

# POST

## \*\*\* NOTICE OF PUBLIC MEETING \*\*\*

### BOARD OF EXAMINERS

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**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:** June 9, 2015 at 10:00 a.m.

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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.

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### AGENDA

1. PUBLIC COMMENTS
- \*2. FOR POSSIBLE ACTION – APPROVAL OF THE MAY 12, 2015 BOARD OF EXAMINERS’ MEETING MINUTES
- \*3. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A CURRENT AND/OR FORMER EMPLOYEE
  - A. Department of Education

Pursuant to NRS 333.705, the Department of Education requests authority to contract with a former Department of Education, Administrative Services Officer, through a temporary service, to provide training, knowledge transfer and technical assistance with the allocation and payment models for the Distributive School Account, Class Size Reduction, and Full Day Kindergarten through December 31, 2015.

**\*4. FOR POSSIBLE ACTION – REVIEW OF A CONTRACT WITH A FORMER EMPLOYEE**

**A. State Public Charter School Authority**

Pursuant to NRS 333.705(4), the State Public Charter School Authority seeks a favorable recommendation regarding the Authority’s determination to use the emergency provision to contract with a former employee from October 21, 2014 to November 14, 2014 to employ a former Program Officer from the Office of Teacher Licensure to assist the agency in preparing the annual Licensed Person Report.

**\*5. 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:

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>	<b>HWY FUND ADJUSTMENT</b>
2941	Division of Museums and History	\$2,693	
2666	Commission on Postsecondary Ed	\$4,159	
3711	Department of Corrections - Correctional Programs	\$107,664	
3716	Department of Corrections - Warm Springs Correctional Center	\$110,757	
3724	Department of Corrections - Northern Nevada Restitution Center	\$5,637	
3760	Department of Corrections - Casa Grande Transitional Housing	\$14,573	
5030	Comstock Historic Preservation District	\$1,921	
	<b>Total</b>	<b>\$247,404</b>	

**\*6. 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.

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED</b>
Department of Health and Human Services – Division of Child and Family Services – Summit View Youth Correctional Facility	1	\$26,815
<b>Total</b>		<b>\$26,815</b>

**\*7. FOR POSSIBLE ACTION – REQUEST FOR GENERAL FUND ALLOCATION FROM THE INTERIM FINANCE COMMITTEE CONTINGENCY ACCOUNT**

**A. Office of the Military**

Pursuant to NRS 353.268, the Office of the Military requests an allocation of \$868 from the Interim Finance Committee (IFC) Contingency Account to fund a stale claim from SFY 2012.

**\*\*This request is contingent upon the approval of an action item which was submitted for placement on the agenda of the June 25, 2015 Interim Finance Committee meeting.\*\***

**\*8. FOR POSSIBLE ACTION – LEASE ([Attached as Exhibit 1](#))**

**\*9. FOR POSSIBLE ACTION – CONTRACTS ([Attached as Exhibit 2](#))**

**\*10. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENTS ([Attached as Exhibit 3](#))**

**11. CONTRACTS APPROVED BY THE CLERK OF THE BOARD ([Attached as Exhibit 4](#)) – INFORMATION 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 April 21, 2015 through May 15, 2015.

**12. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS**

**\*13. 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

[Capitolpolice-lasvegas@dps.state.nv.us](mailto:Capitolpolice-lasvegas@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](mailto: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.

# LEASE

BOE #	LESSEE	LESSOR	AMOUNT
1.	Board of Dental Examiners	Spanish Park Building Two, LLC	\$352,322
	<b>Lease Description:</b>	This is a renegotiation and renewal of an existing lease to house the board.	
	<b>Term of Lease:</b>	05/01/2015 – 04/30/2020	Located in Las Vegas
			RETROACTIVE

# CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	011	OFFICE OF ENERGY - RENEWABLE ENERGY FUND	DEPARTMENT OF BUSINESS & INDUSTRY - HOUSING DIVISION	OTHER: RENEWABLE ENERGY FUND	\$1,500,000	
	<b>Contract Description:</b>	This is a new interlocal agreement to provide interest-free loans to employees of the State of Nevada for energy efficiency upgrades to their homes.				
		Term of Contract:	07/01/2015 - 06/30/2016	Contract # 16488		
2.	011	OFFICE OF ENERGY - RENEWABLE ENERGY FUND	DEPARTMENT OF BUSINESS & INDUSTRY - HOUSING DIVISION	OTHER: RENEWABLE ENERGY FUNDS	\$1,200,000	
	<b>Contract Description:</b>	This is the first amendment to the original interlocal agreement, which continues an ongoing energy efficiency program for senior citizens. This amendment extends the termination date from August 31, 2015 to June 30, 2017 and increases the maximum amount from \$600,000 to \$1,800,000 due to the continued need for this program.				
		Term of Contract:	09/01/2014 - 06/30/2017	Contract # 15939		
3.	012	NUCLEAR PROJECTS OFFICE - HIGH LEVEL NUCLEAR WASTE	NEVADA DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT	FEDERAL	\$50,000	
	<b>Contract Description:</b>	This is a new interlocal agreement that provides federal funds specifically for Emergency Management activities required for planning and operations associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada. Federal funds for these activities are provided through a grant from the Western Governors' Association.				
		Term of Contract:	07/01/2015 - 06/30/2016	Contract # 16673		
4.	012	NUCLEAR PROJECTS OFFICE - HIGH LEVEL NUCLEAR WASTE	NEVADA DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL	FEDERAL	\$50,000	
	<b>Contract Description:</b>	This is a new interlocal agreement that provides federal funds specifically for Highway Patrol activities required for planning and operations associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada. Federal funds for these activities are provided through a grant from the Western Governors' Association.				
		Term of Contract:	07/01/2015 - 06/30/2016	Contract # 16674		
5.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIM FUND	CASEY NEILON & ASSOCIATES, LLC.	OTHER: INSURANCE PREMIUM TRUST FUND	\$110,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract which continues ongoing completion of the annual financial statement audit of the Insurance Premium Trust Fund. The audit incorporates planning, fieldwork, completion and evaluation, and financial statement preparation and review phases.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16652		
6.	040	SECRETARY OF STATE'S OFFICE	HIGH DESERT MICROIMAGING, INC.	GENERAL	\$23,149	
	<b>Contract Description:</b>	This is the first amendment to original contract, which provides maintenance for state-owned scanners for use with the eSOS Corporate Filing System. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$43,718 to \$66,867 due to continued need for these services and revisions to Attachment AA: Revised Scope of Work; Attachment CC: Vendor Quote; and Attachment DD: Updated Equipment List.				
		Term of Contract:	07/01/2013 - 06/30/2016	Contract # 14397		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	050	TREASURER'S OFFICE	CHICAGO EQUITY PARTNERS, LLC	OTHER: INVESTMENT EARNINGS	\$1,500,000	
	<b>Contract Description:</b>	This is a new contract to provide fixed income investing for the State General Portfolio - Core in a prudent manner in accordance with NRS Chapter 355.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16710		
8.	050	TREASURER'S OFFICE	FTN FINANCIAL MAIN STREET ADVISORS	OTHER: INVESTMENT EARNINGS	\$272,000	
	<b>Contract Description:</b>	This is a new contract to provide fixed income investing for the State Local Government Investment Pool in a prudent manner in accordance with NRS Chapter 355.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16709		
9.	050	TREASURER'S OFFICE	WESTERN ASSET MANAGEMENT COMPANY	OTHER: INVESTMENT EARNINGS	\$2,080,000	
	<b>Contract Description:</b>	This is a new contract to provide fixed income investing for the State General Portfolio - Core in a prudent manner in accordance with NRS Chapter 355.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16713		
10.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS	AIR FILTRATION SERVICES	FEE: BUILDINGS AND GROUNDS RENTAL INCOME FEES	\$74,845	
	<b>Contract Description:</b>	This is a new contract that continues ongoing repair and replacement of filters for heating, ventilation, and air conditioning at the Grant Sawyer Building, located at 555 E. Washington, Las Vegas, Nevada, as well as various state buildings as scheduled and needed by Buildings and Grounds.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16619		
11.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	AINSWORTH ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional mechanical plan checking services as required: SPWD Contract No. 109364.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16691		
12.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	ARCHITECTS + LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional accessibility plan checking services as required: SPWD Contract No. 109288.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16700		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	DG KOCH ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional mechanical plan checking services as required: SPWD Contract No. 109366.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16688		
14.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	ENGINEERING PARTNERS, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional mechanical/electrical plan checking services as required: SPWD Contract No. 109363.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16699		
15.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	ETCHEMENDY ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional mechanical plan checking services as required: SPWD Contract No. 109368.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16684		
16.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	H&K ARCHITECTS	OTHER: AGENCY FUNDED CIP	\$124,200	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide professional architectural/engineering design development and construction documents for the Stewart Cultural Center: CIP Project No. 15-A037, SPWD Contract No. 109391.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16683		
17.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	HARRIS CONSULTING ENGINEERS, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional mechanical/electrical plan checking services as required: SPWD Contract No. 109361.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16698		
18.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	JBA CONSULTING ENGINEERS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional mechanical/electrical plan checking services as required: SPWD Contract No. 109362.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16692		



BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	LUMOS & ASSOCIATES, INC.	OTHER: AGENCY FUNDED CIP	\$149,800	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide construction materials testing and inspection services for the Army Aviation Stead Facility Apron Replacement project for the Nevada Army National Guard: CIP Project No. 15-A011, SPWD Contract No. 109247.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16678		
20.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	NOVA GEOTECHNICAL & INSPECTION SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional geotechnical investigation services as required: SPWD Contract No. 109262.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16701		
21.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	NOVA GEOTECHNICAL & INSPECTION SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional materials testing and inspection services as required: SPWD Contract No. 109263.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16702		
22.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	PETTY & ASSOCIATES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional mechanical plan checking services as required: SPWD Contract No. 109367.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16686		
23.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	PK ELECTRICAL, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$100,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional electrical plan checking services as required: SPWD Contract No. 109369.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16693		
24.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - All Budget Accounts	TECTONICS DESIGN GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$50,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide ongoing professional structural plan checking services as required: SPWD Contract No. 109230.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16694		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS TOURISM DEVELOPMENT FUND	ADNOVA COMMUNICACION ESTRATEGICA, S.C.	OTHER: LODGING TAX	\$319,100	
	<b>Contract Description:</b>	This is a new contract to provide ongoing international representation in Mexico to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities, media value and accomplishments.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16516			
26.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS TOURISM DEVELOPMENT FUND	AVIAREPS AG	OTHER: LODGING TAX	\$333,400	
	<b>Contract Description:</b>	This is a new contract to provide ongoing international representation in Germany to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities, media value and accomplishments.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16518			
27.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS TOURISM DEVELOPMENT FUND	AVIAREPS FRANCE S.A.R.L.	OTHER: LODGING TAX	\$75,000	EXEMPT
	<b>Contract Description:</b>	This is the fifth amendment to the original contract, which provides international representation in France to promote tourism in Nevada. Services includes market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing collateral materials, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2015 to December 31, 2015 and increases the maximum amount from \$656,700 to \$731,700 to continue French representation only, for an additional six months.				
	Term of Contract:	07/13/2010 - 12/31/2015	Contract # 11290			
28.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS TOURISM DEVELOPMENT FUND	AVIAREPS MARKETING GARDEN HOLDINGS LTD	OTHER: LODGING TAX	\$258,400	
	<b>Contract Description:</b>	This is a new contract to provide ongoing international representation in South Korea to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities, media value and accomplishments.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16515			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS TOURISM DEVELOPMENT FUND	GATE 7 PTY LTD	OTHER: LODGING TAX	\$85,250	
	<b>Contract Description:</b>	This is the third amendment to the original contract to provide international representation in Australia to promote tourism in Nevada. The services include market briefing, media relations, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2015 to December 31, 2015 and increases the maximum amount from \$295,500 to \$380,750 to continue the international representation in Australia for an additional six months.				
	<b>Term of Contract:</b>	02/14/2012 - 12/31/2015	<b>Contract # 13013</b>			
30.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS TOURISM DEVELOPMENT FUND	HILL BALFOUR SYNERGY LIMITED	OTHER: LODGING TAX	\$300,000	
	<b>Contract Description:</b>	This is a new contract to provide international representation in the United Kingdom to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities, media value and accomplishments.				
	<b>Term of Contract:</b>	07/01/2015 - 06/30/2017	<b>Contract # 16517</b>			
31.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS TOURISM DEVELOPMENT FUND	INTERAMERICAN NETWORK	OTHER: LODGING TAX	\$62,500	
	<b>Contract Description:</b>	This is the third amendment to the original contract to provide international representation in Brazil to promote tourism in Nevada. The services include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2015 to December 31, 2015 and increases the maximum amount from \$255,000 to \$317,500 to continue the international representation in Brazil for an additional six months.				
	<b>Term of Contract:</b>	02/14/2012 - 12/31/2015	<b>Contract # 13014</b>			
32.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	CITY OF FALLON (HIGHWAY 95 REGIONAL DEVELOPMENT AUTHORITY)	GENERAL	\$230,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$230,000 to \$460,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	08/13/2013 - 06/30/2017	<b>Contract # 14696</b>			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	ECONOMIC DEVELOPMENT AUTHORITY OF WESTERN NEVADA	GENERAL	\$1,200,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$1,200,000 to \$2,400,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	08/13/2013 - 06/30/2017	Contract # 14695			
34.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	GREAT BASIN REGIONAL DEVELOPMENT AUTHORITY	GENERAL	\$160,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$160,000 to \$380,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	08/13/2013 - 06/30/2017	Contract # 14713			
35.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	HUMBOLDT DEVELOPMENT AUTHORITY	GENERAL	\$100,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$100,000 to \$200,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	08/13/2013 - 06/30/2017	Contract # 14714			
36.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	LAS VEGAS GLOBAL ECONOMIC ALLIANCE	GENERAL	\$2,950,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$2,950,000 to \$5,900,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	09/10/2013 - 06/30/2017	Contract # 14699			
37.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	LINCOLN COUNTY REGIONAL DEVELOPMENT AUTHORITY	GENERAL	\$110,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$110,000 to \$220,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	08/13/2013 - 06/30/2017	Contract # 14689			
38.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	NORTHEASTERN NEVADA REGIONAL DEVELOPMENT AUTHORITY	GENERAL	\$260,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$160,000 to \$420,000 due to the addition of Lander County and the continued need for these services.				
	<b>Term of Contract:</b>	08/13/2013 - 06/30/2017	Contract # 14700			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	NORTHERN NEVADA DEVELOPMENT AUTHORITY	GENERAL	\$470,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$470,000 to \$940,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	08/13/2013 - 06/30/2017	<b>Contract # 14694</b>			
40.	102	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	NYE COUNTY REGIONAL ECONOMIC DEVELOPMENT AUTHORITY	GENERAL	\$160,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$160,000 to \$320,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	08/13/2013 - 06/30/2017	<b>Contract # 14692</b>			
41.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES	ELKO COUNTY FIRE PROTECTION DISTRICT	OTHER: REVENUE CONTRACT	\$257,396	
	<b>Contract Description:</b>	This is a new interlocal revenue agreement to provide eight and one-half rack spaces, eighteen microwave channel ends, and one DS-1 circuit at various sites in Elko and Eureka counties.				
	<b>Term of Contract:</b>	07/01/2015 - 06/30/2019	<b>Contract # 16655</b>			
42.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES	HIGH SIERRA COMMUNICATIONS, INC.	FEE: USER FEES	\$550,000	SOLE SOURCE
	<b>Contract Description:</b>	This is a new contract to provide ongoing building and microwave tower space at the Fencemaker Peak and Toulon Peak in Pershing County and the Peavine Peak and Virginia Peak in Washoe County. This allows for the secure installation of mountaintop communications equipment to enable long distance microwave transmissions to support public safety and state infrastructure.				
	<b>Term of Contract:</b>	07/01/2015 - 06/30/2019	<b>Contract # 16677</b>			
43.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - NETWORK TRANSPORT SERVICES	NEW CINGULAR WIRELESS PCS, LLC	OTHER: REVENUE CONTRACT	\$27,105	
	<b>Contract Description:</b>	This is the second amendment to the original revenue contract, which provides rack space rental at Pennsylvania Hill in Elko County. This amendment extends the current contract termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$47,049.84 to \$74,154.72 to continue rack space rental.				
	<b>Term of Contract:</b>	07/01/2011 - 06/30/2017	<b>Contract # 11955</b>			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	300	DEPARTMENT OF EDUCATION - PROFICIENCY TESTING	OTIS EDUCATIONAL SYSTEMS, INC.	GENERAL	\$374,000	EXEMPT
	<b>Contract Description:</b>	This is the first amendment to the original contract, which provides ongoing hardware and software maintenance services and operational support of the System of Accountability Information in Nevada and the State Longitudinal Data System. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$187,000 to \$561,000 due to the continued need for these services.				
	<b>Term of Contract:</b>	06/10/2014 - 06/30/2017	<b>Contract # 15748</b>			
45.	300	DEPARTMENT OF EDUCATION - ELEMENTARY & SECONDARY EDUCATION - TITLE I	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	FEDERAL	\$226,391	
	<b>Contract Description:</b>	This is a new interlocal agreement to provide technical assistance to local education agencies to plan for potential emergencies through the creation of high quality school Emergency Operations Plan.				
	<b>Term of Contract:</b>	Upon Approval - 03/31/2016	<b>Contract # 16689</b>			
46.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	INFINITE CAMPUS, INC.	FEE: CHARTER SCHOOL SPONSOR FEES	\$253,034	EXEMPT
	<b>Contract Description:</b>	This is the fourth amendment to the original contract to provide a Student Information System as required by NRS 386.650 to: (a) Adopt and maintain a program for the collection, maintenance and transfer of data from the records of individual pupils to the State automated system of information; (b) Provide to the Department electronic data concerning pupils as required by the Superintendent of Public Instruction; (c) Ensure that an electronic record is maintained in accordance with subsection 3 of NRS 386.655. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$304,250 to \$557,284 due to the continued need for these services.				
	<b>Term of Contract:</b>	07/10/2013 - 06/30/2016	<b>Contract # 14513</b>			
47.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	DELOITTE CONSULTING, LLP	FEE: STATE-SPONSORED CHARTER SCHOOL FESS	\$175,000	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is a new contract to provide forensic audits of two charter schools to ensure fiscal responsibility of the use of state funds.				
	<b>Term of Contract:</b>	06/07/2015 - 10/30/2015	<b>Contract # 16715</b>			
48.	332	DEPARTMENT OF ADMINISTRATION - LIBRARY AND ARCHIVES - NEVADA STATE LIBRARY	EBSCO INDUSTRIES, INC.	FEDERAL	\$822,450	
	<b>Contract Description:</b>	This is a new contract to provide the Core Enhanced Renewal Package of databases, which includes reference databases for secondary schools, undergraduate, and graduate-level scholarly research in key areas of academic study. Databases include comprehensive multi-disciplinary content, academic peer-reviewed journals, full text, periodicals, reports, books, and multiple academic disciplines to meet the academic needs of patrons, the public, and public K-12 schools. Additionally, this contract provides the American Bibliographic Center-CLIO package of databases, which includes reference databases and reference materials such as encyclopedias, biographies, full-text magazines and newspaper articles, primary source documents, maps and image collections, culture and country reports, science experiments, and almanacs to meet the academic needs of public K-12 schools.				
	<b>Term of Contract:</b>	07/01/2015 - 06/30/2017	<b>Contract # 16585</b>			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	332	DEPARTMENT OF ADMINISTRATION - LIBRARY AND ARCHIVES - NEVADA STATE LIBRARY	LEARNINGEXPRESS, LLC	FEDERAL	\$216,000	
	<b>Contract Description:</b>	This is a new contract to provide the Library Computer Skills Center database package, which contains multimedia tutorials for learning the fundamentals of computers, the Internet, popular software applications, electronic reference books, and academic and career related resources to meet the academic needs of patrons, the public, and public K-12 schools.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16583		
50.	332	DEPARTMENT OF ADMINISTRATION - LIBRARY AND ARCHIVES - NEVADA STATE LIBRARY	WORLD BOOK, INC.	GENERAL	\$186,920	
	<b>Contract Description:</b>	This is a new contract to provide Advanced Reference Suite (includes World Book Kids, World Book Student, World Book Advanced, and Enciclopedia Estudiantil Hallazgos), Early World of Learning, and Dramatic Learning to meet the academic needs of patrons, the public, and public K-12 schools.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16598		
51.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - PROBLEM GAMBLING	PROBLEM GAMBLING SOLUTIONS	OTHER: SLOT TAX	\$41,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which provides continued technical assistance to the Prevention of Problem Gambling grantees, Grants Management Unit, Advisory Committee on Problem Gambling (ACPG), and to the ACPG groups. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$41,000 to \$82,000 due to the continued need for these services.				
		Term of Contract:	07/01/2014 - 06/30/2016	Contract # 15814		
52.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	BOARD OF REGENTS-UNR	GENERAL	\$59,108	
	<b>Contract Description:</b>	This is a new interlocal agreement that continues ongoing services with the Psychology Department to provide one Clinical Psychology Extern to perform counseling and evaluations for people served under the supervision of Rural Regional Center licensed psychologists.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16630		
53.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - COMMUNITY BASED SERVICES	BOARD OF REGENTS-UNLV	GENERAL 64% OTHER: HEALTHY NEVADA FUNDS 21% FEDERAL 15%	\$180,624	PROFESSIONAL SERVICE
	<b>Contract Description:</b>	This is the second amendment to the original interlocal agreement, which continues to provide psychological assessments and evaluations of clients referred through the Autism Treatment Assistance Program. This is a Post-Doctoral Fellowship at the University of Nevada, Las Vegas Center for Autism Spectrum Disorders. This amendment extends the termination date from August 31, 2015 to June 30, 2017 and increases the maximum amount from \$160,959.96 to \$341,583.48 due to the continued need for these services and a revised scope of work for fiscal years 2015-2017.				
		Term of Contract:	12/03/2013 - 06/30/2017	Contract # 14873		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	BOARD OF REGENTS- UNIVERSITY OF NEVADA SCHOOL OF MEDICINE	GENERAL 50.2% FEDERAL 49.8%	\$96,060	
		<b>Contract Description:</b>	This is a new interlocal agreement that continues ongoing medical director services at the Desert Regional Center.			
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16533		
55.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	BOARD OF REGENTS-UNR	GENERAL	\$53,856	
		<b>Contract Description:</b>	This is a new interlocal agreement that continues ongoing services with the Psychology Department to provide one Clinical Psychology Extern to perform counseling and evaluations for people served under the supervision of Sierra Regional Center licensed psychologists.			
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16629		
56.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	BOARD OF REGENTS-UNR	GENERAL	\$53,856	
		<b>Contract Description:</b>	This is a new interlocal agreement that continues ongoing services with the Psychology Department to provide one Behavior Analysis Psychology Extern to perform behavioral analysis and evaluations for people served under the supervision of Sierra Regional Center licensed psychologists.			
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16628		
57.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH & AGING AND DISABILITY SERVICES	AITHENT, INC.	OTHER: PUBLIC UTILITIES COMMISSION SURCHARGE	\$180,000	
		<b>Contract Description:</b>	This is the first amendment to the original contract, which provides ongoing implementation of a comprehensive, web-based licensing (licensing, permitting, registration, certification) and regulatory system (inspections and complaints) for health facilities, clinical laboratories, child care facilities, food handling establishments, dietitians, music therapists, emergency medical services, medical marijuana establishments and users, and other entities within the division. This amendment increases the maximum amount from \$1,279,000 to \$1,459,000 due to the addition of the Division of Aging and Disability Services' Interpreter and Communication Access Real-time Translation Registry.			
		Term of Contract:	03/11/2014 - 03/31/2018	Contract # 15307		



BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD HEALTH SERVICES	BOARD OF REGENTS-UNR	FEDERAL	\$427,059	
		<b>Contract Description:</b> This is the first amendment to the original interlocal agreement, which provides ongoing evidence-based home visiting services into rural at-risk communities based on the Nurse Family Partnership Model Overview, which targets low income families with pregnant women and children up to two years old, to promote maternal, infant and early childhood health and safety as well as develop strong parent-child relationships. This amendment extends the termination date from June 30, 2015 to September 30, 2017 and increases the maximum amount from \$189,797 to \$616,856 due to the continued need for these services.				
		Term of Contract:	07/08/2014 - 09/30/2017	Contract # 15773		
59.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD HEALTH SERVICES	SOUTHERN NEVADA HEALTH DISTRICT	FEDERAL	\$873,343	
		<b>Contract Description:</b> This is the first amendment to the original interlocal agreement, which provides ongoing evidence-based home visiting services into rural at-risk communities based on the Nurse Family Partnership Model Overview, which targets low income families with pregnant women and children up to two years old, to promote maternal, infant and early childhood health and safety as well as develop strong parent-child relationships. This amendment extends the termination date from June 30, 2015 to September 30, 2017 and increases the maximum amount from \$387,713 to \$1,261,056 due to the continued need for these services.				
		Term of Contract:	07/08/2014 - 09/30/2017	Contract # 15684		
60.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD HEALTH SERVICES	SUNRISE CHILDREN'S FOUNDATION	FEDERAL	\$661,635	
		<b>Contract Description:</b> This is the first amendment to the original contract, which provides ongoing evidence-based home visiting services into rural at-risk communities based on the Nurse Family Partnership Model Overview, which targets low income families with pregnant women and children up to two years old, to promote maternal, infant and early childhood health and safety as well as develop strong parent-child relationships. This amendment extends the termination date from June 30, 2015 to September 30, 2017 and increases the maximum amount from \$294,060 to \$955,695 due to the continued need for these services.				
		Term of Contract:	06/12/2014 - 09/30/2017	Contract # 15618		
61.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	CHURCHILL COUNTY	OTHER: REVENUE	\$117,664	
		<b>Contract Description:</b> This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$235,328 to \$352,992 due to the continued need for these services.				
		Term of Contract:	07/01/2013 - 06/30/2016	Contract # 14825		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
62.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	HUMBOLDT COUNTY	OTHER: REVENUE	\$115,949	
		<b>Contract Description:</b> This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$231,898 to \$347,847 due to the continued need for these services.				
		Term of Contract:	07/01/2013 - 06/30/2016	Contract # 14477		
63.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	LYON COUNTY	OTHER: REVENUE	\$141,141	
		<b>Contract Description:</b> This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$282,282 to \$423,423 due to the continued need for these services.				
		Term of Contract:	07/01/2013 - 06/30/2016	Contract # 14546		
64.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	NYE COUNTY	OTHER: REVENUE	\$122,699	
		<b>Contract Description:</b> This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$245,398 to \$368,097 due to the continued need for these services.				
		Term of Contract:	07/01/2013 - 06/30/2016	Contract # 14544		
65.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	PERSHING COUNTY	OTHER: REVENUE	\$17,917	
		<b>Contract Description:</b> This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$35,834 to \$53,751 due to one year term extension.				
		Term of Contract:	07/01/2013 - 06/30/2016	Contract # 16056		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
66.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	CHASE GLOBAL SERVICES	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$3,876,027	SOLE SOURCE
		<b>Contract Description:</b> This is a new contract, which continues ongoing maintenance and operations services, including staff and equipment, to support the Child Support Enforcement Decision Support System. <b>Term of Contract:</b> 07/01/2015 - 06/30/2021 <b>Contract #</b> 16615				
67.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	RENO CARSON MESSENGER SERVICE	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$90,000	
		<b>Contract Description:</b> This is a new contract that continues the ongoing service of processing of legal documents, primarily subpoenas to non-custodial parents. <b>Term of Contract:</b> 07/01/2015 - 06/30/2019 <b>Contract #</b> 16443				
68.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH & FAMILY ADMINISTRATION	RIDGEWOOD ASSOCIATES PUBLIC RELATIONS, INC.	GENERAL 27.3% FEDERAL 72.7%	\$223,360	
		<b>Contract Description:</b> This is a new contract that continues ongoing use, maintenance and upkeep for the Nevada Partnership for Training Web Registration System. This contract also allows for improvements to system functionality, online tools and the enhancement of the online training course and training components that are part of the division's Annual Training Plan. <b>Term of Contract:</b> 07/01/2015 - 06/30/2019 <b>Contract #</b> 16659				
69.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CALIENTE YOUTH CENTER	LINCOLN COUNTY SCHOOL DISTRICT	GENERAL	\$1,287,040	EXEMPT
		<b>Contract Description:</b> This is a new interlocal agreement that continues ongoing educational services to provide for the educational needs of youth in residence pursuant to NRS 63.210. <b>Term of Contract:</b> 07/01/2015 - 06/30/2019 <b>Contract #</b> 16610				

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
70.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CALIENTE YOUTH CENTER	ROITMAN, NORTON A MD	GENERAL	\$127,300	
	<b>Contract Description:</b>	This is the fifth amendment to the original contract, which continues ongoing psychiatric services for youth in residence. This amendment increases the maximum amount from \$151,140 to \$278,440 due to an increased number of court orders requiring psychiatric services.				
		Term of Contract:	06/05/2012 - 06/30/2016	Contract # 13243		
71.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD & ADOLESCENT SERVICES	BHC HEALTH SERVICES OF NEVADA DBA WEST HILLS HOSPITAL	GENERAL	\$948,000	SOLE SOURCE
	<b>Contract Description:</b>	This is a new contract that continues ongoing acute inpatient psychiatric services for children and adolescents served by Northern Nevada Child and Adolescent Services and Rural Child Welfare.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16666		
72.	440	DEPARTMENT OF CORRECTIONS - SOUTHERN NEVADA CORRECTIONAL CENTER	SOUTHLAND INDUSTRIES DBA ABS SYSTEMS, INC.	GENERAL	\$232,352	
	<b>Contract Description:</b>	This is a new contract that continues ongoing preventative maintenance and system support for the temperature control systems at Southern Nevada Correctional Center, Southern Desert Correctional Center, Three Lakes Valley Conservation Camp, Florence McClure Women's Correctional Center, and High Desert State Prison.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16667		
73.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	ECOLAB, INC.	GENERAL	\$55,200	
	<b>Contract Description:</b>	This is a new contract that continues ongoing pest control services for Nevada State Prison, Northern Nevada Correctional Center, Northern Nevada Restitution Center, Stewart Conservation Camp, and Warm Springs Correctional Center.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16625		
74.	500	COMMISSION ON MINERAL RESOURCES	BREITER, BRIAN M. DBA ENVIRONMENTAL PROTECTION SERVICES	FEE: DANGEROUS MINE FEES AND ABANDONED MINE LAND SECURING FEES	\$120,000	
	<b>Contract Description:</b>	This is a new contract to continue the commission's statutory requirement to identify, rank, and secure dangerous conditions that result from mining practices which took place at a mine that is no longer operational throughout the State of Nevada.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16616		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
75.	550	DEPARTMENT OF AGRICULTURE - REGISTRATION & ENFORCEMENT	EWELL EDUCATIONAL SERVICES, INC.	FEE: PESTICIDE PRODUCT REGISTRATION FEES	\$182,162	SOLE SOURCE
	<b>Contract Description:</b>	This is a new contract to develop and maintain a web-based Pesticide Product Registration data system. This system will increase efficiency, reduce errors, and will improve the ability to collect fees and issue certificates through a web-based system.				
		Term of Contract:	09/22/2014 - 10/30/2018	Contract # 16484		
76.	611	GAMING CONTROL BOARD	CIBER, INC.	GENERAL	\$3,375,217	
	<b>Contract Description:</b>	This is the second amendment to the original contract, which continues ongoing assistance in developing custom applications to replace the current Digital Equipment Corp/Virtual Memory System, which is a Common Business Oriented Language based system. This amendment increases the maximum amount from \$1,924,844 to \$5,300,061 and revises the project rate schedule.				
		Term of Contract:	03/11/2014 - 03/31/2018	Contract # 15317		
77.	690	COLORADO RIVER COMMISSION	SARA A. PRICE, ESQ.	OTHER: WATER AND POWER REVENUES	\$310,000	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which continues ongoing professional services related to the Lower Colorado River Multi-Species Conservation Program (LCRMSCP) and to provide advice and oversight services related to environmental, water and power matters. This amendment increases the maximum amount from \$270,000 to \$580,000 due to increased workload related to unanticipated LCRMSCP issues and increasing workload related to environmental, water and power matters. This amendment also decreases the allowable hourly rate contemplated in the original agreement for years three and four to the rate approved for year two.				
		Term of Contract:	08/13/2013 - 06/30/2017	Contract # 14637		
78.	690	COLORADO RIVER COMMISSION - POWER DELIVERY SYSTEM	BURNS & MCDONNELL ENGINEERING COMPANY, INC.	OTHER: POWER SALES REVENUE	\$300,000	
	<b>Contract Description:</b>	This is the second amendment to the original contract, which continues ongoing engineering services for current and future projects. This amendment will allow for completion of phase two of the Boulder City Bypass Project engineering support services, and for the Lower Lake Level Pumping Station, which will require plan development, preliminary engineering work and preparation of designs, specifications and construction documents. This amendment extends the termination date from June 30, 2015 to June 30, 2017, and increases the maximum amount from \$750,000 to \$1,050,000.				
		Term of Contract:	08/13/2013 - 06/30/2017	Contract # 14627		
79.	690	COLORADO RIVER COMMISSION - POWER DELIVERY SYSTEM	SCHNEIDER ELECTRIC USA, INC.	OTHER: POWER SALES REVENUE	\$350,000	SOLE SOURCE
	<b>Contract Description:</b>	This is a new contract for ongoing system support services for a business enterprise system that allows the Commission and its customers to manage the procurement of electric energy using real-time metering data. The support services include programming, troubleshooting, and modifying software and hardware as required.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16679		
80.	705	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - WATER RESOURCES	U.S. GEOLOGICAL SURVEY	GENERAL 57% FEDERAL 43%	\$75,740	
	<b>Contract Description:</b>	This is a new cooperative agreement to provide an ongoing monitoring program for the South Fork of the Humboldt River consisting of two stream flow gages and data collection platforms.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16642		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
81.	705	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - WATER RESOURCES	U.S. GEOLOGICAL SURVEY	GENERAL 53% FEDERAL 47%	\$775,076	
	<b>Contract Description:</b>	This is a new cooperative agreement to provide ongoing operation and maintenance of a stream flow network of twenty-two gages and one reservoir gage; groundwater level data collection and data entry services; and annual publication of the data to the internet.				
		<b>Term of Contract:</b>	07/01/2015 - 06/30/2017	<b>Contract # 16644</b>		
82.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CONSOLIDATED MUNICIPALITY OF CARSON CITY	OTHER: CARSON CITY FUNDS	\$300,000	
	<b>Contract Description:</b>	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the municipality will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		<b>Term of Contract:</b>	07/01/2015 - 06/30/2017	<b>Contract # 16649</b>		
83.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	DOUGLAS COUNTY EAST FORK FIRE & PARAMEDC DIST	OTHER: FIRE PROTECTION DISTRICT FUNDS	\$180,000	
	<b>Contract Description:</b>	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		<b>Term of Contract:</b>	07/01/2015 - 06/30/2017	<b>Contract # 16510</b>		
84.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	NORTH LAKE TAHOE FIRE PROTECTION DISTRICT	OTHER: FIRE PROTECTION DISTRICT FUNDS	\$120,000	
	<b>Contract Description:</b>	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		<b>Term of Contract:</b>	07/01/2015 - 06/30/2017	<b>Contract # 16502</b>		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
85.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	PERSHING COUNTY	OTHER: PERSHING COUNTY FUNDS	\$100,000		
		<b>Contract Description:</b>	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16528			
86.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	STOREY COUNTY FIRE PROTECTION DISTRICT	OTHER: STOREY COUNTY FIRE PROTECTION DISTRICT FUNDS	\$300,000		
		<b>Contract Description:</b>	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16650			
87.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	TRUCKEE MEADOWS FIRE PROTECTION DISTRICT	OTHER: TRUCKEE MEADOWS FIRE PROTECTION DISTRICT FUNDS	\$360,000		
		<b>Contract Description:</b>	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16662			
88.	706	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - FORESTRY	NEVADA DEPARTMENT OF WILDLIFE	OTHER: AGENCY FUNDS FROM NDOW - ACUTAL SOURCE OF FUNDS VARIES BASED ON TYPE OF MISSION FLOWN.	\$300,000		
		<b>Contract Description:</b>	This is a new interlocal agreement to share pilots and maintenance personnel between agencies to better accomplish the mission of each state agency.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16477			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
89.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	STOLLER NEWPORT NEWS NUCLEAR, INC.	FEDERAL	\$100,000	
		<b>Contract Description:</b>	This is a new contract to provide data collection, program support, and technical services. The vendor will participate in site visits at the Nevada National Security Site to collect data; provide expert support through review and comments of technical documents related to radioactive waste profiles; and conduct training sessions on current engineering practices for managing radiological waste.			
		Term of Contract:	Upon Approval - 05/31/2016	Contract # 16696		
90.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	STOLLER NEWPORT NEWS NUCLEAR, INC.	FEDERAL	\$100,000	
		<b>Contract Description:</b>	This is a new contract to provide training, consultation, and document review services. The vendor will assist the division in identifying sites that may have historical contamination issues and, where historical contamination have been verified, implement proposed corrective actions based on public health and environmental considerations.			
		Term of Contract:	Upon Approval - 05/31/2016	Contract # 16695		
91.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	WESTERN ENVIRONMENTAL TESTING LABORATORY (WETLAB)	FEE: HAZARDOUS WASTE FEES	\$50,000	
		<b>Contract Description:</b>	This is a new contract to provide water, soil, and sludge sample testing services to support the bureau's hazardous waste enforcement actions on an as-needed basis.			
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16313		
92.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - STATE REVOLVING FUND ADMINISTRATION	FIRST SOUTHWEST COMPANY, LLC	FEDERAL	\$200,000	
		<b>Contract Description:</b>	This is a new contract to provide financial consulting/management services to the State Revolving Fund to structure bonds for the best interest of the programs, assist staff in forecasting, and advise on financial movements that occur in the markets.			
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16645		



BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
93.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	BOARD OF REGENTS - UNR	FEDERAL	\$600,000	EXEMPT
		<b>Contract Description:</b> This is a new interlocal agreement with the university's Nevada State Public Health Laboratory for the analysis of water, sediment, and biota samples to characterize the chemical, physical, and biological condition of surface waters throughout the state in support of the agency's statewide surface water quality monitoring program.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16687		
94.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM	GLOBAL ENVIRONMENTAL CONSULTING, INC.	FEDERAL	\$162,700	EXEMPT
		<b>Contract Description:</b> This is the first amendment to the original contract, which provides ongoing maintenance and support for a web-based data system, data migration assistance, support and training for the Safe Drinking Water Information System, and proprietary add on tools used by the division. This amendment increases the maximum amount from \$162,700 to \$325,400 and extends the termination date from June 30, 2015 to June 30, 2017 due to the continued need for these services.				
		Term of Contract:	06/11/2013 - 06/30/2017	Contract # 14341		
95.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM	WASHOE COUNTY HEALTH DISTRICT	FEDERAL	\$250,000	
		<b>Contract Description:</b> This is a new interlocal agreement that continues ongoing assistance to the division in applying Nevada laws governing public water systems; conducts and documents sanitary surveys within Washoe County; reviews and updates the Safe Drinking Water Information System with the data collected and analyzed; participates in associated training programs; assists the state in preparing relevant reports; assists the state in implementing the new U.S. Environmental Protection Agency rules that have not yet been adopted at the state level; and maintains forms and applications for the Drinking Water State Revolving Fund Grant Program.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16534		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
96.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	PRAESES, LLC	OTHER: WORKER COMPENSATION AND SAFEY FUND	\$72,000	SOLE SOURCE
	<b>Contract Description:</b>	This is the first amendment to the original contract, which continues ongoing services to provide the state access to an internet-based application software known as Jurisdiction Online. The software allows the division to manage the workflow and data of the Mechanical Compliance Unit boiler/elevator inspection and licensing activities mandated by statute. The contractor will also provide ongoing monthly hosting, maintenance, and support. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$231,000 to \$303,000 due to the continued need for maintenance and support.				
	<b>Term of Contract:</b>	09/10/2013 - 06/30/2017	Contract # 14806			
97.	749	DEPARTMENT OF BUSINESS AND INDUSTRY - ATHLETIC COMMISSION	YEE ADVANCED ORTHOPEDICS & SPORTS MEDICINE, LLC	GENERAL	\$300,000	
	<b>Contract Description:</b>	This is a new contract that continues ongoing services to provide medical records review and research related to unarmed combat.				
	<b>Term of Contract:</b>	07/01/2015 - 06/30/2019	Contract # 16660			
98.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	CLARK COUNTY SCHOOL DISTRICT	FEDERAL	\$2,484,179	
	<b>Contract Description:</b>	This is a new interlocal agreement to provide ongoing vocational rehabilitation services to students with disabilities who are attending Clark County School District high school. Staff and resources will be combined to provide vocational rehabilitation services through the Job Exploration and Expectation Program.				
	<b>Term of Contract:</b>	07/01/2015 - 06/30/2019	Contract # 16590			
99.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	IRON DATA SOLUTIONS, INC.	FEDERAL	\$261,000	EXEMPT
	<b>Contract Description:</b>	This is a new contract to provide ongoing software support services and maintenance for the Social Security Administration Disability Determination System currently installed within the Division.				
	<b>Term of Contract:</b>	07/01/2015 - 06/30/2017	Contract # 16669			
100.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	THE WORKPLACE, INC.	FEDERAL	\$355,740	SOLE SOURCE
	<b>Contract Description:</b>	This is the first amendment to the original contract, which provides the Platform 2 Employment (P2E) program in Nevada. This amendment extends the termination date from June 30, 2015 to September 30, 2016 and increases the maximum amount from \$392,500.00 to \$748,240.13 due to an increase in the number of workshops and P2E participants.				
	<b>Term of Contract:</b>	08/13/2014 - 09/30/2016	Contract # 15883			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
101.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - RESEARCH & ANALYSIS	UNIVERSITY OF OREGON	FEDERAL	\$81,425	EXEMPT
	<b>Contract Description:</b>	This is a new interlocal agreement that continues ongoing licensing for the Career Information System for utilization in the State of Nevada.				
		Term of Contract:	07/01/2015 - 06/30/2016	Contract # 16648		
102.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	EXTEND HEALTH, INC.	OTHER: 67% STATE SUBSIDY/ 33% PREMIUM REVENUE	\$2,023,000	
	<b>Contract Description:</b>	This is a new contract to provide ongoing individual Medicare Exchange and Health Reimbursement Arrangement Administration for eligible Medicare retirees of the program.				
		Term of Contract:	07/01/2015 - 06/30/2020	Contract # 16468		
103.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	HOMETOWN HEALTH PROVIDERS	OTHER: 67% STATE SUBSIDY/ 33% PREMIUM REVENUE	\$3,960,000	
	<b>Contract Description:</b>	This is the second amendment to the original contract, which provides utilization management and large case management to participants of the Consumer Driven Health Plan. This amendment increases the maximum amount from \$4,000,000 to \$7,960,000 due to adding diabetes care management.				
		Term of Contract:	07/01/2014 - 06/30/2019	Contract # 15306		

