM-5) for diagnostic and procedural coding.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: upon submission of invoice and approval of work.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Federal Centers for Medicare & Medicaid Services (CMS) require that all HIPAA covered entities convert to ICD-10 for diagnostic and procedure coding in order to bill and receive payment from CMS.

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

State employees do not have the technical knowledge and experience necessary to make the changes without significant risk.

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

Was the solicitation (RFP) done 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?

2/19/15 - Per telephone call with Greg Smith, Administrator, Purchasing, a waiver is not needed for an upgrade to a previous software purchase.

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:

Yes, with DCFS 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:

Paul Bowen, ITM3 Ph: 775-687-9026

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | pcolegro | 03/05/2015 09:21:48 AM |
| Division Approval | pcolegro | 03/05/2015 09:21:52 AM |
| Department Approval | ecreceli | 03/09/2015 14:11:46 PM |
| Contract Manager Approval | ihyman | 03/09/2015 15:37:50 PM |
| DoIT Approval | bbohm | 03/11/2015 10:50:28 AM |
| Budget Analyst Approval | knielsen | 03/11/2015 13:31:57 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: 15986 | Amendment Number: 2 |
| Agency Name: ADJUTANT GENERAL & NATIONAL GUARD | Legal Entity Name: MCGINLEY & ASSOCIATES |
| Agency Code: 431 | Contractor Name: MCGINLEY & ASSOCIATES |
| Appropriation Unit: 3650-16 | Address: MCGINLEY & ASSOCIATES INC 815 MAESTRO DR |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89511-2295 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/829-2245 |
| | Vendor No.: T27022272A |
| | NV Business ID: 20021218343 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 #: **NMD# 26-14S**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **08/13/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **11/30/2015**

Contract term: **2 years and 110 days**

4. Type of contract: **Contract**

Contract description: **AASF Soil Sampling**

5. Purpose of contract:

This is the second amendment to the original contract, which performs an environmental soil and groundwater sampling to verify the presence of contamination at the Nevada Army National Guard Army Aviation Support Facility in Reno, Nevada. This amendment extends the termination date from November 30 2015 to November 30, 2016 and the maximum contract amount from \$18,333.24 to \$33,813.24. This is a required additional design scope of Work Plan Preparation, four Groundwater samplings, and four Quarterly Reports requested by the Nevada Division of Environmental Protection due to the presence of PCE (Tetrachloroethylene) found in samplings obtained with this contract.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$15,108.24 |
| 2. Total amount of any previous contract amendments: | \$3,225.00 |
| 3. Amount of current contract amendment: | \$15,480.00 |
| 4. New maximum contract amount: | \$33,813.24 |
| and/or the termination date of the original contract has changed to: | 11/30/2016 |

II. JUSTIFICATION

7. What conditions require that this work be done?

Washoe County Health District and Nevada Division of Environmental Protection requires this service to test for a potentially leaking underground storage tank.

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

State employees do not have the necessary equipment nor skills to properly conduct the soil and ground water testing.

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 Office of the Military has used this vendor and the services provided are satisfactory. This vendor will be able to conduct the scope of work for the lowest bid.

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 | vradford | 02/17/2015 14:56:45 PM |
| Division Approval | ctyle1 | 02/26/2015 10:03:58 AM |
| Department Approval | ctyle1 | 02/26/2015 10:04:01 AM |
| Contract Manager Approval | vradford | 03/03/2015 15:58:21 PM |
| Budget Analyst Approval | jborrowm | 03/05/2015 10:39:17 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: **16284**

Agency Name: **DEPARTMENT OF CORRECTIONS**
 Agency Code: **440**
 Appropriation Unit: **3711-23**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: The Board of Regents of the NSHE
 Contractor Name: **The Board of Regents of the NSHE on behalf of the CSN**
 Address: **2409 Las Verdes St. Las Vegas, NV 89102**
 City/State/Zip: **Las Vegas, NV 89102**
 Contact/Phone: Robert Maher 702/651-4223
 Vendor No.: D35000800
 NV Business ID: E0776882008-3

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/26/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2015**

Contract term: **215 days**

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

Contract description: **Re-Entry Program**

5. Purpose of contract:

This is a new contract to provide pre-vocational computer literacy/basic computer skills training classes to female offenders who are incarcerated at Florence McClure Women's Correctional Center (FMWCC) and will reside in the following Southern Nevada counties (Clark, Esmeralda, Nye and Lincoln) upon release. Offenders will learn the basics of how computers operate and how computer operating systems work.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The level one (1) training classes for Microsoft Word, Microsoft Excel, Microsoft PowerPoint and Microsoft Outlook will give female offenders job skills that will be helpful in their search for employment, to retain employment and have a better chance for a successful integration back into society. At no point during these classes will the Offenders have access to the internet.

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

Historically, NDOC has outsourced re-entry educational training program services to a vendor that can provide the tools to offenders to better equip them in their search for gainful employment. No other state agency performs 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):

The Learning Center
 College of Southern Nevada
 Nova 4 LLC DBA New Horizon
 Netcom Learning

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #201507, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/09/2014 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:

FY10 to FY13; 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 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 | dbec2 | 12/30/2014 16:11:25 PM |
| Division Approval | dmartine | 12/31/2014 09:11:42 AM |
| Department Approval | bfarris | 01/02/2015 16:56:36 PM |
| Contract Manager Approval | jhardy | 02/26/2015 08:51:34 AM |
| Budget Analyst Approval | cmurph3 | 02/26/2015 13:54:34 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: **16285**

| | |
|--|---|
| Agency Name: DEPARTMENT OF CORRECTIONS | Legal Entity Name: The Board of Regents of the NSHE |
| Agency Code: 440 | Contractor Name: The Board of Regents of the NSHE on behalf of the CSN |
| Appropriation Unit: 3711-23 | Address: 2409 Las Verdes St. |
| Is budget authority available?: Yes | City/State/Zip: Las Vegas, NV 89102 |
| If "No" please explain: Not Applicable | Contact/Phone: Robert Maher 702/651-4223 |
| | Vendor No.: D35000800 |
| | NV Business ID: E0776882008-3 |
| To what State Fiscal Year(s) will the contract be charged? | 2015-2016 |

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 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/26/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2015**

Contract term: **215 days**

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

Contract description: **Re-Entry Program**

5. Purpose of contract:

This is a new contract to provide pre-vocational, employment related soft skills training classes to females incarcerated at Florence McClure Women's Correctional Center and will reside in the following Southern Nevada counties (Clark, Esmeralda, Nye and Lincoln) upon release. Offenders will learn the basics on how to search and apply for employment.

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?

Many offenders releasing from NDOC custody have a difficult time accepting the challenge of not only finding employment but also maintaining employment once they have secured employment. These employment related soft skills training classes will provide tools which will help ensure that they obtain skills necessary to maintain employment upon release.

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

Historically, NDOC has outsourced re-entry educational training program services to a vendor that can provide the tools to offenders to better equip them in their search for gainful employment. No other state agency performs 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):

Nova 4 LLC DBA New Horizon
Manpower
College of Southern Nevada
Las Vegas Urban League

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 201506, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/09/2014 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:

FY10 to FY13; 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 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 | dbec2 | 12/30/2014 16:32:06 PM |
| Division Approval | dmartine | 12/31/2014 08:12:03 AM |
| Department Approval | bfarris | 01/02/2015 16:56:53 PM |
| Contract Manager Approval | jhardy | 02/26/2015 08:50:57 AM |
| Budget Analyst Approval | cmurph3 | 02/26/2015 15:25:50 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16390**

| | |
|--|---|
| Agency Name: DEPARTMENT OF CORRECTIONS | Legal Entity Name: MGT of America, Inc. |
| Agency Code: 440 | Contractor Name: MGT of America, Inc. |
| Appropriation Unit: 3727-35 | Address: 2109 South Upland Hills |
| Is budget authority available?: Yes | City/State/Zip: Wichita, KS 67235 |
| If "No" please explain: Not Applicable | Contact/Phone: Bret Schlyer 316/214-3163 |
| | Vendor No.: T81201791 |
| | NV Business ID: NV20031499791 |
| To what State Fiscal Year(s) will the contract be charged? 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 final approval? **No** or b. other effective date **03/20/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **102 days**

4. Type of contract: **Contract**

Contract description: **Indirect Cost Rate**

5. Purpose of contract:

This is a new contract to provide for the development of an updated Indirect Cost Rate Proposal for the BLM Grant for Prison Industries Wild Horse Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,600.00**

Other basis for payment: 70% completion of draft, 25% NDOC acceptance, and 5% approval by federal cognizant agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The existing indirect cost rate of 10% for Prison Industries, Prison Ranch does not cover all of the indirect costs associated with the Wild Horse Program.

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

Historically the Department has outsourced specialty accounting services to an accounting firm licensed to perform this service. No other state agency performs 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):

Wisan, Smith, Racker & Prescott, LLC
Joseph Eve CPA's
Kohn & Company
MGT of America, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Overall MGT of America, Inc. had the lowest and most reasonable bid.

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:

FY11 Division of Forestry. Service has been determined to be 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 | ddastal | 02/26/2015 05:49:16 AM |
| Division Approval | dmartine | 02/26/2015 14:53:50 PM |
| Department Approval | bfarris | 02/27/2015 15:31:58 PM |
| Contract Manager Approval | jhardy | 03/12/2015 16:30:34 PM |
| Budget Analyst Approval | cmurph3 | 03/20/2015 12:29:36 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: **16461**

| | |
|--|---|
| Agency Name: DEPARTMENT OF AGRICULTURE | Legal Entity Name: RESOURCE CONCEPTS INC |
| Agency Code: 550 | Contractor Name: RESOURCE CONCEPTS INC |
| Appropriation Unit: 4545-17 | Address: 340 N MINNESOTA ST |
| Is budget authority available?: Yes | City/State/Zip: CARSON CITY, NV 89703-4152 |
| If "No" please explain: Not Applicable | Contact/Phone: 775/883-1600 |
| | Vendor No.: T12785100 |
| | NV Business ID: NV19781005208 |
| To what State Fiscal Year(s) will the contract be charged? 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 % Pesticide Registration Fees |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |
| Agency Reference #: | 454515-01 | | | |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/20/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2015**

Contract term: **41 days**

4. Type of contract: **Contract**

Contract description: **NV Grazing Report**

5. Purpose of contract:

This is a new contract to analyze the data collected by NDA for the 2001 Nevada Grazing Statistics Report and Economic Analysis Report and determine if current data can be used with that data to produce two reports. One report will detail recent grazing trends and the subsequent impacts on rural Nevada. The second report will be a summary of the first that can be put in a publishable format.

6. NEW CONTRACT

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

Other basis for payment: Completion of Phase 1 \$10,000 and Completion of Phase 2 \$10,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

The goal is to solidify landowners' and the agriculture industry's land use decisions related to grazing management, endangered species and overall ecosystem health.

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

State employees did not have the expertise needed to analyze the data and create the two reports.

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 the only one to submit a proposal.

d. Last bid date: 02/06/2015 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:

Tina Mudd, Rangeland Pgm Mngr Ph: (775) 353-3639

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mwhitney | 03/13/2015 11:16:33 AM |
| Division Approval | mwhitney | 03/13/2015 11:16:38 AM |
| Department Approval | mwhitney | 03/13/2015 11:16:44 AM |
| Contract Manager Approval | mwhitney | 03/19/2015 14:56:22 PM |
| Budget Analyst Approval | sbarkdul | 03/20/2015 06:57:59 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: **16356**

| | |
|---|--|
| Agency Name: DCNR - CONSERVATION & NATURAL RESOURCES | Legal Entity Name: BOARD OF REGENTS-UNLV |
| Agency Code: 700 | Contractor Name: BOARD OF REGENTS-UNLV |
| Appropriation Unit: 4144-50 | Address: UNLV OFFICE OF CONTROLLER 4505 MARYLAND PKWY MS 1005 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89154-1005 |
| If "No" please explain: Not Applicable | Contact/Phone: MS. Bolden 702-895-1357 702/895-1142 |
| | Vendor No.: D35000813 |
| | NV Business ID: NA |

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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 % Q1 Bonds |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/17/2015**

Retroactive? **Yes**

If "Yes", please explain

It was necessary to initiate the contract with UNLV, because the university had to tie the project to their semester for the Design-Building Studio course. The university requested a contract start date of January 1, 2015 to not hold up the students participating in this project and to allow their students to begin the design phase immediately.

3. Termination Date: **09/30/2015**

Contract term: **224 days**

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

Contract description: **Ticket booth**

5. Purpose of contract:

This is a new inter local contract with University of Las Vegas, School of Architecture to provide a manufactured ticket booth and install it at Lake Tahoe Nevada State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,186.58**

II. JUSTIFICATION

7. What conditions require that this work be done?

There is no permanent structure to use for the function that this building needs to perform.

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

We do not have the expertise or equipment 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: **Not Applicable**

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

low bid

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:

Marc Davis, Chief of P&D Ph: 775-684-2772

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | sdecrona | 02/06/2015 13:24:00 PM |
| Division Approval | sdecrona | 02/06/2015 13:24:03 PM |
| Department Approval | sdecrona | 02/11/2015 13:03:18 PM |
| Contract Manager Approval | sdecrona | 02/11/2015 13:03:20 PM |
| Budget Analyst Approval | jrodrig9 | 02/17/2015 18:09:40 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: **16396**

| | |
|--|---|
| Agency Name: DEPARTMENT OF WILDLIFE | Legal Entity Name: WASHINGTON STATE UNIVERSITY |
| Agency Code: 702 | Contractor Name: WASHINGTON STATE UNIVERSITY |
| Appropriation Unit: 4464-13 | Address: PO BOX 647034 |
| Is budget authority available?: Yes | City/State/Zip: PULLMAN, WA 99164-1039 |
| If "No" please explain: Not Applicable | Contact/Phone: 509-335-9696 |
| | Vendor No.: T11361100 |
| | NV Business ID: N/A |
| To what State Fiscal Year(s) will the contract be charged? | 2015-2019 |

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

| | | | |
|------------------------|----------------|------------------------|--------------------------|
| General Funds | 0.00 % | Fees | 0.00 % |
| X Federal Funds | 75.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 25.00 % Sportsmen |

Agency Reference #: 15-30

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2019**

Contract term: **3 years and 333 days**

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

Contract description: **Lab testing Game**

5. Purpose of contract:

This is a new interlocal contract to provide testing services for wildlife diseases and other wildlife health factors. Areas of testing may include bacteriology, mycology, immunology, parisitology, and nutrition. Ongoing evaluation of Nevada wildlife health and disease will allow the Department of Wildlife to respond to changes in health, such as emerging infectious diseases, that could impact human health, livestock, as well as the viability of our wildlife populations.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$0.00 per Fee Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

WADDL will test for animal diseases and for other health factors. Viable wildlife populations are essential for balanced ecosystems in Nevada, and healthy, reproductively normal animals are required to maintain this population viability. Consistent, ongoing evaluation of health and disease in the State's wildlife populations will provide real-time information and allow NDOW to respond to changes in health (e.g., nutritional disease, toxicity and emerging infectious disease agents) that could impact human health and/or livestock as well as wildlife. Surveillance and monitoring wildlife populations is particularly important in Nevada, because increasing pressure on habitats from invasive plant species, fire, renewable energy projects, and changing climate patterns can affect the health of Nevada's game and non-game species.