# MASTER SERVICE AGREEMENTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
MSA 1.	MSA	VARIOUS STATE AGENCIES	A/V TRONICS, INC. DBA AVTRANZ	OTHER: VARIOUS	\$200,000	
	<b>Contract Description:</b>	This is a new contract to provide transcription services of court and/or administrative proceedings or medical recordings for various state agencies on an as needed basis.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16631		
MSA 2.	MSA	VARIOUS STATE AGENCIES	AACTION MOVERS	OTHER: VARIOUS	\$100,000	
	<b>Contract Description:</b>	This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16690		
MSA 3.	MSA	VARIOUS STATE AGENCIES	ALWAYS ON TIME LLC	OTHER: VARIOUS	\$200,000	
	<b>Contract Description:</b>	This is a new contract to provide transcription services of court and/or administrative proceedings or medical recordings for various state agencies on an as needed basis.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16632		
MSA 4.	MSA	VARIOUS STATE AGENCIES	ARC HEALTH AND WELLNESS LLC	OTHER: VARIOUS	\$4,000,000	
	<b>Contract Description:</b>	This is a new contract that continues the provision of Occupational Health Services to State of Nevada employees. Primary services include: annual physical exams for police officers and firefighters; cardiac, pulmonary, audiology consultations/evaluations; and hepatitis inoculations and screening.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16591		
MSA 5.	MSA	VARIOUS STATE AGENCIES	ACE WORLD WIDE MOVING & STORAGE	OTHER: VARIOUS	\$100,000	
	<b>Contract Description:</b>	This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16638		
MSA 6.	MSA	VARIOUS STATE AGENCIES	BERGER TRANSFER & STORAGE	OTHER: VARIOUS	\$100,000	
	<b>Contract Description:</b>	This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16647		
MSA 7.	MSA	VARIOUS STATE AGENCIES	CORPORATE TRANSLATION SERVICES, INC. DBA CTS LANGUAGE LINK	OTHER: VARIOUS	\$2,000,000	
	<b>Contract Description:</b>	This is a new Participating Addendum to the Western States Contracting Alliance-National Association of State Purchasing Officers contract to provide immediate translation services over the telephone, 24 hours per day, 7 days per week.				
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16680		
MSA 8.	MSA	VARIOUS STATE AGENCIES	CARSON VALLEY MOVERS	OTHER: VARIOUS	\$100,000	
	<b>Contract Description:</b>	This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16640		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
MSA 9.	MSA	VARIOUS STATE AGENCIES	JAY BETZ, MD CONSULTING CORP DBA NEVADA OCCUPATIONAL HEALTH	OTHER: VARIOUS	\$1,000,000	
	<b>Contract Description:</b>	This is a new contract that continues the provision of Occupational Health Services to State of Nevada employees. Primary services include: annual physical exams for police officers and firefighters; cardiac, pulmonary, audiology consultations/evaluations; and hepatitis inoculations and screening.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16593		
MSA 10.	MSA	VARIOUS STATE AGENCIES	LABORATORY CORPORATION OF AMERICA	OTHER: VARIOUS	\$1,000,000	
	<b>Contract Description:</b>	This is a new contract that continues ongoing laboratory tests for client stays at several agency facilities.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16538		
MSA 11.	MSA	VARIOUS STATE AGENCIES	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST PA, DBA CONCENTRA	OTHER: VARIOUS	\$1,000,000	
	<b>Contract Description:</b>	This is a new contract that continues the provision of Occupational Health Services to State of Nevada employees. Primary services include: annual physical exams for police officers and firefighters; cardiac, pulmonary, audiology consultations/evaluations; and hepatitis inoculations and screening.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16592		
MSA 12.	MSA	VARIOUS STATE AGENCIES	PULIZ MOVING AND STORAGE	OTHER: VARIOUS	\$100,000	
	<b>Contract Description:</b>	This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16641		
MSA 13.	MSA	VARIOUS STATE AGENCIES	QUEST DIAGNOSTICS, INC.	OTHER: VARIOUS	\$1,000,000	
	<b>Contract Description:</b>	This is a new contract that continues ongoing laboratory tests for client stays at several agency facilities.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16487		
MSA 14.	MSA	VARIOUS STATE AGENCIES	ZYDOC MEDICAL TRANSCRIPTION, LLC	OTHER: VARIOUS	\$200,000	
	<b>Contract Description:</b>	This is a new contract to provide transcription services of court and/or administrative proceedings or medical recordings for various state agencies on an as needed basis.				
		Term of Contract:	07/14/2015 - 06/30/2019	Contract # 16665		

# INFORMATION CONTRACTS

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1	012	NUCLEAR PROJECTS OFFICE	DHHS – PUBLIC AND BEHAVIORAL HEALTH	FEDERAL	\$40,000	
	<b>Contract Description:</b>	This is a new interlocal agreement that provides federal funds specifically for the Bureau of Preparedness, Assurance, Inspections and Statistics' Radiation Control Program activities required for planning and operations associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada. Federal funds for these activities are provided through a grant from the Western Governors' Association.				
		Term of Contract:	07/01/2015 – 06/30/2016	Contract # 16681		
2	030	ATTORNEY GENERAL'S OFFICE	LEGAL WINGS, INC.	GENERAL	\$20,000	
	<b>Contract Description:</b>	This is a new contract to provide ongoing messenger services for legal documents to courts, law offices, etc. and file legal documents in various courts.				
		Term of Contract:	07/01/2015 – 06/30/2017	Contract # 16656		
3	030	ATTORNEY GENERAL'S OFFICE	RENO CARSON MESSENGER SERVICE, INC.	GENERAL	\$20,000	
	<b>Contract Description:</b>	This is a new contract to provide ongoing messenger services for legal documents to courts, law offices, etc. and file legal documents in the various courts.				
		Term of Contract:	07/01/2015 – 06/30/2017	Contract # 16654		
4	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION	LUMOS & ASSOCIATES, INC.	OTHER: AGENCY FUNDED CIP - FEDERAL ARMY GUARD CONSTRUCTION FUNDS	\$25,000	
	<b>Contract Description:</b>	This is a new contract to provide professional civil engineering and construction administration services for the Army Aviation Stead Facility Apron Replacement project: CIP Project No. 15-A011; SPWD Contract No. 109412.				
		Term of Contract:	05/11/2015 – 06/30/2019	Contract # 16703		
5	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS	KFC BUILDING CONCEPTS, INC.	FEES: BUILDINGS & GROUNDS RENT INCOME FEES	\$45,000	
	<b>Contract Description:</b>	This is a new contract that continues ongoing general contracting services for various State buildings in the Reno and Carson City areas, on an as needed basis and at the request and approval of a Building and Grounds designee.				
		Term of Contract:	05/11/2015 – 08/31/2019	Contract # 16661		
6	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS	DAVIS GLASS & MIRROR, INC.	FEES: BUILDINGS & GROUNDS RENT INCOME FEES	\$40,000	
	<b>Contract Description:</b>	This is a new contract that continues ongoing repairs and maintenance of windows, glass, and mirrors for state buildings in Southern Nevada, on an as needed basis, and upon the request of a Buildings and Grounds designee.				
		Term of Contract:	05/11/2015 – 04/30/2019	Contract # 16609		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS	ANTHONY'S GLASS, INC.	FEES: BUILDINGS & GROUNDS RENT INCOME FEES	\$40,000	
		<b>Contract Description:</b> This is a new contract that continues ongoing repairs and maintenance of windows, glass, and mirrors for state buildings in Southern Nevada, on an as needed basis, and upon the request of a Buildings and Grounds designee. Term of Contract: 05/11/2015 – 06/30/2019 Contract # 16635				
8	084	DEPARTMENT OF ADMINISTRATION – FLEET SERVICES DIVISION	WESTERN AUTOWASH SYSTEMS, INC.	OTHER: INTERNAL SERVICE FUND	\$5,000	
		<b>Contract Description:</b> This is the first amendment to the original contract, which provides quarterly inspections and routine repairs for the automated car wash system in Las Vegas. This amendment increases the maximum amount from \$9,999 to \$14,999 due to an increased need for these services. Term of Contract: 11/18/2012 – 10/31/2016 Contract # 13890				
9	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES	NAVAL FACILITIES ENGINEERING COMMAND SOUTHWEST	OTHER: REVENUE	\$18,000	
		<b>Contract Description:</b> This is the fourth amendment to the original revenue interlocal agreement, which provides for continuing seven rack space rentals at Austin Summit in Lander County. This amendment increases the maximum amount from \$59,969.92 to \$77,969.92 and extends the termination date from June 30, 2015 to June 30, 2016 to continue public safety communications. Term of Contract: 07/01/2011 – 06/30/2016 Contract # 12715				
10	240	DEPARTMENT OF VETERANS SERVICES	MEDICAID SERVICES OF CLARK COUNTY, LLC	FEDERAL 50% OTHER: PRIVATE FUNDS 50%	\$49,999	
		<b>Contract Description:</b> This is a new contract to provide Medicaid application processing services due to an increased volume and the inability of administrative staff to keep up with this volume of work. Term of Contract: 04/30/2015 – 04/30/2017 Contract # 16594				
11	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIRECTOR'S OFFICE	CASEY NEILON & ASSOCIATES, LLC	GENERAL 20% FEDERAL 60% OTHER: TOBACCO SETTLEMENT 20%	\$40,000	
		<b>Contract Description:</b> This is a new contract that continues ongoing fiscal reviews of Grants Management Unit grantees. These outside reviews provide assistance to the agency with the requirement that all grantees are reviewed once every two years. Term of Contract: 07/01/2015 – 06/30/2017 Contract # 16112				
12	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIRECTOR'S OFFICE	ELLSWORTH & STOUT, LLC	GENERAL 20% FEDERAL 60% OTHER: TOBACCO SETTLEMENT 20%	\$40,000	
		<b>Contract Description:</b> This is a new contract that continues ongoing fiscal reviews of Grants Management Unit grantees. These outside reviews provide assistance to the agency with the requirement that all grantees are reviewed once every two years. Term of Contract: 07/01/2015 – 06/30/2017 Contract # 16603				

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – COMMUNITY HEALTH SERVICES	WHITE PINE COUNTY	OTHER: REVENUE	\$28,933	
	<b>Contract Description:</b>	This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$57,866 to \$86,799 due to the continued need for these services.				
	<b>Term of Contract:</b>	07/01/2013 – 06/30/2016	Contract # 14688			
14	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – COMMUNITY HEALTH SERVICES	LANDER COUNTY	OTHER: REVENUE	\$48,030	
	<b>Contract Description:</b>	This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$96,060 to \$144,090 due to the continued need for these services.				
	<b>Term of Contract:</b>	07/01/2013 – 06/30/2016	Contract # 14691			
15	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – COMMUNITY HEALTH SERVICES	MINERAL COUNTY	OTHER: REVENUE	\$25,992	
	<b>Contract Description:</b>	This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$51,984 to \$77,976 due to the continued need for these services.				
	<b>Term of Contract:</b>	07/01/2013 – 06/30/2016	Contract # 14632			
16	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – COMMUNITY HEALTH SERVICES	ESMERALDA COUNTY	OTHER: REVENUE	\$5,777	
	<b>Contract Description:</b>	This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$11,544 to \$17,331 due to the continued need for these services.				
	<b>Term of Contract:</b>	07/01/2013 – 06/30/2016	Contract # 14634			



#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH - NNAMHS	NETWORK INTERPRETING SERVICE, INC.	GENERAL	\$30,000	
	<b>Contract Description:</b>	This is a new contract that continues ongoing interpreter services as needed for Northern Nevada Adult Mental Health Services (NNAMHS) in Reno, Nevada. The contractor is an expert in the field of American Sign Language (ASL) and will use their knowledge to aid NNAMHS staff in assisting consumers and/or their families who are hearing impaired.				
		Term of Contract:	11/10/2014 – 12/31/2018	Contract # 16578		
18	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH - SNAMHS	SOUTHLAND INDUSTRIES DBA IBS SYSTEMS	GENERAL	\$33,200	
	<b>Contract Description:</b>	This is a new contract that continues ongoing maintenance and service to the Delta Controls and Invensys Network 8000 Building Automation Systems. These systems control the energy efficiency of all the Southern Nevada Adult Mental Health Services (SNAMHS) campus buildings and the Rawson Neal Psychiatric Hospital.				
		Term of Contract:	05/12/2015 – 06/30/2017	Contract # 16185		
19	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES – CHILD SUPPORT ENFORCEMENT	RENO CARSON MESSENGER SERVICE, INC.	FEDERAL 66% OTHER: STATE SHARE OF COLLECTIONS 34%	\$22,560	
	<b>Contract Description:</b>	This is a new contract to provide ongoing courier services for legal documents in Northern Nevada and rural areas for the Child Support Enforcement Program.				
		Term of Contract:	07/01/2015 – 06/30/2019	Contract # 16423		
20	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES – UNITY/SACWIS	TELEDATA CONTRACTORS, INC.	GENERAL 51.5% FEDERAL 48.5%	\$34,780	
	<b>Contract Description:</b>	This is a new contract to provide services to install video conferencing equipment including servers, video system infrastructure and nineteen individual units at various division locations statewide.				
		Term of Contract:	05/12/2015 – 06/30/2015	Contract # 16646		
21	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES – SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	ALARMCO, INC.	GENERAL 43.5% FEDERAL 54.1% OTHER: RENTS, CLIENT CHARGES 2.4%	\$41,520	
	<b>Contract Description:</b>	This is a new contract that continues ongoing 24 hour monitoring of alarm systems located at 6171 West Charleston Boulevard and State leased property located at 4518 Craig Road in Las Vegas, NV. Monitoring services include monthly alarm testing and replacement materials, labor and parts.				
		Term of Contract:	07/01/2015 – 06/30/2019	Contract # 16620		
22	431	ADJUTANT GENERAL & NATIONAL GUARD	HIGH DESERT SURFACE PREP, INC.	GENERAL	\$24,750	
	<b>Contract Description:</b>	This is a new contract to remove the existing flooring, make minor repairs to the concrete, and polish with top-coat for all carpet and adhesive tile flooring in the cafeteria and serving areas in the Carlin Armory dining hall.				
		Term of Contract:	04/27/2015 – 05/31/2015	Contract # 16622		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23	431	ADJUTANT GENERAL & NATIONAL GUARD	FRED SHOEMAKER SIERRA FLOOR COVERING, INC.	GENERAL 50% FEDERAL 50%	\$18,370	
	<b>Contract Description:</b>	This is a new contract to install flooring in the drill hall located at the Fallon Armory.				
		<b>Term of Contract:</b>	05/08/2015 – 06/30/2015	Contract # 16706		
24	431	ADJUTANT GENERAL & NATIONAL GUARD	ADVANCED INSTALLATIONS, INC.	GENERAL 50% FEDERAL 50%	\$19,062	
	<b>Contract Description:</b>	This is a new contract to remove and dispose of approximately 4,950 square feet of floor tiles containing asbestos located at the Fallon Armory.				
		<b>Term of Contract:</b>	05/04/2015 – 06/30/2015	Contract # 16651		
25	431	ADJUTANT GENERAL & NATIONAL GUARD	FRED SHOEMAKER SIERRA FLOOR COVERING, INC.	GENERAL 50% FEDERAL 50%	\$42,577	
	<b>Contract Description:</b>	This is a new contract to remove and replace the carpet in the auditorium at the Office of the Adjutant General in Carson City.				
		<b>Term of Contract:</b>	05/04/2015 – 06/30/2015	Contract # 16653		
26	431	ADJUTANT GENERAL & NATIONAL GUARD	SOUTHLAND INDUSTRIES DBA ABS SYSTEMS	FEDERAL	\$48,000	
	<b>Contract Description:</b>	This is a new contract to ensure proper operation and care of the Delta Controls Energy Management Systems equipment in southern Nevada. Services will include installation, repair, service, inspections, testing, and updates.				
		<b>Term of Contract:</b>	05/04/2015 – 06/30/2018	Contract # 16627		
27	440	DEPARTMENT OF CORRECTIONS	HITES ENTERPRISES, INC.	OTHER: INMATE WELFARE FUND	\$21,564	
	<b>Contract Description:</b>	This is a new contract that continues ongoing cremation services for inmates incarcerated at the following correctional facilities located in Southern Nevada: Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Pioche Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. In the event the family of a deceased inmate declines to claim the body, the department is required to pay for cremation costs.				
		<b>Term of Contract:</b>	07/01/2015 – 06/30/2019	Contract # 16599		
28	440	DEPARTMENT OF CORRECTIONS	B&L BACKFLOW TESTING SPECIALIST, LLC	GENERAL	\$16,420	
	<b>Contract Description:</b>	This is a new contract that continues ongoing annual back flow inspection, testing, and certification of back flow devices at Warm Springs Correctional Center, Nevada State Prison, Northern Nevada Correctional Center, Stewart Conservation Camp, and Lovelock Correctional Center.				
		<b>Term of Contract:</b>	07/01/2015 – 06/30/2019	Contract # 16633		
29	440	DEPARTMENT OF CORRECTIONS	NNE CONSTRUCTION, INC.	GENERAL	\$14,650	
	<b>Contract Description:</b>	This is a new contract to provide labor and installation, alignment and configuration of the Department of Corrections Microwave Internet Radio System between Ely State Prison and Enterprise Information Technology Services Radio Closet located on Squaw Peak.				
		<b>Term of Contract:</b>	05/13/2015 – 08/31/2015	Contract # 16676		
30	440	DEPARTMENT OF CORRECTIONS	HOSPITALITY INTERNATIONAL, LLC DBA HOSPITALITY INTERNATIONAL TRAINING	FEDERAL	\$48,192	
	<b>Contract Description:</b>	This is a new contract to provide job and occupational skills training for prep/line cook for incarcerated offenders located at Florence McClure Women's Correctional Center.				
		<b>Term of Contract:</b>	05/08/2015 – 09/30/2015	Contract # 16435		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31	702	DEPARTMENT OF WILDLIFE	TORELL, TIMOTHY LEE DBA TIMS TURQUOISE & GEMS	OTHER: LICENSING FEES	\$20,000	
	<b>Contract Description:</b>	This is the second amendment to the original contract, which provides existing photos and videos of wildlife and custom photo/video services for use in books, brochures, pamphlets, maps, reports and other documents for consumer use published by the department. This amendment extends the termination date from August 31, 2016 to February 13, 2017 and increases the maximum amount from \$23,699 to \$43,699 due to the continued need for these services.				
		Term of Contract:	02/13/2013 – 02/13/2017	Contract # 14064		
32	702	DEPARTMENT OF WILDLIFE	MCELHANEY STRUCTURAL ENGINEERS, LLC	BONDS: Q1 BONDS	\$29,153	
	<b>Contract Description:</b>	This is a new contract for professional services to investigate structural damage and design in order to begin structural repairs at the Fallon office.				
		Term of Contract:	05/04/2015 – 04/20/2016	Contract # 16636		
33	704	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – PARKS DIVISION	DUBE GROUP, INC. DBA DUBE GROUP ARCHITECTURE	FEDERAL 90% OTHER: GIFT FUNDS 10%	\$10,500	
	<b>Contract Description:</b>	This is a new contract to provide professional engineering and architectural services for the Red House Stabilization Project. The vendor will provide a site plan and construction administration associated with the stabilization of the Red House structure located in the Spooner Backcountry of the Lake Tahoe Nevada State Park.				
		Term of Contract:	05/11/2015 – 09/30/2015	Contract # 16672		
34	748	DEPARTMENT OF BUSINESS & INDUSTRY – REAL ESTATE DIVISION	DAVID STEFAN REAL ESTATE APPRAISER AND CONSULTANT	GENERAL	\$10,000	
	<b>Contract Description:</b>	This is a new contract to provide appraisal review services, in compliance with the Uniform Standards of Professional Appraisal Practice, to assist the division with completing investigations within the twelve month federal guideline for case AP14.035.S.				
		Term of Contract:	05/05/2015 – 06/30/2016	Contract # 16535		
35	901	DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION - REHABILITATION DIVISION	LAS VEGAS WINDOW TINTING, LLC	OTHER: BUSINESS ENTERPRISE SET ASIDE	\$30,000	
	<b>Contract Description:</b>	This is the second amendment to the original contract which provides on-going services for the maintenance, repair and/or removal, cleaning and replacement of graffiti film and/or bronze tint film at the High Scaler Cafeteria and the Hoover Dam Store. This amendment increases the maximum amount from \$15,000 to \$45,000 due to the continued need for these services.				
		Term of Contract:	12/20/2012 – 09/30/2016	Contract # 14047		
36	902	DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION – EMPLOYMENT SECURITY DIVISION	CASHMAN EQUIPMENT COMPANY	OTHER: ESD SPECIAL FUND	\$9,500	
	<b>Contract Description:</b>	This is the first amendment to the original contract, which provides new maintenance services on the newly installed generator at the facility located at 500 E. Third Street, Carson City, NV. This amendment extends the termination date from May 31, 2015 to May 22, 2017 and increases the maximum amount from \$6,500 to \$16,000 due to continued need for service.				
		Term of Contract:	05/23/2013 – 05/22/2017	Contract # 14402		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37	902	DEPARTMENT EMPLOYMENT, TRAINING AND REHABILITATION – EMPLOYMENT SECURITY DIVISION	DEPARTMENT OF ADMINISTRATION – HEARINGS DIVISION	FEDERAL: 69% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% GENERAL: 1.9%	\$2,500	
	<b>Contract Description:</b>	This is the first amendment to the original interlocal agreement, which provides for neutral, knowledgeable, and experienced hearing officers for hearings as requested; issuance of timely written decisions; assignment of fair hearings in a timely manner to the appropriate hearing officer; taking and preserving a record of the fair hearing proceedings including audio recordings; preparation of a record of the proceedings as needed and transmission to the applicable court of jurisdiction within the timeframe established by NRS 233B.131 (1), or other timeframe established by law; and promptly forwarding any request for certified court reporter to the agency. This amendment extends the termination date from June 30, 2015 to June 24, 2017 and increases the maximum amount from \$7,500 to \$10,000 due to continued need for service.				
	Term of Contract:	05/23/2013 – 05/22/2017	Contract # 14402			

# DETAILED AGENDA

June 9, 2015

## 1. PUBLIC COMMENTS

Comments:

## \*2. FOR POSSIBLE ACTION – APPROVAL OF THE MAY 12, 2015 BOARD OF EXAMINERS’ MEETING MINUTES

**Clerk’s Recommendation:** I recommend approval.

**Motion By:**

**Seconded By:**

**Vote:**

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Comments:

## \*3. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A CURRENT AND/OR FORMER EMPLOYEE

### A. Department of Education

Pursuant to NRS 333.705, the Department of Education requests authority to contract with a former Department of Education, Administrative Services Officer, through a temporary service, to provide training, knowledge transfer and technical assistance with the allocation and payment models for the Distributive School Account, Class Size Reduction, and Full Day Kindergarten through December 31, 2015.