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

Nevada Dept. of Wildlife does not have a laboratory in which the work can be done.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Interlocal WADDL is a government entity.

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:

Peri Wolff , Vet Ph: 775-353-3753

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kdailey | 02/26/2015 12:10:30 PM |
| Division Approval | kdailey | 02/26/2015 12:10:34 PM |
| Department Approval | eobrien | 02/26/2015 14:43:57 PM |
| Contract Manager Approval | kdailey | 02/27/2015 09:21:46 AM |
| Budget Analyst Approval | sbarkdul | 03/05/2015 15:22:46 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16431**

| | |
|--|---|
| Agency Name: DEPARTMENT OF WILDLIFE | Legal Entity Name: Sam Sanders Humboldt Wildlife LLC |
| Agency Code: 702 | Contractor Name: Sam Sanders Humboldt Wildlife LLC |
| Appropriation Unit: 4464-12 | Address: PO BOX 8431 |
| Is budget authority available?: Yes | City/State/Zip: Spring Creek , NV 89815 |
| If "No" please explain: Not Applicable | Contact/Phone: 775-340-5949 |
| | Vendor No.: |
| | NV Business ID: NV20131371246 |
| To what State Fiscal Year(s) will the contract be charged? | 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 % PREDATOR FEE |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | | Other funding | 0.00 % |

Agency Reference #: 15-35

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/18/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/01/2015**

Contract term: **75 days**

4. Type of contract: **Contract**

Contract description: **Coyote Work**

5. Purpose of contract:

This is a new contract for services to search for coyote dens in the Monitor Mountains. The searches will provide information for predation work.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$3,750.00 per week

II. JUSTIFICATION

7. What conditions require that this work be done?

Coyote den information will help department staff determine habits of coyotes in order to help in management of predation work.

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

State staff do not have the specialized skills 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):

**OGorman Enterprise
ROBERT MULLINS
RANDALL STOEBERL**

b. Solicitation Waiver: **Not Applicable**

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

The only responding bidder.

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)? 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: Pat Jackson , Biologist Ph: 7756881676

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | kdailey | 03/09/2015 15:00:13 PM |
| Division Approval | kdailey | 03/09/2015 15:00:16 PM |
| Department Approval | eobrien | 03/09/2015 16:42:23 PM |
| Contract Manager Approval | kdailey | 03/09/2015 16:44:12 PM |
| Budget Analyst Approval | sbarkdul | 03/18/2015 14:10:36 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: **16352**

Agency Name: **DCNR - FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **4195-04**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **VOGUE LAUNDRY & CLEANING INC**
 Contractor Name: **VOGUE LAUNDRY & CLEANING INC**
 Address: **VOGUE LINEN UNIFORM RENT
175 5TH ST
ELKO, NV 89801**
 City/State/Zip: **ELKO, NV 89801**
 Contact/Phone: **775-738-5156**
 Vendor No.: **T60153830A**
 NV Business ID: **NV19591001005**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | |
|------------------------|-----------------|---------------|--------|
| 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 #: **NDF15-007**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/27/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2019**

Contract term: **3 years and 339 days**

4. Type of contract: **Contract**

Contract description: **Laundry Service**

5. Purpose of contract:

This is a new contract to provide ongoing linen and laundry service for the Nevada Division of Forestry's (NDF) Elko office and mechanics shop as well s the Ely Conservation Camp's mechanics shop.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Payment for services will be made at the rate of \$1.50 per cotton coverall;

Other basis for payment: \$.07/shop towel; \$.90 each/week replenishment for loss; \$2.50/3'x5' mat; \$1.80/24" dust mop; lost inventory at cost. Payable upon receipt and approval of contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Operations for NDF's automotive shops required the use of coveralls and shop towels by the mechanics while working on fleet vehicles. Additionally, mats and mop heads provide protect against shop activity soiling the carpet in the main office. These items must be cleaned on a regular basis.

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

NDF does not have the necessary facilities to complete this type of work nor do other state agencies within the Elko or Ely areas 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):

Vogue Linen and Uniform Rental
Brady Linen Services, LLC
AlSCO, Inc.

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the only vendor to provide service in the Elko and Ely areas. Additionally, this vendor has provided this service to NDF under contract in the past with satisfactory service.

d. Last bid date: 01/07/2015 Anticipated re-bid date: 12/07/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 previously provided this service under contract with NDF since Fiscal Year 2005. Service provided has been deemed 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:

Mike Klug, Northern Regional Forester Ph: 775-684-2522

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | jkidd | 02/12/2015 11:25:48 AM |
| Division Approval | dprather | 02/13/2015 12:53:42 PM |
| Department Approval | dprather | 02/13/2015 12:53:48 PM |
| Contract Manager Approval | ldunn | 02/18/2015 06:54:18 AM |
| Budget Analyst Approval | jrodrig9 | 02/27/2015 16:25:28 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: **16421**

Agency Name: **DCNR - FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **4194-00**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **LYON, COUNTY OF**
 Contractor Name: **LYON, COUNTY OF**
 Address: **MASON VALLEY FIRE PROTECTION
118 S MAIN ST
YERINGTON, NV 89447-2535**
 City/State/Zip: **YERINGTON, NV 89447-2535**
 Contact/Phone: **775/463-2261**
 Vendor No.: **T40156600M**
 NV Business ID: **N/A**

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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 % Fire Protection District Funds |

Agency Reference #: **NDF16-004**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

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

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services as part of the Wildland Fire Protection Program. In accordance with this agreement the Nevada Division of Forestry and Mason Valley Fire Protection District will work closely to maintain effective wildfire management regardless of jurisdiction and/or ownership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$1,875.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2015 for State Fiscal Year 2016-2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Mason Valley Fire Protection District will work closely together to maintain effective wildfire management without duplication of efforts with federal cooperators to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the 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

Mason 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?

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

Mason Valley Fire Protection District is currently under contract for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State 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 | jkidd | 03/05/2015 16:29:37 PM |
| Division Approval | dprather | 03/09/2015 06:48:18 AM |
| Department Approval | dprather | 03/09/2015 06:48:22 AM |
| Contract Manager Approval | ldunn | 03/09/2015 07:49:44 AM |
| Budget Analyst Approval | jrodrig9 | 03/18/2015 14:51:26 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: **16426**

Agency Name: **DCNR - STATE LANDS**
 Agency Code: **707**
 Appropriation Unit: **4206-37**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **Great Basin Institute**
 Contractor Name: **Great Basin Institute**
 Address: **16750 Mount Rose Hwy**
 City/State/Zip: **Reno, NV 89511**
 Contact/Phone: **Jerry Keir 775-674-5493**
 Vendor No.: **T81073865**
 NV Business ID: **NV19991295540**

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 % | X Bonds | 100.00 % |
| Highway Funds | 0.00 % | Other funding | 0.00 % |

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/19/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2016**

Contract term: **1 year and 227 days**

4. Type of contract: **Contract**

Contract description: **Goshawk/Owl Surveys**

5. Purpose of contract:

This is a new contract to provide two seasons of field surveys relating the Northern Goshawk and Spotted Owl. Both of these raptor species occur in the Lake Tahoe Basin, yet there are no known active nests within the Nevada portion of Lake Tahoe. These surveys will help wildlife officials document existing nests. Work will consist of broadcast surveys and stand searches for both species across an extensive area of the Caron Range for two seasons, which is the minimum timeline recommended to confidently declare that each species is absent from the survey area. The majority of the survey effort will focus on the Northern Goshawk, which is considered a sensitive species by Nevada Department of Wildlife, US Forest Service, and Tahoe Regional Planning Agency. Spotted Owl work will be interspersed throughout each field season. Other activities to be completed under this contract include habitat evaluation and mapping of survey sites and aspen stands.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

Other basis for payment: Billed monthly for work accomplished, based on a budget that has been approved prior to the commencement of work.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Northern Goshawk and Spotted Owl are both considered sensitive species by multiple agencies, including Nevada Department of Wildlife, US Forest Service and Tahoe Regional Planning Agency. Protection of both species rests on land managers' knowledge of important nesting sites. While each species likely nests in the East Tahoe Basin, there are currently no documented nests due to lack of survey coverage. This project will help wildlife officials document existing nest and provide protection for those sites.

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

The workload, which includes daily surveys over a 3 month period for two field seasons, is too great for one person and requires a dedicated field crew in order to adequately survey an area as large as the east Lake Tahoe Basin.

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):

Great Basin Institute

b. Solicitation Waiver: **Not Applicable**

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

NRS 333.150 The specialized nature of this project requires the services of Great Basin Institute (GBI) as a sole source vendor. The project requires daily wildlife surveys over two full field seasons, and through their extensive AmeriCorps program, GBI is the only organization in our region with the ability to hire and provide full-time seasonal wildlife crews.

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 Tahoe Resource Team currently has a contract in place with GBI to perform wildlife, habitat restoration, and trail maintenance related work - (Contract# 11879). All work completed thus far under this contract 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:

Mark Enders, Wildlife Biologist Ph: 775-684-2742

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | bre00 | 03/06/2015 12:44:47 PM |
| Division Approval | bre00 | 03/06/2015 12:44:50 PM |
| Department Approval | abrook1 | 03/06/2015 13:00:16 PM |
| Contract Manager Approval | bre00 | 03/06/2015 14:25:19 PM |
| Budget Analyst Approval | jrodrig9 | 03/18/2015 17:27:29 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|---|---|
| 1. Contract Number: 14042 | Amendment Number: 2 |
| Agency Name: ENVIRONMENTAL PROTECTION | Legal Entity Name: NORTHWEST HYDRAULIC CONSULTANTS |
| Agency Code: 709 | Contractor Name: NORTHWEST HYDRAULIC CONSULTANTS |
| Appropriation Unit: 3193-18 | Address: 3950 INDUSTRIAL BOULEVARD SUITE 100C |
| Is budget authority available?: Yes | City/State/Zip: WEST SACRAMENTO, CA 95691 |
| If "No" please explain: Not Applicable | Contact/Phone: (530) 544-37 |
| | Vendor No.: T27030678 |
| | NV Business ID: NV20101663580 |

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 13-006**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/12/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2015**

Contract term: **2 years and 202 days**

4. Type of contract: **Contract**

Contract description: **Lake Clarity Program**

5. Purpose of contract:

This the second amendment to the original contract, which provides ongoing services to create an improved suite of storm water tools that Lake Tahoe urban jurisdictions will use to plan, track and report actions implemented to reduce pollutant loads to meet the Lake Tahoe Maximum Daily Load. This amendment increases the maximum amount from \$520,601 to \$566,378 to develop a Credit Accounting Platform (CAP) User's Manual that incorporates the Road and Best Management Practices Rapid Assessment Methodologies and Pollutant Load Reduction Model. Additionally, forms and technical approaches for inspection, credit declaration and credit reporting will be streamlined and improved.

6. CONTRACT AMENDMENT

| | |
|--|--------------|
| 1. The maximum amount of the original contract: | \$450,000.00 |
| 2. Total amount of any previous contract amendments: | \$70,601.00 |
| 3. Amount of current contract amendment: | \$45,777.00 |
| 4. New maximum contract amount: | \$566,378.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

The Lake Clarity Crediting Program is an innovative program to assist urban jurisdictions in implementing the Lake Tahoe Total Maximum Daily Load. The Program helps jurisdictions prioritize pollutant controls and increases the transparency and accountability for the expenditures of public funds through the use of standardized reporting protocols and stormwater tools. By necessity (mainly the availability of funding) the individual tools were developed independently and within different timeframes, and are therefore not completely aligned. Stakeholder testing and training of the beta versions of the tools have generated a number of desirable and necessary improvements; and research conducted to collect and analyze datasets to compare and assess tool performance has also identified recommendations for tool improvements.

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

Approximately \$2 million was invested to develop the Lake Clarity Crediting Program and associated stormwater tools. No less than three contractors were originally retained to develop the tools through multiple contracts. State agencies lack the resources and technical expertise to carry out the required work to update the tools, which entails: (1) facilitating a bi-state stakeholder group and implementing a process to develop a Prioritized Action Plan that identifies and ranks improvements to be accomplished; and (2) carrying out the updated/refined stormwater tools and corresponding documentation (user manuals, applications guides, technical documents, administrator and maintenance guidance).

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: 10/01/2012 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

June 2012 to present, 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:

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

randrews

02/27/2015 10:52:21 AM

| | | |
|---------------------------|----------|------------------------|
| Division Approval | dgaskin | 02/27/2015 11:04:01 AM |
| Department Approval | dgaskin | 02/27/2015 14:02:41 PM |
| Contract Manager Approval | abasham | 03/02/2015 10:27:13 AM |
| Budget Analyst Approval | jrodrig9 | 03/18/2015 14:48:23 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16297**

| | |
|---|--|
| Agency Name: DETR - REHABILITATION DIVISION | Legal Entity Name: Building Solutions, Inc. |
| Agency Code: 901 | Contractor Name: Building Solutions, Inc. |
| Appropriation Unit: 3253-10 | Address: 338 Ryland Street |
| Is budget authority available?: Yes | City/State/Zip: Reno, NV 89501 |
| If "No" please explain: Not Applicable | Contact/Phone: 775.323.7242 |
| | Vendor No.: T81102544 |
| | NV Business ID: NV20001051967 |
| To what State Fiscal Year(s) will the contract be charged? 2015-2018 | |

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

| | | | |
|---------------|--------|---|---|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | <input checked="" type="checkbox"/> Other funding | 100.00 % Business Enterprise Set Aside |

Agency Reference #: **#1953-18-BEN**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2017**

Contract term: **2 years and 183 days**

4. Type of contract: **Contract**

Contract description: **Handyman - North**

5. Purpose of contract:

This is a new contract that continues ongoing, as needed handyman services for Business Enterprises of Nevada (BEN) locations in Northern Nevada. Work includes, but is not limited to, janitorial, carpentry, interior and drywall repair, painting, carpet and tile repair/removal, etc.