**Clerk’s Recommendation:** I recommend approval.

**Motion By:**

**Seconded By:**

**Vote:**

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Comments:

## \*4. FOR POSSIBLE ACTION – REVIEW OF A CONTRACT WITH A FORMER EMPLOYEE

### A. State Public Charter School Authority

Pursuant to NRS 333.705(4), the State Public Charter School Authority seeks a favorable recommendation regarding the Authority’s determination to use the emergency provision to contract with a former employee from October 21, 2014 to November 14, 2014 to employ a former Program Officer from the Office of Teacher Licensure to assist the agency in preparing the annual Licensed Person Report.

**Clerk’s Recommendation:** I recommend approval.

**Motion By:**

**Seconded By:**

**Vote:**

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Comments:

**\*5. 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:

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>	<b>HWY FUND ADJUSTMENT</b>
2941	Division of Museums and History	\$2,693	
2666	Commission on Postsecondary Ed	\$4,159	
3711	Department of Corrections - Correctional Programs	\$107,664	
3716	Department of Corrections - Warm Springs Correctional Center	\$110,757	
3724	Department of Corrections - Northern Nevada Restitution Center	\$5,637	
3760	Department of Corrections - Casa Grande Transitional Housing	\$14,573	
3760	Department of Corrections - Casa Grande Transitional Housing	\$14,573	
5030	Comstock Historic Preservation District	\$1,921	
	<b>Total</b>	<b>\$247,404</b>	

**Clerk’s Recommendation: I recommend approval.**

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**\*6. 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.

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Health and Human Services – Division of Child and Family Services – Summit View Youth Correctional Facility	1	\$26,815
<b>Total</b>		<b>\$26,815</b>

**Clerk’s Recommendation: I recommend approval.**

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**\*7. FOR POSSIBLE ACTION – REQUEST FOR GENERAL FUND ALLOCATION FROM THE INTERIM FINANCE COMMITTEE CONTINGENCY ACCOUNT**

**A. Office of the Military**

Pursuant to NRS 353.268, the Office of the Military requests an allocation of \$868 from the Interim Finance Committee (IFC) Contingency Account to fund a stale claim from SFY 2012.

**\*\*This request is contingent upon the approval of an action item which was submitted for placement on the agenda of the June 25, 2015 Interim Finance Committee meeting.\*\***

**Clerk's Recommendation:** I recommend approval.

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**\*8. FOR POSSIBLE ACTION – LEASE**

One lease was submitted to the Board for review and approval.

**Clerk's Recommendation:** I recommend approval.

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**\*9. FOR POSSIBLE ACTION – CONTRACTS**

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

**Clerk's Recommendation:** I recommend approval.

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**\*10. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENTS**

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

**Clerk's Recommendation:** I recommend approval.

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

## **11. CONTRACTS APPROVED BY THE CLERK OF THE BOARD – INFORMATION 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 April 21, 2015 through May 15, 2015.

Forty-one independent contracts were submitted to the Board for review.

**Comments:**

## **12. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS**

**Comments:**

## **\*13. FOR POSSIBLE ACTION – ADJOURNMENT**

**Clerk's Recommendation: I recommend approval.**

**Motion By:**

**Seconded By:**

**Vote:**

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**Comments:**



# **MINUTES**

## **MEETING OF THE BOARD OF EXAMINERS**

May 12, 2015

The Board of Examiners met on May 12, 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:**

Kimberlee Tarter, Purchasing Division  
Kat Miller, Department of Veterans Services  
Rebecca Salazar, Victims of Crime Program  
Scott Bartlett, Appellant  
Laurie Olson, Department of Health and Human Services  
Jennifer White, Department of Health and Human Services  
Leah Lamborn, Division of Health Care, Financing and Policy  
Steve Fisher, Division of Welfare and Supportive Services  
Louise Bush, Child Support Enforcement Program  
Priscilla Colegrove, Division of Child and Family Services  
Amber Howell, Division of Child and Family Services  
Traci Pearl, Department of Public Safety  
Donna Lopez, Public Employees Benefits Program  
Megan Sloan, Public Employees Benefits Program  
Bruce Gilbert, Silver State Health Insurance Exchange

## 1. PUBLIC COMMENTS

**Comments:**

**Governor:** Good morning. Can you hear us in Carson City?

**Secretary of State:** Now we can. Now you can hear us.

**Governor:** Yes, we can hear you loud and clear. We'll commence the Board of Examiner's meeting. Agenda Item No. 1 is public comment. Is there any member of public here in Las Vegas that would like to provide comment to the Board? Is there anyone present who would like to provide public comment to the Board? Yes.

**Unidentified Male Speaker:** (Inaudible) specific cases later. I'd like to say something (inaudible).

**Governor:** Yes, as a member of the public, sir.

**Unidentified Male Speaker:** (Inaudible).

**Governor:** All right. Is there anyone present, good morning to everyone in Carson City, that would like to provide public comment to the Board?

**Secretary of State:** We don't see anybody, Governor.

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

**Secretary of State:** Is there anybody? Nope.

## \*2. FOR POSSIBLE ACTION – APPROVAL OF THE APRIL 14, 2015 BOARD OF EXAMINERS' MEETING MINUTES

**Clerk's Recommendation:** I recommend approval.

**Motion By:**

**Seconded By:**

**Vote:**

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**Comments:**

**Governor:** We'll move to Agenda Item No. 2, approval of the April 14, 2015 Board of Examiners' Meeting Minutes. Have the members had an opportunity to review the minutes, and are there any changes?

**Secretary of State:** I have, Governor. I have.

**Attorney General:** I have, no changes.

**Secretary of State:** No changes, and I'll move for approval.

**Attorney General:** Second.

**Governor:** Thank you, Madam Secretary. Secretary of State has moved for approval of the April 14, 2015 minutes. The Attorney General has seconded the motion. Any questions or discussion on the motion? Hearing none, all in favor, please, say aye.

**Secretary of State:** Aye.

**Attorney General:** Aye.

**Governor:** Aye. Motion passes 3-0.

**\*3. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A CURRENT AND/OR FORMER EMPLOYEE**

**A. Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, the Department of Administration, Purchasing Division requests authority to contract with a current College of Southern Nevada, Lead Faculty to provide in person, sign language translation and interpretive services for deaf and hard-of-hearing persons.

**\*\*This request relates to MSA #11 on this agenda\*\***

**Clerk's Recommendation: I recommend approval.**

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**B. Department of Health and Human Services – Aging and Disability Services Division**

Pursuant to NRS 333.705, the Department of Health and Human Services, Aging and Disability Services Division requests authority to contract with a current University of Nevada, Reno Research Assistant and a former University of Nevada, Las Vegas Research Assistant in support of the Autism Treatment Assistance Program to assist families in accessing evidence-based behavior therapy for children with Autism Spectrum Disorder. Additionally, the contracted employees would be providing service coordination, completing home visits, and working with contracted providers to ensure treatment is being implemented.

**Clerk's Recommendation: I recommend approval.**

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**Governor:** We will move to Agenda Item No. 3, Authorization to Contract with a Current and/or Former Employee. Good morning, Mr. Wells.

**Clerk:** Good morning, Governor. Thank you very much. Agenda Item No. 3, Request to Contract with Current or Former Employees, No. A, the employee owns the company that is proposed to be awarded a master services agreement contract for providing sign language translation. The employee owns the company, but does not necessarily provide the services. No. B or Letter B is for two contracts with research assistance, one current and one former, who provides services for the Aging and Disability Division's Autism Treatment Assistance Program. The former employee in Item B is not a retiree, and is not receiving a pension distribution. She was a former research assistant at the university. There are representatives that are available for the agencies if there are additional questions regarding this item.

**Governor:** The only other comment that I would make, at least in our packet, is that with regard to the first item, the individual that owns that business works at night at CSN, so there wouldn't be any conflict, at least with regard to performance of duties as well. Is that correct, Mr. Wells?

**Clerk:** That is my understanding, yes.

**Governor:** All right. I have no questions. Board members, do you have any questions?

**Secretary of State:** Governor, this is Barbara Cegavske, yes, I do. If I could have a representative come, I just have a couple questions.

**Clerk:** Which one?

**Secretary of State:** On A, I'm sorry. On A./

**Governor:** All right. Is there someone present?

**Secretary of State:** Okay, thank you. There is somebody here. My question is, this is an item that has been of concern over at the legislature, that Mr. Olson particularly is deaf and he has tried and attempted to come over to the legislature over the last several sessions and has had difficulty finding an interpreter for him to go in and meet with legislators or to testify. Is this going to -- and how much will this take care of that? Because I know that this has really been a concern for the deaf community trying to come and testify on behalf of their bills, or in opposition to a bill, but they've tried to be involved, and without being able to have an interpreter, they can't be involved.

**Kimberlee Tarter:** For the record, Kimberlee Tarter with the Purchasing Division. Hopefully, this will actually solve that problem. This has been an issue going on for several years now. There's been very few individuals. There hasn't been continuity within the service or the rates, or a place to easily locate those individuals that can provide this type of communication. So now, we have been doing this in concert with Health and Human Services.

We have an ongoing solicitation, so we were able to identify four companies. This will be something we'll continue to add to, as more become known to us. It has allowed us to make sure that there's -- again, the pricing is addressed so that it is consistent, that agencies that don't use it very often have a place they know they can find somebody in a timely manner. Agencies that use it regularly will be able to make sure they're getting billed a consistent rate so that they can do some budgeting and projections.

The legislature now will be able to go directly to our website, pick any one of those four companies or more as we add to it, and then be able to schedule an individual to be there. Knowing that you're getting somebody who is appropriate for the service you need that is certified, because there are different levels within the certification process and for different types of translation purposes. So all of that should be addressed and, yes, you're correct, there was a large hole there and that's exactly what we were trying to plug.

**Secretary of State:** Thank you very much for that. And if I might continue, Governor, just I know of Caroline Bass, and I'm really happy that she's the one that you have chosen. I think that's really good. And I'm thrilled to hear that she is actually teaching the class. I believe my question is, how many -- and this has been a concern over the years, how many classes are there at the community college? Is there anything at the university system? And are we getting more individuals to go in to signing for the individuals that need the assistance, not only just at the legislature, but throughout the community?

**Kimberlee Tarter:** No, unfortunately, that isn't a question that I can answer. That is outside of my area of expertise, so I don't know what the state is doing to try and educate more people to bring more in to continue to plug this gap. That information, I think, would have to come from the university system and those groups.

**Secretary of State:** Governor, is that something that we could ask of the university system and the community colleges just to see how many classes are offered and how many students are -- you know, how long does it take for them to graduate and what are they doing in reference to that?

**Governor:** I think you could certainly do that on your own. I would be very confident that the university would be more than happy to provide that information. It's really not relevant to our approving these contracts. I mean, as you know we have four contracts under the master services agreements that we're going to be hopefully approving today, to provide for that service. But in terms of how many students are enrolled and what, if any -- if there are any programs to entice or encourage individuals to participate in this type of program, I think what Ms. Tarter said is correct, that you'd have to go straight to the university for that.

**Secretary of State:** Okay, I will take that up. And I appreciate you letting me ask the questions, Governor. If you want a motion, I would move for A and B to approved by this committee.

**Governor:** Mr. Attorney General, did you have any questions before I take the motion?

**Attorney General:** No, Governor, thank you.

**Governor:** The Secretary of State has moved to authorize the contracts with current and/or former employees as described in Agenda Item 3A and B. The Attorney General has seconded the motion. Any questions or discussion? All in favor, please say aye.

**Secretary of State:** Aye.

**Attorney General:** Aye.

**Governor:** Aye. Motion passes 3-0.

**\*4. FOR POSSIBLE ACTION – AUTHORIZATION TO APPROVE A PROVIDER AGREEMENT**

**A. Department of Health and Human Services – Aging and Disability Services Division**

The Aging and Disability Services Division is requesting Board of Examiners’ approval of the following provider agreement forms to enable them to enter into an agreement with providers for:

- A. Nutritional Counseling Services**
- B. Counseling Services**

**Clerk’s Recommendation: I recommend approval.**

<b>Motion By:</b>	<b>Seconded By:</b>	<b>Vote:</b>
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**Comments:**

**Governor:** We’ll move on to Agenda Item No. 4, Authorization to Approve a Provider Agreement. Mr. Wells.

**Clerk:** Thank you, Governor. Agenda Item No. 4 is a request from the Aging and Disability Services Division to approve a blanket provider agreement under which the division can contract with willing providers, to offer nutritional counseling including menu planning and development of individual plans, and counseling for interpersonal relationships, independence and attaining personal outcomes by licensed professionals. The division would enter into agreement with the providers using the attached forms, which outline the scope of work and program requirements. And there are representatives of the agency here if there are any questions.

**Governor:** Any questions from Board members? We’ve had these on the Agenda before. The purpose of approving these provider agreements is to allow for efficiency so that there are individuals or clients that need these services, and we can provide them faster by having these agreements previously approved, versus having to put them on, one by one, through the Board of

Examiners and having to have a 30- or 60-day delay. But glad to take any questions if there are any.

**Secretary of State:** We have none here, Governor, and we move for approval.

**Governor:** The Secretary of State has moved to approve the provider agreements described in Agenda Item 4A. Is there a second?

**Attorney General:** I second.

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

**Attorney General:** Aye.

**Secretary of State:** Aye.

**Governor:** Aye. Motion passes 3-0.

**\*5. FOR POSSIBLE ACTION – APPROVAL OF PROPOSED DAILY RESIDENT RATE**

**A. Department of Veterans Services**

Pursuant to NRS 417.147, with the advice of the Nevada Veterans Services Commission, the Director of the Department of Veterans Services is recommending the FY 2016 per day resident rates for consideration by the State Board of Examiners.

<b>Resident</b>	<b>Current Rate Per Day</b>	<b>Proposed Rate Per Day</b>	<b>Difference Per Day</b>	<b>% Difference</b>
Veteran	\$110.00	\$125.00	\$15.00	13.63%

**Clerk's Recommendation: I recommend approval.**

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**Governor:** We will move to Agenda Item No. 5, Approval of Proposed Daily Resident Rate presented by the Department of Veterans Services.

**Clerk:** Thank you, Governor. Agenda Item No. 5 is a request to increase the daily fee that is paid by veterans who reside in the Boulder City Veterans Home. This increase, which is the first since 2009, would offset operating cost increases that have been incurred by the Department of Veterans Services for the residents at the Boulder City Home. The rate is still well below the average national and Southern Nevada daily rates of 205 and 233 per day, respectively. And this

rate would also be used for the residents in the Northern Nevada Veterans Home when it opens in 2017. And Director Miller is here if there are any questions regarding this item.

**Governor:** Good morning, Ms. Miller. Do you have a presentation to make on this? I guess I'll put it in the form of a different question. Will you give us the background on what led to seeking the increase? And I'd also be curious to know whether you've polled the residents there to get an idea of what their position is on the proposed rate increase.

**Kat Miller:** Yes, sir, thank you. Thank you for the opportunity to present this morning. First, the reason I'm here is, statutorily, I'm required to annually recommend a schedule of rate changes to the BOE. For the last five years we haven't recommended changes. In fact, when I came on in the deputy in 2012, it was suggested to me by the administrator that we should raise them because we were well below other veterans' homes and below the state. At the time I said, "I don't recommend approval at all. There's no reason for it. Yes, we're well below, but we don't need the additional funding and we're rolling money to reserves." That's been my position for the last several years.

However, I've reconsidered that. And I took this proposal to the Veterans Service Commission and they concur with this recommendation for an increase. And I'd like to lay out why. First, as mentioned by Mr. Wells, operating costs have increased. What also has increased, though, are the benefits being paid to the veterans. Their aid and attendance, their pension, their disability. All of those rates have increased over the last five years. So they're receiving more money for their care.

What we'd like to do with that money -- and I want to say if this is not approved, there's two things, first, I didn't put this proposed increase in the upcoming budget, so it's not going to require going back to take a look at this budget. But what will happen if it's not approved is, while we'll be able to continue operating as we are, we're not going to be able to enhance our services, nor will we be able to set a rate schedule that'll allow us quickly to become general fund independent for the new home if it's approved. So by doing this increase, from 110 to 125, we'll be able to enhance services down in Southern Nevada. I want to increase opportunity for physical therapy and recreational therapy programs that we don't have right now. I want to consider expanding down in Southern Nevada to provide adult health daycare. In Northern Nevada we want to get this home built as soon as possible, and be able to make sure we can staff it and have all the resources that we need to operate it. By having this increase, that will help us get there.

We have spoken to the residents. Most of the residents, their funding comes from the VA, from Medicare and Medicaid, so that money is not going to family members. It's all going to their care anyway. So when I spoke to the president of the Resident Council and members of the Resident Council, they understood it and they supported it, especially when they understood that it was going to go to help enhance services that they were going to get.

I wouldn't propose -- originally I was thinking if this was approved to go out 30 days for the rate increase, I would recommend that if this is approved, I wouldn't put this rate increase into place



for six months to a year, to give the residents that are there right now, to re-look their structure for the very few private pay we have. So, again, this increase would allow us to improve services. It will allow us to establish a rate that's half the cost of the industry standard. Still maintain the price that's just about half the cost of the industry standard. And set us up for success as we -- if it is approved for the new veterans home in the north.

**Governor:** Thank you, Director Miller. Do you know how many residents are private pay?

**Kat Miller:** Yes, sir, I do. And I'd like to say by the word "private pay," what budget uses for "private pay" includes resources that come from the VA, because that money from the U.S. Department of VA goes directly to their accounts, and then they pay it to us. So when we say "private pay," 45 percent of the money that is paid by residents come from private pay sources. But of that 45 percent, the vast majority of it, almost all of it is coming from reimbursements that they receive from the VA for pensions, aid and attendance and disability. Very few is coming from other sources.

So I could break down that private pay for you, but I would say of the 45 percent, almost all of it is VA funded that they receive specifically for living in and receiving VA services while at the Nevada State Veterans Home.

**Governor:** Okay. And what's important for me is I don't believe that it's a good policy reason to raise the price just because we're cheaper than everybody else. But what I've heard you say today, and also on Page 3 of your presentation, the justification, is there's a list that essentially says you're going to reinvest that money in to enhanced services for the residents there, for better food. I think you talked about physical therapy. Here it says facility upgrades including Wi-Fi internet. Costs of supplies have gone up. Capital improvements, expanded activities and volunteer program offerings.

So if I'm a resident there and I'm seeing this \$15 a day increase, and you add that up over a year, that's a lot of money, but if I'm there, I'm going to see some benefits from that, correct?

**Kat Miller:** Yes, sir. Every bit of funding that goes into the home rolls into the account for establishment, maintenance, upgrades and programs for our residents. They don't -- it's not used for any other purpose.

**Governor:** Yeah, and you will still have a decent reserve, notwithstanding investing this additional money?

**Kat Miller:** Yes, sir. We keep a 65-day reserve onboard at all times. It's about a million dollars in reserve for emergencies that might occur.

**Governor:** Okay. Questions from other Board members?

**Secretary of State:** I do, Governor. I'm just curious, I'm looking at the list that is paying for this, and you've got 45 percent of the U.S. Department of Veterans Affairs, 41 percent will come

from Medicaid, and 6 percent from Medicare, 4 percent from the U.S. Department of Veterans Affairs, and then 3 percent from Clark County. And that is for the Boulder City. What happens when the new facility comes up north? Will Washoe County also have a percentage that goes back into that facility? And just because it's not opened yet, I understand that, but is that something for future?

**Kat Miller:** Ma'am, you know, I don't know if Washoe County offers that reimbursement. I'll find out and get that answer to you.

**Secretary of State:** Okay. Thank you very much. Thank you, Governor.

**Governor:** All right. No, thank you. And, Ms. Miller, the only reason I ask that question is there's this memo from Mr. McBride that just said, "I believe we are due for a daily rate increase." And...

**Kat Miller:** Yes, sir. And, sir, may I say, I received that same memo from a different administrator in 2012. And I said, "No." I said, "No. Why would we? There's no reason to raise the rate if we don't need to." And I've said that for four years, but at this point, we really need to expand our existing services, and we need to position ourselves as we get ready to open the new home to be able to build those services for veterans in Northern Nevada also. So the veterans that are living in the Southern Nevada veteran's home are going to see an impact from this decision that will improve their quality of life and their quality of care.

**Governor:** Great. Any other questions with regard to this Agenda item?

**Secretary of State:** Governor, just to make sure that the Clark County money stays with the veteran's home in Clark County, and then whenever Washoe comes on, that'll be something that will be addressed.

**Kat Miller:** Yes, ma'am. It must. And I just received information that Washoe County has the same programs...

**Secretary of State:** Oh, they do.

**Kat Miller:** ...the same programs in place.

**Secretary of State:** Okay, that's great. Thank you very much. Thank you, Governor. I'd move for approval.

**Governor:** Secretary of State has moved for approval of the proposed daily resident rate as described in Agenda Item 5. Is there a second?

**Attorney General:** I second.

**Governor:** The Attorney General has seconded the motion. Any questions or discussion on the motion? Hearing none, all in favor, please say aye.

**Secretary of State:** Aye.

**Attorney General:** Aye.

**Governor:** Aye. Motion passes 3-0.

**Secretary of State:** Thank you.

**Kat Miller:** Thank you, ma'am.

**Governor:** Thank you, Kat.

**Kat Miller:** Thank you, sir.

**\*6. FOR POSSIBLE ACTION – VICTIMS OF CRIME PROGRAM (VOCP) APPEAL**

Pursuant to NRS 217.117 Section 3, the Board may review the case and either render a decision within 15 days of the Board meeting; or, if they would like to hear the case with the appellant present, they can schedule the case to be heard at their next meeting.

**A. Scott Bartlett**

Mr. Bartlett is appealing the denial of his application for VOCP assistance.

**Clerk's Recommendation: I recommend approval.**

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**Governor:** We'll move to Agenda Item No. 6, which is the Victims of Crime Program Appeal.

**Clerk:** Thank you, Governor.

**Governor:** Is there someone present? Yeah. Mr. Wells.

**Clerk:** Agenda Item No. 6 is an appeal of the denial of a Victims of Crime Program claim (inaudible) Scott Bartlett. Mr. Bartlett was denied benefits for an assault in which he was involved on October 21st of 2013. The claim was denied for two reasons. The first was for contributory conduct, as Mr. Bartlett was named by the police as a suspect in the assault. The second reason was that Mr. Bartlett failed to appeal the Appeals Officer's decision within 15 days of that decision as required by NRS 217.117.

Appeals to the Board of Examiners are governed by NRS 217.117. This section allows the Board of Examiners to decide an appeal without a hearing. After reviewing the record, or if the Board of Examiners elects, it may schedule an additional hearing on the appeal. After reviewing the decision in the packet from the Appeals Officer, the Board may reverse the appeals' officer decision. It may affirm the Appeals Officer's decision, or it may remand the matter to the Appeals Officer or the Victims of Crime Program for further consideration about proceedings. If the Board of Examiners wishes to hear testimony or further information from the appellant, it also may defer a decision until a separate hearing is held. And with that, Mr. Governor, I believe that there is someone from Victims of Crime Program next to you, who will be able to address any questions.

**Governor:** All right. Please proceed.

**Rebecca Salazar:** Yes, thank you. My name's Rebecca Salazar. I'm the Program Manager for the Victims of Crime Program. Scott Bartlett applied for assistance following a battery he was involved in. The police report regarding this incident indicates Mr. Bartlett confronted his neighbor over money that was owed to him. A fight ensued and all parties involved did receive injuries. Police interviewed everyone involved and determined that Mr. Bartlett was the aggressor. During the prior two hearings, Mr. Bartlett's contention was that the police report was incorrect. He should've been named a victim rather than the suspect. But his testimony did not convince either the Hearing Officer or Appeals Officer to reverse our denial. And so therefore, we ask today that the Board also uphold our denial.

I would just like to clarify also that Mr. Bartlett's two prior appeals were timely. It's just this one to the Board of Examiners that exceeded the timeline.

**Governor:** And what were the -- can you be a little more specific regarding timeline and the consequences of not meeting that deadline?

**Rebecca Salazar:** Every applicant has 60 days to appeal to the Hearing Officer, then 15 days to appeal to the Appeals Officer and to the Board of Examiners. So if that timeline is exceeded, the Board or the Hearing or Appeals Officers can choose to waive that, or they can decide that they don't hold jurisdiction because the timeline's been exceeded.

**Governor:** And did you advise the applicant about the timeline subsequent to his denial of his appeal? In other words, did you let him know he has 15 days to appeal it to the Board of Examiners?

**Rebecca Salazar:** Yes, every decision contains the appeal rights and timelines on the decision.

**Governor:** Okay. Do you know that he received that?

**Rebecca Salazar:** Well, he -- I assume he did because he filed an appeal. He received the decision and then filed an appeal, so if he received the decision, the timeline was on the decision.

**Governor:** Well, it says here, “The decision order was signed on January 22, 2014. Mr. Bartlett’s appeal was not filed until February 24, 2015, so a year later. Is that correct?”

**Rebecca Salazar:** No, I’m sorry, that’s a typo. It was in 2015.

**Governor:** The January 22nd?

**Rebecca Salazar:** Yes, it all occurred in 2015.

**Governor:** Okay. Well, then you said he had 15 days to file.

**Rebecca Salazar:** To the Board, yes.

**Governor:** Well, then he’d be on -- he was only past time by 11 days.

**Rebecca Salazar:** Right, right.

**Governor:** Okay. All right. Before I -- is that you, Mr. Bartlett?

**Scott Bartlett:** Yes, sir.

**Governor:** Okay. Before I call on you, I wanted to ask if any of the other Board members had any questions for Ms. Salazar?

**Secretary of State:** I don’t, Governor.

**Attorney General:** I don’t either, Governor. Thanks.

**Governor:** All right. Good morning, Mr. Bartlett.

**Scott Bartlett:** Good morning.

**Governor:** I think I can speak for the other two members of the Board. I’ve looked through the entire file, so I’ve read the transcript from your hearing. I’ve read your submission. So I guess what I’m asking to do is if you could summarize...

**Scott Bartlett:** It’s hard.

**Governor:** ...your position in this case. And obviously, the two issues before us today are the difference of opinion that I’ve read with regard to what happened that day, number one; and number two, why you weren’t -- why you didn’t file within the 15 days. Why don’t we take the second one first, because I think that’s a little more simple and straightforward.

**Scott Bartlett:** Okay. Yes, sir. The date of the appeal of the Hearing Officer’s decision, we’ll call it, that decision I appealed at a hearing on December 8th. December 8th, the testimony from

the Georgine Bradley, or if I can say her name correctly, I don't know, it was at the -- she'd get back to me in 15 days. It'd be 15 days and she'd rendered her decision. December 8th was the day. She said, "No, not including holidays." And that record would be on the testimony. I don't know if you read that. I haven't had a chance to read any of the Victims of Crime Program actually confront me, myself. This is the first person I've ever heard even speak of any, that says that they were from the Victims of Crime Program. I'm going to ask you a question, but it says, "Regarding the decisions that Victims of Crime Program make." So something kind of, what we call, a conflict of interest and (inaudible) time. You know, who actually runs the program, if there's any kind of outside sight or outside overseeing of this nature, because otherwise, you know, this is just -- but here's what I want to say.

So by -- it was December -- they say by January 22nd was because they're calling. I don't have a -- my phone was -- very many things have happened since this. And so I haven't had communication with too many -- the phone didn't work and I just couldn't get a phone. So by the time I could use somebody else's phone to get on the computer and leave them an email, it was somebody else, which I believe they have a record for. And I asked them, I said, "Can you call these people and ask them why did they say have a -- get a decision in 15 days, and it's been this much time?" Because I said, "I'm going to have to do something about this, because this is going to go on indefinitely." So after I emailed them, there was somebody there by the name of Bryan Nix -- Bryan Nix, yes, sir -- he had -- somebody had to inform somebody that, hey, you know, the guy's waiting on a decision, which he's never received. And he said to me 15 days. And then we're gonna give this decision. The decision included something that was actually lied about. Because if...

**Governor:** Well, let me stop here, sir. And, again, I'm kind of -- you're not that far past the date. So I just want to hear -- you're 18 days, I think it is, beyond the time. So when did you first become aware that you needed to appeal to the Board of Examiners?

**Scott Bartlett:** When I knew I had to appeal to the Board of Examiners, well, how far ever this would have to go, was the first time that this application was filled out. By reasons of application itself, do I understand what's written? I'm not that -- I've been beat up pretty much throughout my life. But I can read an application; who writes it, what does it say, and what exactly entailing by the wording of putting these applications together, which, you know, I'm not gonna say too much about that. But otherwise, when I first went there and I seen the discriminatory act where -- later on his name was Eugene Johnson, would appear. And it showed that he would be a member of a -- they called him -- that he was -- he's one of their whatever, however it was, so he's a consolatory officer, but yet he has an association where he's also a member of the Victims of Crime Program. So he writes something of, say, this is what I want to say.

**Governor:** Mr. Bartlett, I'm really not trying to...

**Scott Bartlett:** I'm going to tell you...

**Governor:** ...ask a hard question here.

**Scott Bartlett:** Okay, just I'm going to answer it. If not...

**Governor:** I just want you to be real clear, or just give a legitimate answer...

**Scott Bartlett:** I'll try to be clear.

**Governor:** ...is that a decision was made on January -- decision order was signed on January 22, 2015. You filed your appeal on February 24, 2015. At least according to my math, you should've filed your appeal by February 7th. But you did file it on the 24th, so I guess my typical question is when did you become aware that you needed to file an appeal to this Board?

**Scott Bartlett:** I'm answering that question. I'm going to define your words that you used from the application. On the application, the definition of applicant is attained in application. Then it says it. When you say me, say applicant or say who I am that represents the application and the form of the ward. Not no benefit, not no (inaudible) or not no assistance. This isn't that program. This isn't what you're defining it as. Please keep your definitions right. When it says application, the application itself is a definition of applicant. That isn't me. Okay.

So when you're saying about me and then this says, "Either the clerk can do it or me." So if you want to say why I personally didn't do it, when somebody else could have, but why would there be another -- why would there be another classification that I don't -- I have to sit by the rules, which I'm only going to get from her, the officer, but, yeah, she has a different set of rules to follow. She has a different set of rules. What if it was a year later? You know, and then me, I have to abide some 15 days. I've been in a stupor ever since with this stuff. You wouldn't believe the atrocity of what this says. You know, any rape victim, and so if somebody gets raped or attempted rape, I don't know how many times this may have happened to anybody. And then say you caused it and I contributed to it, I think your definitions of your words right, because (inaudible).

**Governor:** Mr. Bartlett, I'm going to stop you there.

**Scott Bartlett:** Please.

**Governor:** Why don't we move on to the second part of this, is you dispute -- and basically you claim you were the victim in this incident that caused the injuries to you. Will you briefly describe why you feel that way?

**Scott Bartlett:** (Inaudible) it's the absolute truth. The absolute truth is that I was no aggressor. There's none in this evidence. I'm going to tell you something, to take a personal interest in this, there has to be something other -- for you to take a personal interest and sit there and be able to actually say that I aggressed, there's no evidence other than you just saying that. And saying that this contains this or this contains that, if you want to bring the police report up, I'd bring the police report up, too. I'd show you quite a few conduct -- where you say conduct caused it, but I contributed to it is almost after the fact. If I contributed to it, I had to be in a conspiracy. There

had to be some kind of conspiracy previous for me to conduct it, in order to contribute to it, in order to say that there's a cause of it, but, again, you're backing it up on some form that is after the fact anyway. So say that I contributed to it, that it was my conduct or my actions, you know.

So first off, it was impossible for me to be the aggressor. It was impossible for a fight to ensue where they don't have injuries. The injuries they have is from domestic violence that they have upon themselves anyways. But I would explain to you, each and every little question is biased. There's no way possible for me to previously conceive that this would happen or further my injuries. By accepting it, the injuries are there. Yeah, like, the collarbone is snapped right in two. And it's broken in half ever since. That's the way I wear it. That's the way I like it. I like it now. I like it be snapped in half, because that's the way I like to look at it. That's the way I really like to look at it, but I'm glad to say I caused it. I'm glad I had this time to stay to really hear that you have some other kind of information other than why would it be that I had to follow some other set of rules, where the previous doesn't.

And how when -- I was going to say, Eugene Johnson, when he did say -- see, he goes through the whole formality, but the very last sentence says, "I request --" the appeal was already in order. It says, "I request that the Hearing Examiner uphold the decision." Then he wrote another one, "I request that the Appeals Officer uphold this decision." So I realized where I was going with this. They only requested it. It wasn't based on any evidence. This evidence, this just materializes this day, or the day that -- just before the hearing, because these kind of words right here, I'll tell you that right now. Saying I aggressed it, I caused it, I'm (inaudible) I caused this, I contributed to it, is amazing.

**Governor:** Sir, I'm going to move to Northern Nevada. Do either of the other members of the Board have any questions for Mr. Bartlett?

**Secretary of State:** I do not, Governor.

**Governor:** Mr. Attorney General?

**Attorney General:** I do not, Governor, thank you.

**Governor:** Ms. Salazar, any comments?

**Rebecca Salazar:** No, sir.

**Governor:** All right. As Ms. Salazar stated that this Board has the ability to reverse the decision or affirm the denial.

**Secretary of State:** Governor, I would...

**Attorney General:** (Inaudible).

**Secretary of State:** Go ahead.



**Attorney General:** No, go ahead.

**Secretary of State:** I would uphold the decision.

**Governor:** The Secretary of State has moved to affirm the denial of the Appeals Officer for the matter of Mr. Scott Bartlett. Is there a second?

**Attorney General:** I second that, Governor.

**Governor:** Attorney General has seconded the motion. Any questions or discussion on the motion? And I guess before I take that motion, Madam Secretary of State, will you provide more specific reasons for the denial? I mean, for the affirmance of the denial?

**Secretary of State:** More specific as to from the testimony that I've heard, Governor, and from the report that I have read, based on the information, I support the denial.

**Governor:** Okay. Thank you. So we have a motion and a second. All in favor, please say aye.

**Secretary of State:** Aye.

**Attorney General:** Aye.

**Governor:** Aye. Motion passes 3-0. Mr. Bartlett, thank you very much.

**Scott Bartlett:** Thank you. I appreciate your time.

## **\*7. FOR POSSIBLE ACTION – LEASES**

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

**Clerk's Recommendation: I recommend approval.**

**Motion By:**

**Seconded By:**

**Vote:**

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**Comments:**

**Governor:** We will move to Agenda Item No. 7, Leases. Mr. Wells.

**Clerk:** Thank you, Governor. There are ten leases listed in Exhibit 1 for approval by the Board today. There has been a request from a member for additional information regarding Lease No. 9, which is for the Division of Welfare and Supportive Services. This is a new ten-year lease for a new welfare office on North Decatur Avenue in Las Vegas. And there is a representative from the Welfare Division available to answer additional questions.

**Governor:** Madam Secretary, I understand you had asked for this matter to be held.

**Secretary of State:** Yes, Governor, I did, but I have to say that your staff was so thorough in giving me all of the information, that all of my questions have been taken care of. So I am satisfied with what staff has given from your division, so thank you very much. So thank you.

**Governor:** Is that you, Mr. Fisher? I've never seen somebody run from the table so fast. All right. I have no questions on the leases. Any other questions?

**Attorney General:** I have no questions, Governor. Thank you.

**Governor:** If there are no questions, the Chair will accept a motion to approve Leases 1 through 10 as described in Agenda Item No. 7.

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

**Secretary of State:** Second.

**Governor:** The Attorney General has moved to approve the leases. 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. Opposed no? Motion passes 3-0.

**\*8. FOR POSSIBLE ACTION – CONTRACTS**

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

**Clerk's Recommendation: I recommend approval.**

**Motion By:** \_\_\_\_\_ **Seconded By:** \_\_\_\_\_ **Vote:** \_\_\_\_\_

**Comments:**

**Governor:** We'll move on to Agenda Item No. 8, Contracts.

**Clerk:** Thank you, Governor. There are 70 contracts listed in Exhibit 2 for approval by the Board today. Based on requests from members, there are questions on the following: Number 3 on Page 1, between the State Public Works Division and Penta Building Group LLC; Number 33 on Page 6, between the Department of Health and Human Services Director's Office and Consumer Credit Counseling Service of Southern Nevada; Number 35 on Page 7, between Health Care, Financing and Policy and the Fund for Hospital Care to Indigent Persons; Number 40 on Page 8, between the Welfare Division and Nye County; Number 41 also on Page 8, between the Division of Child and Family Services and Austin's House; Number 42 also on Page 8, between Child and Family Services and Jill Leslie Oswalt; Number 57 on Page 11, between the Division of Environmental Protection and KPS 3, Inc.; Number 62 on Page 13, between

NDOT and the Department of Public Safety; Number 66 also on Page 13, between PEB and Catalyst RX; Number 67 on Page 14, between PEB and Hometown Health Plan. And number 68, between the Silver State Health Insurance Exchange and PENNA Powers.

**Governor:** All right. Thank you very much. We will begin with Contract No. 3. Department of Administration, Public Works Division with Penta Building Group. Madam Secretary, you'd asked for this one to be pulled.

**Secretary of State:** Originally, yes, but, again, your staff did an amazing job of getting back to myself and my staff in answering the questions that we had for it.

**Governor:** Wonderful. You're off the hook. Is that Mr. Nunez?

**Secretary of State:** Yes, it is.

**Governor:** All right. Well, thank you very much. Then we will move on to Contract 33. And that's between Department of Health and Human Services and Consumer Credit Counseling Service of Southern Nevada, with regard to the 2-1-1 information referral center. Mr. Attorney General, you had asked for that to be held out.

**Attorney General:** Yes, Governor. Thank you. I was just hoping for a brief explanation of the program and what this (inaudible) additionally.

**Governor:** All right. Please proceed.

**Laurie Olson:** This is Laurie Olson. I'm Chief of the Grants Management Unit in the Director's Office of the DHHS. We've had 2-1-1 in our office for about the last nine years. At the end of December of 2013, the Executive Order that created 2-1-1 expired. But we still were left with the NRS that puts DHHS in charge of 2-1-1. So about 11 months ago, we hired a 2-1-1 statewide coordinator, Jennifer White, who's sitting on my right. She's been working with the current partners to maintain the program. So that's one piece of the puzzle.

The other piece is that we have fiscal accountability for almost all of the money that's going into 2-1-1 right now. So it was time to go out for bid. We went out for bid. And Consumer Credit Counseling, who also does business as Financial Guidance Center, was the winning bidder, and so we're here today to get approval for the contract and move forward.

**Attorney General:** Okay. I don't have any other specific questions. I appreciate it.

**Laurie Olson:** Okay. We brought you some (inaudible) anyway.

**Secretary of State:** Governor, if I might, I'd just like to make a comment. Thank you. I just want to thank you, because I remember when Senator Ann O'Connell was in, and she's the one that really wanted this 2-1-1, and so I want to thank you for the work that you've done and tell you how much it's appreciated. And I know it's getting used and utilized, so thank you. I know

that we put a lot on you, and that there's more that everybody wants to continue put on 2-1-1, but thank you so much for what you do. We're very, very grateful as a state to have this service.

**Laurie Olson:** Thank you.

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

**Governor:** Thank you, Ms. Olson. We'll move to Contract 35, which is Department of Health and Human Services, Health Care, Financing and Policy.

**Leah Lamborn:** Good morning. My name is Leah Lamborn. I'm with the Division of Health Care, Financing and Policy. This contract is between the division and the Board of Trustees for the Fund for Hospital Care to Indigent Persons. As a result of SB452, during the 2013 session, these funds were redirected, previously swept for use of the state, and redirected to be used as a non-fundable share of upper payment limit supplemental payments made to hospitals for inpatient hospital services. The amount is \$11.2 million per year generated through the one and a half cent ad valorem tax for the Indigent Accident Fund. We take these funds and match them with federal dollars. So at a 65 percent FMAP rate, so the non-fundable shares, 11.2 million, it generates approximately 31.9 million to pay out to the hospitals. This is hospitals statewide. And I'd be happy to answer any questions.