6. NEW CONTRACT

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

Other basis for payment: Handyman Services: \$59.00 per hour during standard working hours, Monday through Friday 8:00am to 5:00pm and \$88.50 per hour during non-standard hours, weekends, holidays and emergencies; Janitorial Services: \$35.00 per hour during standard working hours, Monday through Friday 8:00am to 5:00pm, and \$52.50 per hour during non-standard hours, weekends, holidays and emergencies. All services are subject to a \$25.00 trip charge for service locations 30 miles or more (subject to verification by Google Maps) outside of the vendor's contracted address. Parts, materials and approved cleaning supplies shall be invoiced at a cost not to exceed 10% above the vendor's cost.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program sites have on-going needs of janitorial and general-purpose construction services and repairs in order to maintain the sites without interruptions of services to the public and building staff.

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

State employees do not possess the expertise or licensing required to provide general-purpose construction services and repairs.

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

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

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

Handyman Connection
Frank Lepori Construction
Building Solutions Inc.
(33 firms were solicited)

b. Solicitation Waiver: **Not Applicable**

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

Only qualified, responsive submittal

d. Last bid date: 10/07/2014 Anticipated re-bid date: 08/31/2017

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 vendor has been performing satisfactory services for various state agencies since 2002.

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

Melissa Costa, Management Analyst Ph: 775.684.4075

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | khawkin1 | 02/12/2015 16:33:58 PM |
| Division Approval | shendren | 02/13/2015 10:21:21 AM |
| Department Approval | mcost1 | 02/25/2015 07:40:46 AM |
| Contract Manager Approval | kwynands | 02/25/2015 16:55:17 PM |
| Budget Analyst Approval | tgreenam | 04/01/2015 12:31:16 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16360**

| | |
|--|---|
| Agency Name: DETR - REHABILITATION DIVISION | Legal Entity Name: Ron's Refrigeration, Inc. |
| Agency Code: 901 | Contractor Name: Ron's Refrigeration, Inc. |
| Appropriation Unit: 3253-10 | Address: 2068 South Edmonds Drive |
| Is budget authority available?: Yes | City/State/Zip: Carson City, NV 89701-5806 |
| If "No" please explain: Not Applicable | Contact/Phone: 775.882.4845 |
| | Vendor No.: PUR0000322 |
| | NV Business ID: NV19791011556 |
| To what State Fiscal Year(s) will the contract be charged? | 2015-2019 |

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

| | | | |
|---------------|--------|------------------------|--|
| General Funds | 0.00 % | Fees | 0.00 % |
| Federal Funds | 0.00 % | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X Other funding | 100.00 % Business Enterprises Set Aside |

Agency Reference #: **#1958-19-BEN**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Refrigeration Mtnc**

5. Purpose of contract:

This is a new contract that continues ongoing maintenance and repair services for commercial refrigeration units for Business Enterprises of Nevada (BEN) program facilities in Northern Nevada. The Vendor also agrees to relocate/move equipment as needed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: \$78.00 per hour for standard work hours (Monday through Friday, 8:00am to 5:00pm) and \$117.00 per hour for all non-standard work hours (i.e., overtime, emergency, weekend and holidays). Hourly costs and materials and freight for maintenance and repairs as necessary are to be itemized separately on the invoice. Trip charge of \$25.00 applies to services performed at BEN sites located 30 or more miles outside of the contracted address (mileage is subject to verification via Google Maps).

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has a substantial inventory of equipment at various locations that need on-going repair, maintenance and re-location.

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

This work requires specialization in refrigeration services. This work requires specialization in refrigeration services.

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

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

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

A-Tek Appliance Service
Specialized Refrigeration
Absolute Zero Refrigeration
Ron's Refrigeration
Western Mechanical
Hilltop Refrigeration
GCG
Cavallero Heating and Air Conditioning
BESTraining

b. Solicitation Waiver: **Not Applicable**

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

Best qualified submittal.

d. Last bid date: 12/11/2014 Anticipated re-bid date: 12/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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:

Vendor has been providing satisfactory services for the Department of Employment, Training and Rehabilitation, Rehabilitation Division, Business Enterprise Program 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:

Janette Parish, Admin. Assistant Ph: 775.684.4086

Melissa Costa, Management Analyst Ph: 775.684.4075

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | khawkin1 | 02/12/2015 16:34:25 PM |
| Division Approval | shendren | 02/13/2015 10:24:48 AM |
| Department Approval | mcost1 | 02/23/2015 16:24:18 PM |
| Contract Manager Approval | kwynands | 02/23/2015 17:30:54 PM |
| Budget Analyst Approval | tgreenam | 03/02/2015 10:39:46 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|--|
| 1. Contract Number: 14483 | Amendment Number: 3 |
| Agency Name: EMPLOYMENT SECURITY DIVISION | Legal Entity Name: EMCOR SERVICES DBA |
| Agency Code: 902 | Contractor Name: EMCOR SERVICES DBA |
| Appropriation Unit: 4771-07 | Address: MESA ENERGY SYSTEMS 6255 MCLEOD DR STE 8 |
| Is budget authority available?: Yes | City/State/Zip: LAS VEGAS, NV 89120-4404 |
| If "No" please explain: Not Applicable | Contact/Phone: Philip D. Robinson 702/597-0314 |
| | Vendor No.: T27027115A |
| | NV Business ID: NV20071267110 |

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 | 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 #: 1837-15-DETR

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **06/05/2013**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **HVAC LAS VEGAS**

5. Purpose of contract:
This is the third amendment to the original contract, which continues ongoing HVAC service works for the Department of Employment Training and Rehabilitation facilities in Las Vegas, Nevada on an as needed basis. This amendment extends the termination date from June 30, 2015 to June 4, 2017 and increases the maximum amount from \$69,500 to \$79,500 due to continued need for these services.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,500.00 |
| 2. Total amount of any previous contract amendments: | \$60,000.00 |
| 3. Amount of current contract amendment: | \$10,000.00 |
| 4. New maximum contract amount: | \$79,500.00 |
| and/or the termination date of the original contract has changed to: | 06/04/2017 |

II. JUSTIFICATION

7. What conditions require that this work be done?
HVAC mechanical systems need to be maintained for longevity and effective operation of equipment.

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 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):

Emcor Services
Carrier Corp.
Johnson Controls
Action Aire

b. Solicitation Waiver: **Not Applicable**

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

One in a vendor pool.

d. Last bid date: 04/22/2013 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?

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

MESA Energy, dba EMCOR Services of Nevada has been under contract with the Department of Employment, Training and Rehabilitation since June, 2013 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 | mcost1 | 02/13/2015 09:02:33 AM |
| Division Approval | mcost1 | 02/13/2015 09:02:36 AM |
| Department Approval | mcost1 | 02/13/2015 09:02:41 AM |
| Contract Manager Approval | btaylo7 | 02/13/2015 13:33:33 PM |
| Budget Analyst Approval | tgreenam | 04/01/2015 13:03:28 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: 14195 | Amendment Number: 3 |
| Agency Name: DETR ADMINISTRATIVE SERVICES | Legal Entity Name: WESTERNAIRE MECHANICAL |
| Agency Code: 908 | Contractor Name: WESTERNAIRE MECHANICAL SERVICES INC |
| Appropriation Unit: All Budget Accounts - Category 04 | Address: 270 DOUBLEBACK RD |
| Is budget authority available?: Yes | City/State/Zip: RENO, NV 89506-9144 |
| If "No" please explain: Not Applicable | Contact/Phone: Gary Johnson 775/677-1040 |
| | Vendor No.: T81077993 |
| | NV Business ID: NV19851016139 |

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 | 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 #: 1796-15-DETR

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **04/09/2013**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2015**
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **HVAC**

5. Purpose of contract:
This is the third amendment to the original contract, which continues ongoing HVAC repair and maintenance for the Department of Employment, Training and Rehabilitation facilities in the Reno, Sparks, Carson City and Fallon, Nevada areas. This amendment extends the termination date from May 31, 2015 to April 8, 2017, updates the rate of pay and increases the maximum amount from \$28,500 to \$48,500 due to continued need for service.