**Governor:** Thank you. This is probably one of the most complex matters that we handle in terms of the financing. But can you put in more real terms what that means to the hospitals across the state, which wasn't happening before 2013?

**Leah Lamborn:** Okay. So, again, upper payment limit, and so what that is, basically, it's the difference between what Medicaid pays and what Medicare would've paid. That's the gap. And so we're allowed to fill that gap through supplemental payment programs as these. So it does generate an additional \$32 million in revenue to hospitals inpatient. And to break that out, Clark County has 13 hospitals. And so the total amount that goes to the Clark County area is \$26.4 million. And then the remainder of the state is \$5.4 million. Without these funds, they wouldn't receive supplemental payments. They would just get the Medicaid reimbursement, so there'd be a large gap between what Medicare would have reimbursed.

We do not generate a state net benefit through this particular upper payment limit program, as we do with other upper payment limit programs. The hospital that benefits the most from this program in dollar amount is UMC. They get about \$7.8 million a year out of that 26.4 that goes to the Clark County hospitals.

I was going to add one more thing. In addition, we do have a public UPL program. So as money is pulled out through this program, supplemental program, which is for private and public hospitals, it actually reduces what we pay out to UMC on the public UPL program, where we do realize a state net benefit. So we actually have a loss in our state net benefit as a result of this program of about \$1.1 million to the state that we would use to offset state general funds.

**Governor:** Thank you. Any other questions from Board members?

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

**Governor:** Keep up the good work.

**Leah Lamborn:** Thank you.

**Governor:** We'll move to Contract No. 40, which is DHHS and Nye County.

**Steve Fisher:** Hi, good morning. For the record, Steve Fisher, the Administrator for the Division of Welfare and Supportive Services. Good morning.

**Governor:** Good morning.

**Steve Fisher:** This is a contract with Nye County to continue child support services. It's a contract between -- really, it's a two-year extension to an existing contract with Nye County. And with me today is Louise Bush. She's the Chief of the Child Support Enforcement Program. And so with that, if you have any questions, we can answer them.

**Attorney General:** Thank you. I know we do a handful of these, and I was just hoping a little more in-depth analysis of what this is covering and how it works.

**Louise Bush:** As far as the child support services?

**Attorney General:** Yes, ma'am.

**Louise Bush:** Yes. The Child Support Enforcement Program is a -- for the record, Louise Bush, Chief of the Child Support Enforcement Program for the Division of Welfare and Supportive Services. The Child Support Enforcement Program is designed to strengthen families, help bring in the support for the children and the families, and also, to help take away the burden of the increased treasuries on the state, and by, you know, providing the support to the kids. The services include locating the noncustodial parents, establishing paternity, establishing support orders. And the support orders is not just for financial, but it's also for medical support. And then enforcing those orders, and then collecting and dispersing the collection payments.

**Attorney General:** Now, as far as the funding, so the county is -- are you all providing the actual bodies to do this work and they're paying you?

**Louise Bush:** No, the counties are providing the staff. The counties are also providing the 34 percent share to fund the program. They receive 66 percent federal match from the federal government. The normal process is they send in their monthly billings to the program, and out of their monthly billings for the allowable expenses, we reimburse them the 66 percent from the federal draw.

**Attorney General:** Okay. So you get a large of the pool federal funds that you're dividing up based on these applications, or is it tied to their application?

**Louise Bush:** It's strictly tied to what their expenses are.

**Attorney General:** So you're filing for them, basically, to get these?

**Louise Bush:** Yes.

**Attorney General:** So it helps them obviously not having to administratively manage all of the federal funds or at least accessing them?

**Louise Bush:** Right. Well, the feds only deal with the states, they don't deal with local governments. You know, so all of the pass-through monies go through the state.

**Attorney General:** Okay. I have no further questions.

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

**Secretary of State:** No, Governor, thank you.

**Governor:** All right. Then we'll move on to 41 and 42, which are DHHS Child and Family Services. One with regard to Austin's House and the other Jill Leslie Oswald. Mr. Attorney General, my understanding is you had asked for these two contracts to be held out.

**Attorney General:** I don't think I asked for 42, but to the extent that they're tied in, yeah, I just would like to hear a little bit about how all this works. Getting up to speed on all these things.

**Priscilla Colegrove:** Okay. This is Priscilla Colegrove, for the record. I will introduce the contracts, and then if you have any questions program related, they'll be answered by the other people at the table. So the Austin's House contract is an amendment to a four-year contract where we've -- we're only extending the amount of the contract, because we've run out of authority to make the payments for emergency shelter care.

**Attorney General:** Okay. All right. So this is -- in general, this is a shelter for youth that are in trouble? I'm trying to understand a little bit more of what's going on.

**Amber Howell:** Sure. Amber Howell, for the record. I serve as the Administrator for the Division of Child and Family Services. So Austin's House is our emergency shelter for rural child welfare. Any time that children are removed from their homes, and there isn't a foster home available to them, they're placed within Austin's House. We have similar emergency shelters in the urban counties. Kids Cottage in Washoe County would be a comparison, and Child Haven in Clark County would be a comparison as well.

**Attorney General:** Okay. All right. I have no other questions.

**Secretary of State:** No questions.

**Governor:** All right. Thank you. And why don't we just briefly go through 42 as well with Jill Leslie Oswald.

**Priscilla Colegrove:** Priscilla Colegrove, for the record. This contract is to provide general medical services to the youth that are in the Nevada Youth Training Center in Elko. This individual also provides support services to the other medical staff that are in the facility if they need it, provides 24/7 emergency care if that's needed, in addition to what we already have on staff. And...

**Governor:** (Inaudible) -- no, go ahead, go ahead.

**Priscilla Colegrove:** Excuse me, this is an amendment -- oh, Priscilla Colegrove, for the record. This is an amendment to the contract that -- the contract expires on June 30th of 2015, so we're doing an amendment to extend the time and also allow us to pay for the services for the next two years.

**Attorney General:** Next what, I'm sorry?

**Priscilla Colegrove:** Next two years.

**Governor:** All right. And then this question isn't really specific to this contract, but given that we're on the Nevada Youth Training Center, how's it going out there given the transfer of residents from the Red Rock Academy to NYTC?

**Amber Howell:** Amber Howell, for the record. Governor, it's going extremely well. We are at capacity. We have remained at capacity since the transfer of the 16 youth from Red Rock Academy to the Nevada Youth Training Center. We have been able to maintain the PRIA ratios through the day and night since the transfer of all those youth. We continue to have a number of youth discharged from the program, but there are children waiting, pending admissions into the program. So we are always maintaining full capacity. We've had about four family visits from the Clark County youth that were transferred there, so the visitation and the engagement with the families is going very well, as well. All of them have active treatment plans and are all enrolled in an educational program. The staff are doing an amazing job out there. And the facility responded very well to a huge influx in the population all at one time.

**Secretary of State:** Governor, can I ask a question?

**Governor:** Please.

**Secretary of State:** Thank you. You've told us about the program that's there on the site. What about the aftercare for these youth? Because you can't just expect 30 or how many days they're

in that they'll be on the right road. They need help afterwards. Do we have an aftercare program that is utilized?

**Amber Howell:** Amber Howell, for the record. Secretary Cegavske, yes, we do. The length of stay at NYTC is between six to nine months, so they are within that facility for a significant period of time. And then each youth that is discharged from the program actually is then on parole status. So the Youth Parole Bureau within DCFS then monitors their aftercare and placement, either reintegrated within their family setting, or in a group setting or some other community-based program, until they complete their parole.

**Secretary of State:** And you don't find a issue with finding programs for aftercare in the communities?

**Amber Howell:** Amber Howell, for the record. Yes, it's still hard to access services. As far as supervision of the youth from the juvenile justice standpoint, that is -- we have a vast service array for that, but accessing mental health services or substance abuse services or anything like that, can be challenging.

**Secretary of State:** Still a problem. Okay. So do you get a lot of repeat youth coming in because they haven't been able to be successful outside? Do they come back to the program? Are they allowed back in the program once they've been in and through?

**Amber Howell:** Amber Howell, for the record. I don't have those numbers with me, but we do have a percentage of recidivism that I can provide to you. They either would come back to NYTC or try something within the community. They could go to Caliente Youth Center or Summit View Facility which would be a higher level when that facility is opened. That would be next stop for them if they failed and didn't make it out in the community.

**Secretary of State:** All right. Thank you. Thank you, Governor.

**Governor:** Thank you. Any other questions on this matter? Thank you very much. We'll move to Contract No. 57, which is Department of Conservation and Natural Resources, Environmental Protection Administration and a contract with KPS 3. And, Madam Secretary, I understand you had asked for this contract to be held.

**Secretary of State:** Again, Governor, I just have to tell you that when I put out all my questions, your staff was very, very good about going to the different entities asking for an answer to our questions. And we were satisfied with everything that they brought back to us, so I apologize that I didn't ask to have it taken off. But I'm very happy with the results of the answers to our questions, so thank you.

**Governor:** Thank you. And we aim to serve and please, so I'm glad it worked out.

**Secretary of State:** So far 100 percent, Governor.



**Governor:** Great. Let's go to Contract 62, which is between the Department of Transportation and the Department of Public Safety. And good morning. I think I asked for this to be held. I just want you to talk a little about -- a little more specifically, with regard to the programming and what we're doing to promote this awareness concerning highway safety. And I'm very concerned, I'm here in Las Vegas obviously today, with regard to all the fatalities that we've had with regard to pedestrians, as well as on the highway. So what's the plan moving forward?

**Traci Pearl:** Governor, this is Traci Pearl, for the record. I'm Division Administration of the Office of Traffic Safety for the Department of Public Safety. Each year our office applies for and receives federal grant fund from DOT to address the behavioral issues of traffic safety, to convince people that drinking and driving is not a good idea, to watch out for pedestrians, et cetera. Since the last current authorization of the Highway Safety Act, we also work very closely with the State DOT Department on a statewide strategic plan towards zero fatalities. These campaigns are both enforcement campaigns and paid media campaigns outreach, public events, a lot of social media, TV, radio. Whatever is determined will get the most hits from the target market for that particular campaign.

This particular increase, it became -- pedestrian and motorcycle safety has been a problem just over the last year, couple of years. It spiked significantly, both motorcycle crashes and pedestrian fatalities from November through January. And so, in talking with NDOT, this amendment increased the number of enforcement campaigns that we could do, specifically in problem areas, in Washoe County, in Clark County, additional enforcement on pedestrian safety for both the motorist and the pedestrian, whoever was at fault. And as well as additional media campaigns for pedestrian safety, to develop a non-audio, video for motorcycle safety to display at all the DMVs in the state. And to accommodate the creative and paid campaign for a moving over campaign for law enforcement and first responders. Even though that law was passed I believe in 2013, maybe 2011, they're still having problems with drivers moving over when they're standing out by the side of the road. And so these additional funds will cover a campaign to work on that for public safety.

**Governor:** When you do those types of campaigns, do you show those videos at the DMVs?

**Traci Pearl:** Yes, sir. DMV is a major partner in the Strategic Highway Safety Plan, and all of the critical problem areas, which are six at the moment in regard to traffic safety, have specific ads and public service announcements that DMV is displaying in all of their branches.

**Governor:** Okay. No, I was just over there and I never knew there was such a thing as DMV TV. But just to make sure that we're showing those videos. Because obviously, we have a captive audience in those that are there specifically for the purpose of a subject associated with driving. And so I just wanted to confirm that we do play those types of public safety messages on the DMV channel.

**Traci Pearl:** Yes, sir. It is a fairly new service at DMV.

**Governor:** All right. Any other questions from Board members?

**Attorney General:** No, Governor.

**Secretary of State:** No, Governor. Thank you.

**Governor:** Thank you very much.

**Traci Pearl:** Thank you.

**Governor:** Let's move to 66 and 67.

**Donna Lopez:** Good morning, Governor and Board members. For the record, I'm Donna Lopez, and I'm the Quality Control Officer for the Public Employees Benefits Program. And with me today is Megan Sloan. And contract No. 66 with Catalyst RX, this contract extension is being requested to allow staff sufficient time to prepare and issue an RFP for Pharmacy Benefit Manager Services. And just a little bit of background on exactly what does Catalyst RX do for PEB. Catalyst RX is the pharmacy benefit manager who manages the prescription drug utilization for all of the members of the self-funded consumer driven health plan. And with that, Megan and I would be happy to entertain any questions the Board may have.

**Governor:** And I asked for these to be held out. Are you confident that we'll be ready for that RFP next year given this one-year extension?

**Donna Lopez:** Absolutely, Governor. In fact, Megan and I are presenting the overview and the scope of work to the PEB Board this coming Thursday, May 21st. And immediately following, or soon after their approval of the overview and scope, we will kind of finish the rest of the RFP and submit it over to Purchasing for release.

**Governor:** All right. Thank you. And before I go to 67, Board members, do you have any questions with regard to Contract 66?

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

**Attorney General:** Thank you, Governor. I have one question. So if this RFP ends up getting concluded in a lesser time than a year, will it go out earlier, and will this contract potentially be shortened, or is it -- are we locked in for the whole year?

**Donna Lopez:** It could potentially be shortened. And the RFPs that we issue always have a statement in there that on July 1st, say, for example, of 2016 or sooner. So it could be cut shorter.

**Attorney General:** Thank you. No further questions.

**Governor:** Thank you. Thank you, Mr. Attorney General. Let's move to 67 and the contract with Hometown Health.

**Donna Lopez:** Again, Governor, for the record, this is Donna Lopez. This contract extension would, again, allow PEB staff sufficient time to issue an RFP for HMO services. And a little bit of background on this particular contract. PEB currently contracts with two HMOS, one in Southern Nevada who is Health Plan of Nevada, and the other who is Hometown Health Plans in Northern Nevada, and that's this particular contract. And what we are doing is aligning those two contracts to both, and on July 1st of 2016, allowing the RFP that we issue to address both HMOs at the same time and not have two separate termination dates. With that, I'll open it up to any questions.

**Governor:** Do you believe that that will result in some possible savings when we open up the RFP on this contract?

**Donna Lopez:** Governor, we always hope for possible savings on any contract that we issue.

**Governor:** Yeah. No, and, I mean, I'm not saying anything that anyone doesn't know already. This is really important. I mean, this affects all our public employees. And it's a lot of money. Over five years it's \$359 million. So we do -- you know, I do want to get the best deal possible that we can. And so I guess we'll find out in a year.

**Donna Lopez:** Yes, sir, we will.

**Governor:** Okay. And then just on a personal note, will you give Kateri my best?

**Donna Lopez:** I certainly will. I will take your message to her. She will be very pleased to hear that.

**Governor:** Is she doing all right?

**Donna Lopez:** She is doing fabulously with all things considering. She has been released to return back to work, albeit for just a couple of hours a day for a couple of days out of the week. But we are so happy to have her back in the office again.

**Governor:** Okay. Well, please tell her I've been thinking about her.

**Donna Lopez:** I will tell her that.

**Governor:** All right. Board members, any questions with regard to Contract No. 67?

**Attorney General:** Governor, I just have one follow-up. So with the timing -- getting these both to go the same time as it will then create the opportunity for statewide bid. Is that the concept?

**Donna Lopez:** Absolutely. In fact, that's one of the issues -- I shouldn't say issues. One of the things that we addressed in the RFP is an opportunity for an HMO vendor to bid on a statewide, as well as vendors to bid on Northern or Southern. So it'll be interesting to see what we get.

**Attorney General:** Thank you. No further questions, Governor.

**Governor:** Thank you very much. We'll move to Contract 68, Silver State Health Exchange.

**Bruce Gilbert:** Good morning, Governor, members of the Board. For the record, Bruce Gilbert, the Executive Director of the Silver State Health Insurance Exchange.

**Governor:** Thank you, Mr. Gilbert. Before we get into the specifics of this contract, I wanted to take this opportunity to get a wrap up of how we did this year.

**Bruce Gilbert:** Thank you, Governor. We did pretty well, when you take a look at things and our history. We ended up having about 72,000 people go through the application and enrollment process. And my understanding is that the number of paid enrollments is roughly between 62 and 65,000, which is a significant improvement from the year prior.

**Governor:** So do we have a goal for next year?

**Bruce Gilbert:** I'm very hesitant, to be honest with you, to provide numerical goals, because invariably they're a difficult benchmark to meet. Certainly, we anticipate that -- especially with having had a good open enrollment this past year, we'll be in a position where we can reach those segments of the population that we have not to this point in time. I think that you will see increased enrollment. How much greater that will be, it's very difficult to say.

**Governor:** And when does the next enrollment period open?

**Bruce Gilbert:** I believe it begins November 1st.

**Governor:** All right. Now, let's talk a little bit about this contract. Will you describe what its purpose is?

**Bruce Gilbert:** Yes, thank you, Governor. This is a new contract, as our current vendor for marketing, outreach and education, their contract has come to an end. So this is a contract to provide those same services, marketing and outreach, education about the exchange, and it'll encompass three phases: planning, a pre-enrollment campaign, and, in fact, an enrollment campaign. So these are similar services to our last contract, but with a new vendor.

**Governor:** And this vendor is a Nevada vendor, correct?

**Bruce Gilbert:** For the record, Bruce Gilbert. That is correct. PENNA Powers, which actually does work for NDOT and DPS, they are a Utah company, but they have a presence in Henderson, Nevada and do other business with the state.

**Governor:** Okay. Thank you. Other questions from Board members?

**Attorney General:** I have one question, Governor. So with us -- this may be too complicated for this with us moving to a federal exchange. What's the piece left that the Silver State Exchange is doing?

**Bruce Gilbert:** Thank you. Bruce Gilbert, for the record. We have not moved to the federal exchange. What we have done is we have opted their technology, which is an entirely different thing. When it comes to operation of the Navigator Program, when it comes to marketing, when it comes to outreach, when it comes to actually the operation of the Exchange, other than simply providing the technology, all of that is done by the Silver State Health Insurance Exchange here in Nevada.

**Attorney General:** Okay. Thank you.

**Bruce Gilbert:** Thank you.

**Governor:** All right. That's all I have. Madam Secretary, did you have any questions?

**Secretary of State:** No, Governor, thank you.

**Bruce Gilbert:** Thank you.

**Governor:** Thank you very much. Keep up the great work. I believe that completes all the contracts that have been asked to be held. Are there any other contracts that the members wanted to be considered, at least for a presentation?

**Attorney General:** No, Governor, thank you.

**Secretary of State:** Nope.

**Governor:** So if there are no further questions, the Chair will accept a motion to approve Contracts 1 through 70 as described in Agenda Item No. 10.

**Attorney General:** Move to approve.

**Secretary of State:** Second.

**Governor:** 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. I'm sorry. I misspoke. I said Agenda Item 10, I meant Agenda Item No. 9., just for purposes of the record. Motion passes 3-0. We'll move on to Agenda Item 10 which is the Contracts Approved by the Clerk of the Board. Mr. Wells. Or I meant 8. Boy, I'm really off. So those were the contracts considered under Agenda Item No. 8.

**\*9. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENTS**

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

**Clerk's Recommendation:** I recommend approval.

**Motion By:**

**Seconded By:**

**Vote:**

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**Comments:**

**Governor:** We'll move to No. 9 which are Master Service Agreements. Mr. Wells.

**Clerk:** Thank you, Governor. There are 12 Master Service Agreements in Exhibit No. 3 for approval by the Board today. There were originally requests for members for follow-up on Contracts 1, 3, 9 and 11 regarding the sign language that we talked about earlier. And there were also questions regarding 2 and 4. And there are Purchasing representatives here to answer any additional questions regarding those contracts.

**Governor:** Okay, Madam Secretary, were you still batting a thousand? Did we answer all your questions?

**Secretary of State:** I tell you, Governor, yep, you're still batting a thousand. Great staff.

**Governor:** No, thank you. So you have -- I know that you had several that you wanted to be considered, but if you're satisfied with the responses that you received previous to the meeting, we don't need to call those folks up?

**Secretary of State:** No.

**Governor:** Okay. Great. Mr. Attorney General, any questions with regard to Agenda Item No. 9?

**Attorney General:** No, Governor, thank you.

**Governor:** Okay. Chair will accept a motion for approval of the Master Service Agreements 1 through 12 as described in Agenda Item 9.

**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 on the motion? All in favor say aye. Aye.

**Attorney General:** Aye.

**Secretary of State:** Aye.

**Governor:** Motion passes 3-0.

## **10. CONTRACTS APPROVED BY THE CLERK OF THE BOARD – INFORMATION 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 March 24, 2015 through April 20, 2015.

Forty-one independent contracts were submitted to the Board for review.

### **Comments:**

**Governor:** We will move to Agenda Item 10, Contracts Approved by the Clerk of the Board. Mr. Wells.

**Clerk:** Thank you, Governor. There were 41 contracts under the \$50,000 threshold that were approved by the Clerk between March 24th of 2015 and April 20th of 2015. There were no additional requests for questions from members on this item.

**Governor:** Board members, this is an informational item. Any questions before I move on to Agenda Item No. 11?

**Attorney General:** No, Governor.

**Secretary of State:** No.

**Clerk:** Thank you.

**Governor:** All right then. Thank you, Mr. Wells.

## **11. INFORMATION ITEM**

### **A. Department of Veterans Services**

This disclosure reports a correction to the contract value between the Department of Veterans Services and ADL Data Systems, Incorporated (CETS # 14076). The contract value posted on the March 12, 2013, Board of Examiners agenda was \$478,963; however, the signed contract value is \$262,000.

**Comments:**

**B. Department of Conservation and Natural Resources – Division of State Lands**

Pursuant to NRS 321.5954, the Division of State Lands is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Also, pursuant to Chapter 355, Statutes of Nevada, 1993, on page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the fiscal quarter ending March 31, 2015.

Additional Information:

- **1989 Tahoe Basin Act**
  - There were no transfers of lands or interest in lands during the quarter.
- **Lake Tahoe Mitigation Program**
  - The agency reports that there were no acquisitions of land or interest during the quarter. However, one land coverage transaction did occur during the period. The transaction resulted in \$4,023 in proceeds for the Nevada Land Bank.

**Comments:**

**Governor:** Let's go to Agenda Item No. 11, Information Item, Department of Veterans Services, Department of Conservation and Natural Resources. Please proceed.

**Clerk:** Thank you, Governor. Item 11A is a correction to a previously approved contract where the dollar amount that was placed on the contract summary and subsequently, the Agenda for the Board of Examiners, did not match the dollar amount that was stated in the actual contract that was signed. So the Agenda had a contract value of \$478,963. The actual contract itself that was signed, was only for \$262,000. And that is now correct. With this information item, we have corrected that contract amount in our system.

Item 11B is a report from the Division of State Lands pursuant to NRS 321.5954, which is in regards to land or interest in lands that are transferred, sold, exchanged or leased under the Tahoe Basin Act Program. And pursuant to Chapter 355 of the 1993 Statutes of Nevada, regarding the status of real property or interest in real property transferred under the Lake Tahoe Mitigation Program. This report is for the quarter ending March 31st of 2015. There were no transactions



under the Tahoe Basin Act, and one transaction under the Lake Tahoe Mitigation Program, which resulted in proceeds of \$4,023 being deposited into the Nevada Land Bank.

**Governor:** Thank you, Mr. Wells. Any questions from Board members?

**Secretary of State:** No, I don't. I'd just like to say that I wish that was Hawthorne, Nevada instead of Hawthorne, New York for the first contract.

**Governor:** No, I saw that as well, and I thought, wow, I didn't know that we had a company like that. But then it turned out it was in New York.

**Secretary of State:** Yep.

**Governor:** All right.

## 12. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

**Comments:**

**Governor:** Then let's move to Agenda Item 12. Are there any Board members comments?

**Secretary of State:** None from me.

**Attorney General:** No, Governor. Thank you.

**Governor:** All right. Any public comment from here in Las Vegas? Any public comment from Carson City?

## \*13. FOR POSSIBLE ACTION – ADJOURNMENT

**Clerk's Recommendation:** I recommend approval.

**Motion By:**

**Seconded By:**

**Vote:**

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**Comments:**

**Governor:** We'll move to Agenda Item 13. Is there a motion to adjourn?

**Attorney General:** Moved.

**Secretary of State:** So moved.

**Governor:** Attorney General has moved. The Secretary has seconded the motion. All in favor say aye.

**Secretary of State:** He knew you were first.

**Attorney General:** Aye.

**Secretary of State:** Aye.

**Governor:** Aye. This meeting is adjourned. Thank you very much, ladies and gentlemen.

**Secretary of State:** Thank you.

**Respectfully submitted,**

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JAMES R. WELLS, CLERK

**APPROVED:**

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GOVERNOR BRIAN SANDOVAL, CHAIRMAN

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ATTORNEY GENERAL ADAM PAUL LAXALT

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SECRETARY OF STATE BARBARA K. CEGAVSKE

Brian Sandoval  
Governor



James R. Wells, CPA  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: May 18, 2015  
To: James R. Wells, Clerk of the Board  
Department of Administration  
From: Susan Brown, Budget Analyst *SB*  
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 EDUCATION**

Agenda Item Write-up:

Pursuant to NRS 333.705, the Department of Education requests authority to contract with a former Department of Education, Administrative Services Officer, through a temporary service, to provide training, knowledge transfer and technical assistance with the allocation and payment models for the Distributive School Account, Class Size Reduction, and Full Day Kindergarten through December 31, 2015.

Additional Information:

These models are highly technical and result in the allocation of over \$2.6 billion in school funding. Payments are made to school districts and charter schools monthly. This position is also responsible for collecting, analyzing and preparing reports on these and other state programs and financial reporting on federal grants

Statutory Authority:

BOE approval required pursuant to NRS 333.705.

REVIEWED: <i>SB</i>
ACTION ITEM: _____

BRIAN SANDOVAL  
Governor

STATE OF NEVADA

SOUTHERN NEVADA OFFICE  
9890 S. Maryland Parkway, Suite 221  
Las Vegas, Nevada 89183  
(702) 486-6458  
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DALE A.R. ERQUIAGA  
Superintendent of Public Instruction



DEPARTMENT OF EDUCATION  
700 E. Fifth Street  
Carson City, Nevada 89701-5096  
(775) 687 - 9200 · Fax: (775) 687 - 9101  
<http://www.doe.nv.gov>

## MEMORANDUM

May 5, 2015

To: James Wells, Director  
Department of Administration  
Clerk, Board of Examiners

Through: Susan Brown, Budget Analyst 5

From: Mindy Martini, Deputy Superintendent *MM*  
Business and Support Services

Re: Request to Contract with a Former Employee

The Department of Education is requesting to contract with a former employee, Robert Pawley, who will retire from State Service on June 2, 2015. The contract services will assist the Department in educating the person hired to fill Mr. Pawley's position on the:

- Allocation and payment models for:
  - Distributive School Account (DSA)
  - Class-size reduction (CSR);
  - Full-day kindergarten; and
  - Adult education.
- Preparation of monthly payments for the school districts and charter schools;
- NRS 387.303 reporting requirements;
- District Indirect Costs; and
- Grants Management, including the allocation of funds for the federal Title I and special education.

Due to the timing of Mr. Pawley's retirement, there will not be an overlap period of training for an incumbent to his position. Because the position is highly technical and is responsible for the allocation of over \$2.6 billion in school funding, we feel that it is imperative that a training transition period occur. Mr. Pawley has specialized knowledge across all areas.

The Department is asking for a 6 month contract, for the term June 8, 2015 through December 31, 2015. Mr. Pawley will be paid through a state approved temporary employment agency. The total hourly cost of the contract would be comparable to the hourly salary Mr. Pawley currently receives as the Administrative Services Officer III for the Department.

James Wells, Director  
May 5, 2015  
Page 2

Thank you for your consideration of this request. If you have any questions or concerns, please feel free to contact me at (775) 687-9175 or [mmartini@doe.nv.gov](mailto:mmartini@doe.nv.gov).

## Authorization to Contract with a Former Employee

**Former Employee Name:** Robert Pawley  
**Former Employee ID number:** 12178  
**Former Job Title:** Administrative Services Officer III  
**Former Employing Agency:** Department of Education  
**Former Class and Grade:** 7.216 Grade 41  
**Employment Dates:** 12/16/1997 – 6/2/2015  
**Contracting Agency:** Department of Education

<p>Please check which of the following applies:</p> <p><input checked="" type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-i below.</p> <p><input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.</p>	
<p>a. Summarize scope of contract work.</p>	<p>Assist the Department in educating the incumbent on:</p> <ul style="list-style-type: none"> <li>➤ Allocation and payment models for:             <ul style="list-style-type: none"> <li>• Distributive School Account (DSA)</li> <li>• Class-size reduction (CSR);</li> <li>• Full-day kindergarten; and</li> <li>• Adult education.</li> </ul> </li> <li>➤ Prepare monthly payments for the school districts and charter schools.</li> <li>➤ NRS 387.303 reporting requirements.</li> <li>➤ District Indirect Costs.</li> <li>➤ Grants Management, including the allocation of funds for the federal Title I and special education.</li> </ul>
<p>b. Document former job description.</p>	<p>This staff person managed the District Support Services Office for the Department of Education. This Office maintains the DSA allocation and payment models, including CSR, full-day kindergarten, and adult education; prepares monthly DSA payments for the school districts and charter schools; collects, analyzes and prepares reports related to count day, class-size reduction, full-day kindergarten, adult education, other state grant programs, student and teacher demographics, state and</p>

	federal school district and charter school financial reporting; and provides training and communication with the districts and charter schools related to finance and reporting requirements.
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	Yes, the former employee is being hired because of his specialized knowledge of: <ul style="list-style-type: none"> <li>➤ DSA allocation and payment models, including CSR, full-day kindergarten, and adult education;</li> <li>➤ Preparing monthly DSA payments for the school districts and charter schools;</li> <li>➤ Grants Management; and</li> <li>➤ Collection, analysis, and preparation of reports relating to the DSA and enrollment.</li> </ul>
d. Explain why existing State employees within your agency cannot perform this function.	This is a highly technical position at the Department; the position allocates over \$2.6 billion in school funding support to the districts. This person is retiring and there will be no overlap time with the new incumbent. In addition, most of the employees in District Support Services are relatively new and are not prepared to carry out the duties of the former employee without additional training.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.	There is no relationship that would violate NAC 284.750.
f. List contractor's hourly rate.	\$45.00 plus 23% = \$55.35
g. List the range of comparable State employee rates.	The former employee made \$54.48 per hour with benefits (per year)
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent.	The mandatory state contract sets the rate at 23% over the hourly rate of the temporary employee.

Additionally, has the contract term been limited as a result?	
i. Document justification for hiring contractor.	This temporary employment agency was chosen as a result of an RFP facilitated by the State Purchasing Division.

Comments:

M. Martini 5/5/2015  
Contracting Agency Head's Signature and Date

Lisa Young, ASO III Susan Bon 5/18/15  
Budget Analyst

\_\_\_\_\_  
Clerk of the Board of Examiners



Brian Sandoval  
Governor




James R. Wells, CPA  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: May 18, 2015  
To: James R. Wells, Clerk of the Board  
Department of Administration  
From: Susan Brown, 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.

**STATE PUBLIC CHARTER SCHOOL AUTHORITY**

Agenda Item Write-up:

Pursuant to NRS 333.705(4), the State Public Charter School Authority seeks a favorable recommendation regarding the Authority's determination to use the emergency provision to contract with a former employee from October 21, 2014 to November 14, 2014 to employ a former Program Officer from the Office of Teacher Licensure to assist the agency in preparing the annual Licensed Person Report.

Additional Information:

The agency indicates that no one on staff has the expertise to complete the annual report on Licensed Persons working with children in Kindergarten through twelfth grade.

Statutory Authority:

NRS 333.705. 4. "If a department, division or agency contracts with a person pursuant to this subsection, the department, division or agency shall submit a copy of the contract and a description of the emergency to the State Board of Examiners, which shall review the contract and the description of the emergency and notify the department, division or agency whether the State Board of Examiners would have approved the contract if it had not been entered into pursuant to this subsection."

REVIEWED:   
ACTION ITEM: \_\_\_\_\_

**BRIAN SANDOVAL**  
*Governor*

**STATE OF NEVADA**

**PATRICK GAVIN**  
*Director*




**STATE PUBLIC CHARTER SCHOOL AUTHORITY**

**1749 North Stewart Street Suite 40  
Carson City, Nevada 89706-2543  
(775) 687 - 9174 · Fax: (775) 687 - 9113**

**To:** Jim Wells, Interim Director  
Department of Administration  
Clerk, Board of Examiners

**Through:** Susan Brown, Budget Analyst 5  
Budget Division, Department of Administration

**From:** Patrick Gavin, Director  
State Public Charter School Authority (SPCSA) 

**Date:** May 11, 2015

**Re:** Request to contract with a former employee

Each year, the Nevada Department of Education (NDE) requires submission of a Licensed Person Report for staff responsible for the education of Nevada's youth in Kindergarten through 12<sup>th</sup> grade. As a sponsor of charter schools throughout the state, the SPCSA is responsible to review and confirm the accuracy of this data as well as compile the information into a single report for final submission to NDE.

In the fall of 2014, the SPCSA did not have any incumbent staff who had previously been responsible for reviewing and providing this information to NDE. At that time, it was recommended the SPCSA communicate with Jeanette Calkins as she had specific training for this type of reporting and had the expertise to confirm accuracy of this information as a former employee of NDE in teacher licensure until January 2014.

As the newly appointed Director of the SPCSA, this situation was determined to be one of emergency identified in SAM 0323 – Exemption 1. As a result, Ms. Calkins was asked to contract on a short term to provide the expertise needed to fulfill these reporting requirements.

Thank you for your consideration of this request. If you have any questions or concerns, please feel free to contact me at (775) 687-9160 or [pgavin@spscna.nv.gov](mailto:pgavin@spscna.nv.gov).

**RECEIVED**

Page 1 of 1

MAY 11 2015

DEPARTMENT OF ADMINISTRATION  
OFFICE OF THE DIRECTOR  
STATE PUBLIC CHARTER SCHOOL AUTHORITY

# CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

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

State Public Charter School Authority  
1749 N. Stewart Street, Suite 40  
Carson City, NV 89706  
Contact: Allyson Kellogg  
Phone: (775) 687-9178 Fax: (775) 687-9113  
Email: akellogg@spsca.nv.gov

and

Jeanette Calkins  
3178 Majestic Shadows Avenue  
Henderson, NV 89052  
Phone: (702)285-2495  
Email: waljeaben@juno.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, services of persons as independent contractors; and

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

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

- 1. REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by the Nevada State Board of Examiners.
- 2. DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307. "Independent Contractor" means a person or entity that performs services and/or provides goods for the State under the terms and conditions set forth in this Contract. "Fiscal Year" is defined as the period beginning July 1 and ending June 30 of the following year. "Current State Employee" means a person who is an employee of an agency of the State. "Former State Employee" means a person who was an employee of any agency of the State at any time within the preceding 24 months.
- 3. CONTRACT TERM.** This Contract shall be effective from 10/21/14 to 11/14/14, unless sooner terminated by either party as specified in paragraph ten (10).
- 4. NOTICE.** Unless otherwise specified, termination shall not be effective until 30 calendar days after a party has served written notice of termination for default, or notice of termination without cause upon the other party. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address specified above.
- 5. INCORPORATED DOCUMENTS.** The parties agree that this Contract, inclusive of the following attachments, specifically describes the scope of work. This Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT AA: PROJECT SCOPE STATEMENT

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

6. **CONSIDERATION.** The parties agree that Contractor will provide the services specified in paragraph five (5) at a cost of \$ 20.00 per Hour (state the exact cost or hourly, daily, or weekly rate exclusive of travel or per diem expenses) with the total Contract or installments payable:     , not to exceed \$ 200.00. 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 results 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 are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.

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

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

10. **CONTRACT TERMINATION.**

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

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

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

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

ii. If any state, county, city or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract is for any reason denied, revoked, debarred, excluded, terminated, suspended, lapsed, or not renewed; or

- iii. If Contractor becomes insolvent, subject to receivership, or becomes voluntarily or involuntarily subject to the jurisdiction of the bankruptcy court; or
- iv. If the State materially breaches any material duty under this Contract and any such breach impairs Contractor's ability to perform; or
- v. If it is found by the State that any quid pro quo or gratuities in the form of money, services, entertainment, gifts, or otherwise were offered or given by Contractor, or any agent or representative of Contractor, to any officer or employee of the State of Nevada with a view toward securing a contract or securing favorable treatment with respect to awarding, extending, amending, or making any determination with respect to the performing of such contract; or
- vi. If it is found by the State that Contractor has failed to disclose any material conflict of interest relative to the performance of this Contract.

d. Time to Correct. Termination upon a declared default or breach may be exercised only after service of formal written notice as specified in paragraph four (4), and the subsequent failure of the defaulting party within fifteen (15) calendar days of receipt of that notice to provide evidence, satisfactory to the aggrieved party, showing that the declared default or breach has been corrected.

e. Winding Up Affairs Upon Termination. In the event of termination of this Contract for any reason, the parties agree that the provisions of this paragraph survive termination:

- i. The parties shall account for and properly present to each other all claims for fees and expenses and pay those which are undisputed and otherwise not subject to set off under this Contract. Neither party may withhold performance of winding up provisions solely based on nonpayment of fees or expenses accrued up to the time of termination;
- ii. Contractor shall satisfactorily complete work in progress at the agreed rate (or a pro rata basis if necessary) if so requested by the Contracting Agency;
- iii. Contractor shall execute any documents and take any actions necessary to effectuate an assignment of this Contract if so requested by the Contracting Agency;
- iv. Contractor shall preserve, protect and promptly deliver into State possession all proprietary information in accordance with paragraph twenty-one (21).

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

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

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

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

15. INDEPENDENT CONTRACTOR. Contractor is associated with the State only for the purposes and to the extent specified in this Contract, and in respect to performance of the contracted services pursuant to this Contract, Contractor is and shall be an independent contractor and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for the State whatsoever with respect to the indebtedness, liabilities, and obligations of Contractor or any other party. Contractor shall be solely responsible for, and the State shall have no obligation with respect to:

(1) withholding of income taxes, FICA or any other taxes or fees; (2) industrial insurance coverage; (3) participation in any group insurance plans available to employees of the State; (4) participation or contributions by either Contractor or the State to the Public Employees Retirement System; (5) accumulation of vacation leave or sick leave; or (6) unemployment compensation coverage provided by the State. Contractor shall indemnify and hold State harmless from, and defend State against, any and all losses, damages, claims, costs, penalties, liabilities, and expenses arising or incurred because of, incident to, or otherwise with respect to any such taxes or fees. Neither Contractor nor its employees, agents, nor representatives shall be considered employees, agents, or representatives of the State. The State and Contractor shall evaluate the nature of services and the term of the Contract negotiated in order to determine "independent contractor" status, and shall monitor the work relationship throughout the term of the Contract to ensure that the independent contractor relationship remains as such. To assist in determining the appropriate status (employee or independent contractor), Contractor represents as follows:

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

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

**Insurance Coverage:** The Contractor shall, at the Contractor's sole expense, procure, maintain and keep in force for the duration of the Contract insurance conforming to the minimum limits as specified in 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.

**General Requirements:**

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

**Evidence of Insurance:**

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

1) **Certificate of Insurance:** The Acord 25 Certificate of Insurance form or a form substantially similar must be submitted to the State to evidence the insurance policies and coverages required of Contractor. The certificate must name the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307 as the certificate holder. The certificate should be signed by a person authorized 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 Insurance Coverage, section noted above.

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

**Review and Approval:** Documents specified above must be submitted for review and approval by the State prior to the commencement of work by Contractor. Neither approval by the State nor failure to disapprove the insurance furnished by Contractor shall relieve Contractor of Contractor's full responsibility to provide the insurance required by this Contract. Compliance with the insurance requirements of this Contract shall not limit the liability of Contractor or its sub-contractors, employees or agents to the State or others, and shall be in addition to and not in lieu of any other remedy available to the State under this Contract or otherwise. The State reserves the right to request and review a copy of any required insurance policy or endorsement to assure compliance with these requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26. **WARRANTIES.**

a. **General Warranty.** Contractor warrants that all services, deliverables, and/or work product under this Contract shall be completed in a workmanlike manner consistent with standards in the trade, profession, or industry; shall conform to or exceed



the specifications set forth in the incorporated attachments; and shall be fit for ordinary use, of good quality, with no material defects.

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

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

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

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

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

31. ENTIRE CONTRACT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and as such are intended to be the complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto and approved by the Office of the Attorney General and the State Board of Examiners.

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

Jeanette Calkins 4-27-15  
Independent Contractor's Signature Date

Independent Contractor  
Independent's Contractor's Title

[Signature] 5/5/15  
Signature Date

Director  
Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title

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

APPROVED BY BOARD OF EXAMINERS

Approved as to form by:

On \_\_\_\_\_ (Date)

[Signature] 5/11/15  
Deputy Attorney General for Attorney General

On \_\_\_\_\_ (Date)

**ATTACHMENT AA  
PROJECT SCOPE STATEMENT**

## **PROJECT SCOPE STATEMENT**

### **PROJECT OBJECTIVE**

Verify to best of abilities 2014 teacher licensing coding before submission to NDE.

### **TECHNICAL REQUIREMENTS**

1. Review charter school teacher licensing/salary reports as submitted to Epicenter.
2. Note disparities from previous year.
3. Note questionable coding for new teachers not with SPCSA schools in 13-14.
4. Make recommendation of school reports to be combined and submitted to NDE.

### **LIMITS AND EXCLUSIONS**

Project will exceed no more than 10 (ten) hours of labor @ \$20/hour payable to Jeanette Calkins.