6. CONTRACT AMENDMENT

| | |
|--|-------------|
| 1. The maximum amount of the original contract: | \$9,500.00 |
| 2. Total amount of any previous contract amendments: | \$19,000.00 |
| 3. Amount of current contract amendment: | \$20,000.00 |
| 4. New maximum contract amount: | \$48,500.00 |
| and/or the termination date of the original contract has changed to: | 04/08/2017 |

II. JUSTIFICATION

7. What conditions require that this work be done?
Mechanical equipment often requires repair and maintenance.

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 time or expertise 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):

Westernaire
Carrier Commercial Service
RHP Mechanical Systems

b. Solicitation Waiver: **Not Applicable**

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

One in a vendor pool.

d. Last bid date: 03/31/2013 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:

Westernaire has been providing service to the Department of Employment, Training and Rehabilitation since 2009 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 | mcost1 | 03/13/2015 15:22:41 PM |
| Division Approval | mcost1 | 03/13/2015 15:22:56 PM |
| Department Approval | mcost1 | 03/13/2015 16:16:54 PM |
| Contract Manager Approval | btaylo7 | 03/16/2015 10:51:57 AM |
| Budget Analyst Approval | tgreenam | 03/18/2015 15:29:11 PM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

| | |
|--|---|
| 1. Contract Number: 14840 | Amendment Number: 1 |
| Agency Name: DETR - ADMINISTRATIVE SERVICES | Legal Entity Name: AMERICAN SIGN LANGUAGE |
| Agency Code: 908 | Contractor Name: AMERICAN SIGN LANGUAGE |
| Appropriation Unit: All Budget Accounts - Category 04 | Address: COMMUNICATION PO BOX 91030 |
| Is budget authority available?: Yes | City/State/Zip: HENDERSON, NV 89009-1030 |
| If "No" please explain: Not Applicable | Contact/Phone: Crystina Scott 702/808-6070 |
| | Vendor No.: T29026382A |
| | NV Business ID: NV20081113914 |

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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

| | | | |
|---|----------------|---|---|
| <input checked="" type="checkbox"/> General Funds | 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 #: 1850-15-DETR

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **09/16/2013**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **09/15/2017**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **ASL INTERPRETER**

5. Purpose of contract:

This is the first amendment to the original Contract, which continues ongoing American Sign Language interpreting services for the Department of Employment, Training and Rehabilitation's personnel needs in the Las Vegas area, on an as needed basis. These services may be needed for clients, employees, board members, council members, or consumers who are deaf or hearing impaired for meetings, conferences, or other occasions. This amendment extends the termination date from September 30, 2015 to September 15, 2017 and increases the maximum amount from \$9,500 to \$49,500 due to the inclusion of anticipated Vocational Rehabilitation Clientele needs.

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: | \$40,000.00 |
| 4. New maximum contract amount: | \$49,500.00 |

II. JUSTIFICATION

7. What conditions require that this work be done?

To meet the requirements of the Americans with Disabilities Act and make services available to the disabled.

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

Staff does not have the expertise to provide this type of service.

9. Were quotes or proposals solicited?

Yes

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

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

Sign Language Communication Services, Inc.
Las Vegas Interpreters Connection
American Sign Language Communication

b. Solicitation Waiver: **Not Applicable**

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

One in a vendor pool.

d. Last bid date: 06/03/2013 Anticipated re-bid date: 06/03/2015

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:
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)?

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 | mchadwic | 02/06/2015 08:23:58 AM |
| Division Approval | rolso1 | 02/11/2015 08:04:19 AM |
| Department Approval | mcost1 | 02/13/2015 09:36:09 AM |
| Contract Manager Approval | kwynands | 02/13/2015 13:01:34 PM |
| Budget Analyst Approval | tgreenam | 02/19/2015 11:13:13 AM |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16359**

| | |
|--|--|
| Agency Name: DETR - ADMINISTRATIVE SERVICES | Legal Entity Name: FAAD JANITORIAL INC |
| Agency Code: 908 | Contractor Name: FAAD JANITORIAL INC |
| Appropriation Unit: All Budget Accounts - Category 04 | Address: 52 GLEN CARRAN CIR |
| Is budget authority available?: Yes | City/State/Zip: SPARKS, NV 89431 |
| If "No" please explain: Not Applicable | Contact/Phone: Donna Leidner 775/351-2405 |
| | Vendor No.: T27017486 |
| | NV Business ID: NV20041538232 |

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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 | 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 #: 1960-17-DETR

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2017**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Service**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services at the Department of Employment, Training and Rehabilitation owned facility, located at 420 Galletti Way, Sparks, NV.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,902.64**

Payment for services will be made at the rate of \$662.61 per Month

Other basis for payment: \$662.61/month

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada must maintain a clean facility for the safety and health of department clients and staff.

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

The State of Nevada does not have the manpower to 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):

All Cleaned Up
Jani-King of Reno
F.A.A.D. Janitorial

b. Solicitation Waiver: **Not Applicable**

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

Lowest price.

d. Last bid date: 12/22/2014 Anticipated re-bid date: 12/22/2017

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:

F.A.A.D Janitorial has been under contract with the Department of Employment, Training and Rehabilitation since 2008 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:

Brandon Taylor, Facilities Manager Ph: 684-3900

19. Contract Status:

Contract Approvals:

| Approval Level | User | Signature Date |
|---------------------------|----------|------------------------|
| Budget Account Approval | mchadwic | 02/19/2015 12:49:19 PM |
| Division Approval | mcost1 | 02/23/2015 09:41:34 AM |
| Department Approval | mcost1 | 02/23/2015 09:41:38 AM |
| Contract Manager Approval | btaylo7 | 02/27/2015 09:02:04 AM |
| Budget Analyst Approval | tgreenam | 03/02/2015 10:11:34 AM |

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 09, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Jim Rodriguez, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

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

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF ENVIRONMENTAL PROTECTION – BUREAU OF WASTE MANAGEMENT AND CORRECTIVE ACTION

Agenda Item Write-up:

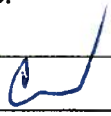
This disclosure reports a correction to the termination date on the contract between the Division of Environmental Protection and Broadbent and Associates, Inc. (Contract #16117). The termination date for the original contract that posted on the November 12, 2014 Board of Examiners agenda was December 30, 2018; however, the accurate date of December 30, 2019 was indicated on the signed contract.

Additional Information:

The agency recognized the error in the termination date entered in CETS when they required an amendment. The date in CETS has been corrected to reflect the correct termination date and an amendment will be forthcoming.

Statutory Authority:

Not Applicable.

| |
|---|
| REVIEWED:  |
| INFO ITEM: _____ |

| BOE # | DEPT # | STATE AGENCY | CONTRACTOR | FUNDING SOURCE | AMOUNT | EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES |
|-------|------------------------------|---|--|---|-------------|---|
| 17. | 702 | DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION | JF GRIFFIN PUBLISHING, LLC | FEE: SPORTSMEN REVENUE | \$101,523 | |
| | Contract Description: | This is a new contract to provide the design, production, publishing, printing and distribution of various wildlife publications. | | | | |
| | | Term of Contract: | 11/13/2014 - 11/30/2018 | Contract # 16118 | | |
| 18. | 702 | DEPARTMENT OF WILDLIFE - FISHERIES MANAGEMENT | POORE, DONALD R DBA STREAMWISE | FEDERAL | \$58,600 | SOLE SOURCE |
| | Contract Description: | This is a new contract to remove an existing drop structure fish passage barrier on Sunnyside Creek, which fragments and alters habitat for the endangered White River spinedace. The existing structure will be replaced with a passable bottomless box culvert structure. This work will improve habitat form and function, increase the quality and quantity of available habitat, and provide a migration corridor for the White River spinedace. | | | | |
| | | Term of Contract: | Upon Approval - 07/31/2015 | Contract # 16133 | | |
| 19. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION | BROADBENT & ASSOCIATES, INC. | FEE: HAZARDOUS WASTE FUND/PETROLEUM 46% OTHER: INTERIM FLUID MANAGEMENT TRUST 54% | \$4,500,000 | |
| | Contract Description: | This is a new contract to provide environmental mitigation, assessments and remediation services on an as-needed basis. Environmental contamination can occur or be identified statewide where a responsible party is unidentified, unable or unwilling to perform site characterization and cleanup in a timely manner. The division may need to perform this work to protect the public welfare and protect or restore the state's natural resources. This contract provides the division with the required specialized technical assistance to perform oversight of work performed by responsible parties at sites with environmental contamination. | | | | |
| | | Term of Contract: | 01/01/2015 - 12/31/2018 | Contract # 16117 | | |
| 20. | 709 | DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION | CLARK COUNTY DEPARTMENT OF AIR QUALITY | FEDERAL | \$137,241 | |
| | Contract Description: | This is a new interlocal agreement to provide support to Clark County Department of Air Quality (DAQ) for the development of the Air Action Tracking System. This new production system replaces all in-house data repositories and will be capable of interfacing with Environmental Protection Agency (EPA) data warehouse nodes. DAQ has direct delegation of the air programs and is independently responsible for entering data into EPA's Air Facility System. | | | | |
| | | Term of Contract: | Upon Approval - 12/31/2015 | Contract # 16096 | | |

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16117**

| | | | |
|---------------------------------|--|--------------------|---------------------------------------|
| Agency Name: | DCNR - ENVIRONMENTAL PROTECTION | Legal Entity Name: | BROADBENT & ASSOCIATES INC |
| Agency Code: | 709 | Contractor Name: | BROADBENT & ASSOCIATES INC |
| Appropriation Unit: | 3187-75 | Address: | 8 W PACIFIC AVE |
| Is budget authority available?: | Yes | City/State/Zip: | HENDERSON, NV 89015 |
| If "No" please explain: | Not Applicable | Contact/Phone: | Kirk Stowers 702/563-0600 |
| | | Vendor No.: | T80989610 |
| | | NV Business ID: | NV19891031637 |

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

| | | | | |
|---------------|--------|----------|---------------|---|
| General Funds | 0.00 % | X | Fees | 46.00 % Hazardous Waste Fund/Petroleum |
| Federal Funds | 0.00 % | | Bonds | 0.00 % |
| Highway Funds | 0.00 % | X | Other funding | 54.00 % Interim Fluid Management Trust |

Agency Reference #: **RFP #3133**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2015**

Anticipated BOE meeting date **11/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Environmental EMAR**

5. Purpose of contract:

This is a new contract to provide environmental mitigation, assessment and remediation services on an as needed basis. Environmental contamination can occur or be identified statewide where a responsible party is unidentified, unable or unwilling to perform site characterization and cleanup in a timely manner. The division may need to perform this work to protect the public welfare and protect or restore the state's natural resources. This contract provides the division with the require specialized technical assistance to perform oversight of work performed by responsible parties at sites with environmental contamination.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Environmental contamination can occur or be identified statewide. The State needs to be able to protect the public welfare.

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):

[Redacted]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3133, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/22/2014 Anticipated re-bid date: 07/01/2019

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:

NDEP - Bureau of Corrective Actions = Broadbent currently has two contracts with BCA. 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: 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 | 10/03/2014 11:03:34 AM |
| Division Approval | glovato | 10/03/2014 12:14:41 PM |
| Department Approval | demme | 10/06/2014 07:48:22 AM |
| Contract Manager Approval | sgotta | 10/06/2014 14:20:04 PM |
| Budget Analyst Approval | jrodrig9 | 10/13/2014 21:51:26 PM |
| BOE Agenda Approval | cwatson | 10/17/2014 09:50:04 AM |
| BOE Final Approval | Pending | |

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: March 19, 2015

To: James R. Wells, Clerk of the Board
Department of Administration

From: Katrina Nielsen, Budget Analyst *Katrina Nielsen*
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the information item is also provided.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
NEVADA YOUTH TRAINING CENTER**

Agenda Item Write-up:

This disclosure reports a correction to the contract value between the Division of Child and Family Services and Jill Leslie Oswalt, MD (Contract #14352). The contract amount posted on the June 11, 2013 Board of Examiners agenda was a subtotal of \$143,550; however, the total amount of the signed contract is \$182,550.

Additional Information:

The agency recognized the error in the contract amount entered in CETS (#14352) when they required an amendment. The amount in CETS has been corrected to reflect the correct amount and an amendment will be forthcoming.

| |
|-----------------------------------|
| REVIEWED: <u> <i>JAU</i> </u> |
| INFO ITEM: _____ |

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**

| 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 | | |



DEPARTMENT OF HEALTH and HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES

4126 Technology Way, 3rd Floor
Carson City, Nevada 89706
(775) 684-4400 Phone

TO: Jim Wells, Director, Administration
FROM: Amber Howell, Administrator, DCFS *Amber Howell*
THROUGH: Priscilla Colegrove, ASO III, DCFS *Priscilla Colegrove*
DATE: March 19, 2015
SUBJECT: Requested Informational Item for April 14, 2015, BOE Meeting

On June 11, 2013, the Board of Examiners approved a Contract for Jill Oswalt, M.D., in the amount of \$143,550.00 per the contract summary. Although this was the amount, for January 1, 2015 to June 30, 2015, there was also an amount on the Original Contract Document of \$39,000.00 from June 11, 2013 to December 11, 2013 for \$39,000.00. The Original Contract, that was signed by all parties, has a "Not to Exceed" amount of \$182,550.00 but was entered into CETS as \$143,550.00, causing the Contract Summary to be inaccurate.

The Division of Child and Family Services (DCFS) requests approval to change the contract amount, in the CETS system, for Jill Oswalt, M.D. from \$143,550.00 to \$182,550.00. Attached, please find the back up documentation to support this correction.

Return to
The Chair
DO S 21-13
For Board Use Only
Date: 6/11/13
#138

CONTRACT SUMMARY

(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**

Agency Code: 409

Appropriation Unit: 3259-04

Is budget authority available? No

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. Oswald 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.

Legal Entity Name: Jill Leslie Oswald

Contractor Name: Jill Leslie Oswald

Address: Jill Oswald, MD
Lucky Star Station PO Box 98

City/State/Zip: Deeth, NV 89823

Contact/Phone: 775-752-3591

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. Oswald 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. Oswald 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):

Avivia Health
All Health Services
Access Healthcare Staffing

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:

Phil DeWald, ASO1 Ph: 775-738-7182

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 | ecrecell | 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 | Pending | |
| BOE Final Approval | Pending | |

CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

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

Nevada Department of Health and Human Services

Division of Child and Family Services

4126 Technology Way, 3rd Floor

Carson City, NV 89706

Contact: Imran Hyman, Contract Manager

Phone: (775) 684-4400 Fax: (775) 684-4455

Email: ihyman@dcfs.nv.gov

And

Jill Oswalt, M.D.

Lucky Starr Station, P.O. Box 98

Deeth, NV 89823

Contact: Jill Oswalt, M.D.

Phone: (775) 752-3591 Fax: (775) 752-3602

Email: jilloswalt1@yahoo.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.

| | | | |
|-----------------|---------------|-----|---------------|
| Effective from: | Upon Approval | To: | June 30, 2015 |
|-----------------|---------------|-----|---------------|

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: | STATE SOLICITATION OR RFP #: 3036 and AMENDMENT(S) #1 |
| ATTACHMENT BB: | INSURANCE SCHEDULE |
| ATTACHMENT CC: | 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:

| | | |
|--|-----|---|
| \$6,500.00 | per | Month (upon approval through December 31, 2013) |
| Total Contract through 12/31/13 Not to Exceed: | | \$39,000.00 |
| \$7,975.00 | per | Month (January 1, 2014 to June 30, 2015) |
| Total Contract 1/1/14 – 6/30/15 Not to Exceed: | | \$143,550.00 |

| | |
|-------------------------------|--------------|
| Total Contract Not to Exceed: | \$182,550.00 |
|-------------------------------|--------------|

The State does not agree to reimburse Contractor for expenses unless otherwise specified in the incorporated attachments. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the result of legislative appropriation may require.

7. **ASSENT.** The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations specified.
8. **BILLING SUBMISSION: TIMELINESS.** The parties agree that timeliness of billing is of the essence to the Contract and recognize that the State is on a fiscal year. All billings for dates of service prior to July 1 must be submitted to the state no later than the 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 stale claim and that this amount will be deducted from the stale claim payment due to the Contractor.
9. **INSPECTION & AUDIT.**
- A. **Books and Records.** Contractor agrees to keep and maintain under generally accepted accounting principles (GAAP) full, true and complete records, contracts, books, and documents as 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

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? | | |
| 2. | Will the Contracting Agency be providing training to the independent contractor? | | |
| 3. | Will the Contracting Agency be furnishing the independent contractor with worker's space, equipment, tools, supplies or travel expenses? | | |
| 4. | Are any of the workers who assist the independent contractor in performance of his/her duties employees of the State of Nevada? | | |
| 5. | Does the arrangement with the independent contractor contemplate continuing or recurring work (even if the services are seasonal, part-time, or of short duration)? | | |
| 6. | Will the State of Nevada incur an employment liability if the independent contractor is terminated for failure to perform? | | |
| 7. | Is the independent contractor restricted from offering his/her services to the general public while engaged in this work relationship with the State? | | |

16. **INSURANCE SCHEDULE.** Unless expressly waived in writing by the State, Contractor, as an independent contractor and not an employee of the state, must carry policies of insurance and pay all taxes and fees incident hereunto. Policies shall meet the terms and conditions as specified within this Contract along with the additional limits and provisions as described in *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-VIP" 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 Acori 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, prepared or in the course of preparation by Contractor (or its subcontractors) in performance of its obligations under this Contract shall be the exclusive property of the State and all such materials shall be delivered into State possession by Contractor upon completion, termination, or cancellation of this Contract. Contractor shall not use, willingly allow, or cause to have such materials used for any purpose other than performance of Contractor's obligations under this Contract without the prior written consent of the State. Notwithstanding the foregoing, the State shall have no proprietary interest in any materials licensed for use by the State that are subject to patent, trademark, or copyright protection.
22. **PUBLIC RECORDS.** Pursuant to NRS 239.010, information or documents received from Contractor may be open to public inspection and copying. The State has a legal obligation to disclose such information unless a particular record is made confidential by law or a common law balancing of interests. Contractor may label specific parts of an individual document as a "trade secret" or "confidential" in accordance with NRS 333.333, provided that Contractor thereby agrees to indemnify and defend the State for honoring such a designation. The failure to so label any document that is released by the State shall constitute a complete waiver of any and all claims for damages caused by any release of the records.
23. **CONFIDENTIALITY.** Contractor shall keep confidential all information, in whatever form, produced, prepared, observed or received by Contractor to the extent that such information is confidential by law or otherwise required by this Contract.
24. **FEDERAL FUNDING.** In the event federal funds are used for payment of all or part of this Contract.
 - A. Contractor certifies, by signing this Contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to the regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt 67, 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 identity of such persons and the services that each such person will perform, and receiving from the Contracting Agency approval for the use of such persons.
29. **ASSIGNMENT OF ANTITRUST CLAIMS.** Contractor irrevocably assigns to the State any claim for relief or cause of action which the Contractor now has or which may accrue to the Contractor in the future by reason of any violation of State of Nevada or federal antitrust laws in connection with any goods or services provided to the Contractor for the purpose of carrying out the Contractor's obligations under this Contract, including, at the State's option, the right to control any such litigation on such claim for relief or cause of action. Contractor shall require any subcontractors hired to perform any of Contractor's obligations under this Contract to irrevocably assign to the State, as third party beneficiary, any right, title or interest that has accrued or which may accrue in the future by reason of any violation of State of Nevada or federal antitrust laws in connection with any goods or services provided to the subcontractor for the purpose of carrying out the subcontractor's obligations to the Contractor in pursuance of this Contract, including, at the State's option, the right to control any such litigation on such claim or relief or cause of action.
30. **GOVERNING LAW: JURISDICTION.** This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada, without giving effect to any principle of conflict-of-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.

Jill Oswalt, MD 4/27/2013 Jill Oswalt, MD
Independent Contractor's Signature Date Independent Contractor's Title

Angie Beener 5/1/13 Administrator
Signature Date Title
for Amber Howelle

for Ellen M. ... 5/8/13 Director
Signature Date Title
Department of Health and Human Services

Signature Date Title

Jett ...
Signature Board of Examiners

APPROVED BY BOARD OF EXAMINERS

On: 6-11-13
Date

Approved as to form by:

[Signature]
Deputy Attorney General for Attorney General

On: 17 May 13
Date



BRIAN SANDOVAL
Governor

JAMES R. WELLS, CPA
Executive Officer

STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM

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LEO M. DROZDOFF, P.E.
Board Chairman

Memorandum

DATE: March 6, 2015
TO: James R. Wells, Budget Director, Department of Administration
FROM: Megan Sloan, Management Analyst, Public Employees' Benefits Program
SUBJECT: Contract 14574

Mr. Wells,

The contract number 14574 between the Public Employees Benefit Program and Healthscope Benefits, Inc, which administers the states dental claims, was fully executed by the Board of Examiners at their meeting held on July 9, 2013. It has been recognized that there was a data entry error in the CETS database which incorrectly identified the termination date of this contract as 06/30/2014. The correct termination date of this contract is 06/30/2017, which was accurately reflected on the contract signed by all parties.

PEBP regrets the error in the database and appreciates the combined efforts of the budget office and Purchasing to help correct the error.

If you have any questions, please contact me.