## Authorization to Contract with a Former Employee

**Former Employee Name:** Jeanette Calkins  
**Former Employee ID number:** 38158  
**Former Job Title:** Program Officer III  
**Former Employing Agency:** Nevada Department of Education  
**Former Class and Grade:** Grade 33  
**Employment Dates:** January 2007 – January 2014  
**Contracting Agency:** State Public Charter School Authority

Please check which of the following applies:

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

<p>a. Summarize scope of contract work.</p>	
<p>a. Summarize scope of contract work.</p>	<p>State required Teacher Licensure Report</p>
<p>b. Document former job description.</p>	<p>Track and confirm complex coding related to teacher licensure.</p>
<p>c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?</p>	<p>Yes, contractor was hired because of agency specific knowledge. No clause was included for transfer of knowledge aside from resulting report which identifies criteria required.</p>
<p>d. Explain why existing State employees within your agency cannot perform this function.</p>	<p>Staff expressed no experience with reporting requirements in this regard.</p>
<p>e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate <u>NAC 284.750</u>.</p>	<p>Not applicable</p>

f. List contractor's hourly rate.	\$20.00 per hour
g. List the range of comparable State employee rates.	\$20.07 – \$29.67 per hour on the Employee/Employer plan.
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	Not applicable
i. Document justification for hiring contractor.	Included in contract package.

Comments:



May 11, 2015

Contracting Agency Head's Signature and Date



5/18/15

Budget Analyst

Clerk of the Board of Examiners



**NRS 353.268 Recommendation by State Board of Examiners for allocation from Contingency Account.**

1. When any state agency or officer, at a time when the Legislature is not in session, finds that circumstances for which the Legislature has made no other provision require an expenditure during the biennium of money in excess of the amount appropriated by the Legislature for the biennium for the support of that agency or officer, or for any program, including the State Distributive School Account in the State General Fund, the agency or officer shall submit a request to the State Board of Examiners for an allocation by the Interim Finance Committee from the Contingency Account.

2. The State Board of Examiners shall consider the request, may require from the requester such additional information as they deem appropriate, and shall, if it finds that an allocation should be made, recommend the amount of the allocation to the Interim Finance Committee for its independent evaluation and action. The Interim Finance Committee is not bound to follow the recommendation of the State Board of Examiners.

(Added to NRS by 1969, 1016; A 1971, 879; 1987, 417)







COMMISSION ON POSTSECONDARY EDUCATION

MEMORANDUM

Date: April 17, 2015

To: Stacey Johnson, Budget Analyst IV  
Department of Administration, Budget & Planning Division

From: Kelly Wuest, Administrator *K. Wuest*  
Commission on Postsecondary Education

Re: Request for FY15 General Fund Salary Adjustment  
Commission on Postsecondary Education Budget Account 2666

The Commission on Postsecondary Education, budget account 2666 has a projected shortfall in Category 01 Personnel Services in the amount of \$22,329. To offset the shortfall, Postsecondary Education requests approval to obtain the Postsecondary Education share of the available General Fund salary adjustment in the amount of \$4,159 for FY2015.

A request for terminal leave pay-outs will be submitted to the Executive Budget Office to offset the remaining shortfall.

Please contact me at 702-486-7330 if you need further information. Thank you for your consideration of this request.

Commission on Postsecondary Education B/A 2666 FY15 \$4,159



Board of State  
Prison Commissioners

BRIAN SANDOVAL  
Governor

BARBARA CEGAVSKE  
Secretary of State

ADAM PAUL LAXALT  
Attorney General



STATE OF NEVADA  
DEPARTMENT OF CORRECTIONS



Northern Administration  
5500 Snyder Avenue, Carson City, NV 89702  
Phone: (775) 887-3285 - Fax: (775) 887-3138

Southern Administration  
3955 W. Russell Road, Las Vegas, NV 89118  
Phone: (702) 486-9938 - Fax: (702) 486-9961

BRIAN SANDOVAL  
Governor

JAMES G. COX  
Director

SCOTT SISCO  
Deputy Director  
Support Services

DATE: May 1, 2015

TO: Colleen Murphy  
Budget Analyst IV, Department of Administration

FROM: Scott Sisco   
Deputy Director, Support Service, Nevada Department of Corrections

SUBJECT: Request for Fiscal Year 2015 Salary Adjustment Funds of \$238,631

The Nevada Department of Corrections is projecting a General Fund appropriations shortfall to fund salary expenditures and unrealized vacancy savings through the end of fiscal year 2015. Pursuant to Assembly Bill 511, Section 7, the department is requesting an allocation of \$238,631 out of the money appropriated by this section required to pay the salaries for the employees of the department.

Without this allocation the budget accounts listed that are funded with General Fund appropriations are projected to have negative realized funding available in July and an insufficient amount of funds available to pay Category 01 – Personnel Services expenditures to the end of the fiscal year. Additionally, this will have a negative impact on the department's ability to pay their operating expenditures for the remainder of the fiscal year.

Attached is a spreadsheet developed to illustrate the details of the amounts needed to cover the department's projected Category 01 shortfall through Pay Period 22 which included salary expenditures through April 24, 2015. Of the four budget accounts eligible for General Fund Salary Adjustment funds to pay Personnel costs, two of those budget accounts are funded 100 percent with General Fund appropriations, Northern Nevada Restitutions Center's salaries are partially offset with Room, Board and Transportation charges collected from inmate wages and Correctional Programs is partially funded with transfers from the Inmate Welfare Account and Residential Substance Abuse Grant funds transferred from the Department of Public Safety for specific positions within this budget.

The NDOC is exercising every remedy available, including submitting a request for reimbursable Terminal Leave funds for filled positions to the Board of Examiners (BOE), reductions to expenditures, as well as a Supplemental Appropriations requested in Assembly Bill 468 to make the Personnel Services category whole. There are no alternatives available other than looking to the BOE for a General Fund Salary Adjustment allocation to help fund this shortfall.

<b>BA</b>	<b>ACCOUNT</b>	<b>AMOUNT</b>
3711	CORRECTIONAL PROGRAMS	\$ 107,664
3716	WARM SPRINGS CORRECTIONAL CENTER	\$ 110,757
3724	NORTHERN NEVADA RESTITUTION CENTER	\$ 5,637
3760	CASA GRANDE TRANSITIONAL HOUSING	\$ 14,573
	<b>TOTAL</b>	<b>\$ 238,631</b>







LEO M. DROZDOFF, P. E.  
*Director*  
Department of Conservation and  
National Resources

REBECCA L PALMER  
*State Historic Preservation Officer*

BRIAN SANDOVAL  
*Governor*

STATE OF NEVADA



*Address Reply to:*  
901 S. Stewart St, Suite 5004  
Carson City, NV 89701-5248  
Phone: (775) 684-3448  
Fax: (775) 684-3442

[shpo.nv.gov](http://shpo.nv.gov)

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
STATE HISTORIC PRESERVATION OFFICE

MEMO

To: Jim Rodriguez, Budget Analyst IV

From: Celeste D. Arnold, Administrative Services Officer I

Date: June 1, 2015

Subject: Request for FY2015 General Fund Salary Adjustment  
Comstock Historic District B/A 5030, \$1,921

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The Department of Conservation and Natural Resources, Comstock Historic District budget account 5030 has projected a shortfall in Category 01 Personnel Services for FY2015 in the amount of \$5,630.21 (see attached salary projections). To help offset the projected shortfall, DCNR requests approval to obtain the Comstock Historic District's share of the available General Fund salary adjustment in the amount of \$1,921 for FY2015.

For the remaining shortfall of approximately \$3,702.21, a work program will be submitted to transfer authority from Category 03 Travel, Category 26 Information Services, Category 59 Utilities and budget account 5032 Comstock Historic District Gift Account due to projected surplus in those categories and available funds in the gift account.

Please contact me at (775) 684 – 3446 if you need any further information. Thank you for your consideration of this request.

LEO M. DROZDOFF, P.E.  
 Director  
 Department of Conservation and  
 National Resources

BRIAN SANDOVAL  
 Governor

Address Reply to:  
 901 S. Stewart St, Suite 5004  
 Carson City, NV 89701-5248  
 Phone: (775) 684-3448  
 Fax: (775) 684-3442

REBECCA L PALMER  
 State Historic Preservation Officer

STATE OF NEVADA



www.nvshpo.org

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
 STATE HISTORIC PRESERVATION OFFICE

**FY15**

**BA 5030 - Comstock Historic Preservation District**

**Cat 01 - Salary Projections**

Last Name	First Name	PCN	PP 25	PP 26	PP 01	PP 02*	Retirement Recapture	Remaining Furlough	Total
Bedeau	Michael 'Bert'	0001	\$ 3,742.96	\$ 3,049.90	\$ 3,049.90	\$ 2,134.72		\$ (114.88)	\$ 11,862.60
Wheeler	Candice	0002	\$ 1,412.65	\$ 715.40	\$ 715.40	\$ 500.64	\$ 2,548.51		\$ 5,892.60
Wood	Jeffrey	0003	\$ 1,323.55	\$ 630.42	\$ 630.42	\$ 441.28		\$ (25.70)	\$ 2,999.97
Commission	Members	N/A	\$ 2,240.00	\$ 1,280.00					\$ 3,520.00
			\$ 8,719.16	\$ 5,675.72	\$ 4,395.72	\$ 3,076.64	\$ 2,548.51		\$ 24,415.75
							Budget Authority Remaining as of 05/29/15	\$ 18,785.54	
							Projected Category 01 through year end	\$ 24,415.75	
							Projected Shortfall	\$ (5,630.21)	

\* PP 02 - I calculate that this pay period will have 56 hours in it.

Brian Sandoval  
Governor




James R. Wells, CPA  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: May 14, 2015  
To: James R. Wells, Clerk of the Board  
Department of Administration  
From: Katrina Nielsen, 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 HEALTH AND HUMAN SERVICES - DIVISION OF CHILD AND FAMILY SERVICES – SUMMIT VIEW YOUTH CORRECTIONAL FACILITY**

Agenda Item Write-up:

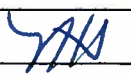
New Vehicle Request: Pursuant to NRS 334.010 the Department of Health and Human Services, Division of Child and Family Services, Summit View Youth Correctional Facility requests approval to purchase one vehicle not to exceed \$26,815.

Additional Information:

The Summit View Youth Correctional Facility, budget account 3148, was legislatively approved on May 13, 2015 to purchase four vehicles, one of which was a maintenance truck. The budgeted amount for this vehicle is \$24,129 but the quoted purchase price is \$26,815, a difference of \$2,686. A FY16-17 G07 NEBS 210 report and LCB Subcommittee closing document is attached to demonstrate approved funding to support this request.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED:   
ACTION ITEM: \_\_\_\_\_

**BRIAN SANDOVAL**  
Governor

**STATE OF NEVADA**

**AMBER L. HOWELL**  
Administrator

**RICHARD WHITLEY**  
Interim Director



**STEVE MC BRIDE**  
Deputy Administrator

**JAMES KINGERA**  
Chief of Parole

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**DIVISION OF CHILD AND FAMILY SERVICES**  
**Juvenile Justice Services**

**DATE:** May 13, 2015

**TO:** Katrina Nielson, Budget Analyst IV  
Department of Administration, Budget Division

**FROM:** Danette Kluever, Deputy Administrator  
Department of Health and Human Services, Division of Child and Family Services

**SUBJECT:** State Vehicle Purchase

The Division of Child and Family Services is seeking approval from the State Board of Examiners pursuant to NRS 334.010 to purchase a Maintenance Truck for the Summit View Youth Correctional Facility as approved by the Legislature during the 78<sup>th</sup> (2015) session, Joint Subcommittee on Human Services budget closing for the Division of Child and Family Services budget account 3148.

DU	Cat	GL	Equipment Type	Qty	Attached Quote
E248	5	8310	2015 FORD F-250 4X2 SUPERCAB PICKUP	1	26,814.25

Thank you in advance for your consideration of this request.

If you have any questions, please call me at (775) 684-4414.

Sincerely,

A handwritten signature in cursive script that reads "Danette Kluever".

Danette Kluever  
Deputy Administrator  
Division of Child and Family Services

**CC:** Ellen Crecelius, Deputy Director, DHHS  
Priscilla Colegrove, ASOIV, DCFS  
David Anderson, ASOII, DCFS

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

<b>Agency Name:</b> DHHS - CHILD & FAMILY SVCS	<b>Budget Account #:</b> 3148
<b>Contact Name:</b> DANETTE KLUEVER, DEPUTY ADMINISTRATOR	<b>Telephone Number:</b> 775-684-4414
<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><b>Number of vehicles requested:</b> <u>1</u>                      <b>Amount of the request:</b> <u>26,814.25</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>NEW</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> 2015 FORD F-250 4X2 SUPERCAB PICKUP - MAINTENANCE TRUCK</p> <p><b>Mission of the requested vehicle(s):</b> The maintenance truck will support the needs of the Summit View Youth Correctional Facility being re-opened as a State-Operated facility effective SFY2015.</p>	
<p><b>Were funds legislatively approved for the request?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>If yes, please provide the decision unit number:</b> BA3148 -E248</p> <p><b>If no, please explain how the vehicles will be funded?</b></p>
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input checked="" type="checkbox"/> <u>1</u> Addition(s)    <input type="checkbox"/> Replacement(s)</p>	
<p><b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b></p> <p>YES</p>	
<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:</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> <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><b>APPOINTING AUTHORITY APPROVAL:</b></p> <p><i>Danette Kluever</i>                      <i>Deputy Administrator</i>                      <i>5/13/15</i></p> <p>Agency Appointing Authority                      Title                      Date</p>	
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> Approved for Purchase    <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners                      Date</p>	

DEALER 71L 168

VIN 1FT7X2A6XFEC55825

	Suggested Retail Price	Invoice Amount
F25H 4X2 SUPERCAB PICKUP/158	33630.00	31023.00
2015 MODEL YEAR		
Z1 OXFORD WHITE		
18 STEEL CLOTH		
PREFERRED EQUIPMENT PKG. 600A		
.XL TRIM		
.TRAILER TOWING PACKAGE		
572 .AIR CONDITIONING -- CFC FREE	NC	NC
996 .6.2L EFI V-8 ENGINE	NC	NC
44P 6 SPEED AUTOMATIC TRANS	NC	NC
TBX .LT245/75R17E BSW ALL SEASON	NC	NC
X37 3.73 RATIO REGULAR AXLE	NC	NC
90L POWER EQUIPMENT GROUP	895.00	763.00
JOB #1 ORDER		
17F XL DECOR PACKAGE	NC	NC
10000# GVWR PACKAGE	NC	NC
422 CALIFORNIA EMISSIONS SYSTEM	NC	NC
SPARE TIRE AND WHEEL	NC	NC
12.5K TRAILER HITCH	NC	NC
TELESCPING TT MIRR-POWR/HTD	NC	NC
JACK		
1 CLOTH 40/20/40 SEAT	100.00	85.00
AUX AUDIO INPUT JACK		
96V XL VALUE PACKAGE	595.00	507.00
.CRUISE CONTROL		
.AM/FM STEREO CD/CLK		
TOTAL OPTIONS/OTHER	1590.00	1355.00
TOTAL VEHICLE & OPTIONS/OTHER	35220.00	32378.00
DESTINATION & DELIVERY	1195.00	1195.00
<b>TOTAL FOR VEHICLE</b>	<b>36415.00</b>	
FUEL CHARGE		95.20
ADVERTISING ASSESSMENT		528.00
SHIPPING WEIGHT 6113 LBS.		
<b>TOTAL</b>	<b>36415.00</b>	<b>34196.20</b>

\$26,561.00 Las Vegas Delivery  
 225.00 legal dark tint all windows  
 28.25 title  


---

 \$26,814.25 total

This invoice may not reflect the final cost of the vehicle in view of the possibility of future rebates, allowances, discounts and incentive awards from Ford Motor Company to the dealer.

Sold to Ford Country 280 N Gibson Road Henderson		71L168 NV 89014		Order Type 2	Ramp Code CB24	Batch ID B200	Price Level 520
Ship to (if other than above)		71168		Date Inv. Prepared 01 15 15	Item Number 71-5095	Transit Days 21	
Ship Through							
Invoice & Unit Identification NO 1FT7X2A6XFEC55825	Final Assembly Point KENTUCKY	Finance Company and/or Bank Ford Motor Credit 000001					

Total Holdback	Invoice Total	A & Z Plan	D Plan	X Plan	FPA
1057	34196.20	32886.20	32986.20	34334.42	352.00

This invoice to be used for the billing of vehicles only

Dealer's copy

Section A1: Line Item Detail by GL  
Budget Account: 3148 HHS-DCFS - JUVENILE CORRECTIONAL FACILITY

Item No	Description	Actual Work Program		G07	
		2013-2014	2014-2015	Year 1 2015-2016	Year 2 2016-2017
<b>REVENUE</b>					
E248	EFFICIENT AND RESPONSIVE STATE GOVERNMENT [See Attachment]				
2501	APPROPRIATION CONTROL	0	0	1,787,472	1,364,253
4355	REIMBURSEMENT OF EXPENSES	0	0	-208,203	-208,203
	TOTAL REVENUES FOR DECISION UNIT E248	0	0	1,579,269	1,156,050
<b>EXPENDITURE</b>					
<b>01 PERSONNEL SERVICES</b>					
5100	SALARIES	0	0	2,186,637	2,412,887
5200	WORKERS COMPENSATION	0	0	56,707	49,877
5300	RETIREMENT	0	0	802,347	888,598
5400	PERSONNEL ASSESSMENT	0	0	13,348	14,490
5500	GROUP INSURANCE	0	0	478,564	491,470
5700	PAYROLL ASSESSMENT	0	0	3,048	3,374
5750	RETIRED EMPLOYEES GROUP INSURANCE	0	0	48,538	54,528
5800	UNEMPLOYMENT COMPENSATION	0	0	2,829	3,164
5840	MEDICARE	0	0	31,710	35,004
5904	VACANCY SAVINGS	0	0	-97,759	-106,653
	TOTAL FOR CATEGORY 01	0	0	3,525,969	3,846,739
<b>03 IN-STATE TRAVEL</b>					
6200	PER DIEM IN-STATE	0	0	5,126	5,126
6210	FS DAILY RENTAL IN-STATE	0	0	1,314	1,314
6240	PERSONAL VEHICLE IN-STATE	0	0	-1,385	-1,385
6250	COMM AIR TRANS IN-STATE	0	0	5,067	5,067
	TOTAL FOR CATEGORY 03	0	0	10,122	10,122
<b>04 OPERATING</b>					
7020	OPERATING SUPPLIES	0	0	70,502	70,502
7050	EMPLOYEE BOND INSURANCE	0	0	70	65
7052	VEHICLE COMP & COLLISION INS	0	0	275	259
7054	AG TORT CLAIM ASSESSMENT	0	0	6,825	6,825
7059	AG VEHICLE LIABILITY INSURANCE	0	0	722	722
7060	CONTRACTS	0	0	10,000	10,000
7075	MED/HEALTH CARE CONTRACTS	0	0	392,082	409,758
7090	EQUIPMENT REPAIR	0	0	11,207	11,207
7153	GASOLINE	0	0	3,000	3,000
7154	VEHICLE OPERATION - A	0	0	9,398	18,795
7180	MED/DENT SVCS - NON-CONTRACT	0	0	65,002	64,824
7190	FOOD	0	0	92,275	93,844

Item No	Description	Actual Work Program		G07	
		2013-2014	2014-2015	Year 1 2015-2016	Year 2 2016-2017
7280	OUTSIDE POSTAGE	0	0	2,149	2,149
7291	CELL PHONE/PAGER CHARGES	0	0	743	743
7420	CLIENT MATERIAL PROVIDER PMTS	0	0	14,891	14,855
7980	OPERATING LEASE PAYMENTS	0	0	1,200	1,200
	TOTAL FOR CATEGORY 04	0	0	680,341	708,748
<b>05</b>	<b>EQUIPMENT</b>				
8310	PICK-UPS, VANS - NEW	0	0	46,613	0
8331	OFFICE & OTHER EQUIPMENT - A	0	0	48,344	0
8360	AUTOMOBILES - NEW	0	0	35,896	0
	TOTAL FOR CATEGORY 05	0	0	130,853	0
<b>10</b>	<b>PRIVATE CONTRACTS - SUMMIT VIEW</b>				
7060	CONTRACTS	0	0	-3,438,204	-3,428,810
	TOTAL FOR CATEGORY 10	0	0	-3,438,204	-3,428,810
<b>12</b>	<b>SUMMIT VIEW REDINESS</b>				
7062	CONTRACTS - B	0	0	14,100	0
7063	CONTRACTS - C	0	0	19,473	0
7064	CONTRACTS - D	0	0	28,590	0
7065	CONTRACTS - E	0	0	114,706	0
7072	CONTRACTS - L	0	0	22,175	0
7140	MAINTENANCE OF BLDGS AND GRDS	0	0	47,000	0
7170	CLOTH/UNIFORM/TOOL ALLOWANCE	0	0	41,698	0
7420	CLIENT MATERIAL PROVIDER PMTS	0	0	9,003	0
7465	EQUIP > \$1,000 LESS THAN \$5,000 - A	0	0	6,000	0
7630	MISCELLANEOUS GOODS, MATERIALS	0	0	26,740	0
7636	MISCELLANEOUS SERVICES - A	0	0	176,847	0
8271	SPECIAL EQUIPMENT <\$5,000 - A	0	0	98,123	0
	TOTAL FOR CATEGORY 12	0	0	604,455	0
<b>14</b>	<b>CLARK COUNTY SCHOOL DISTRICT</b>				
8603	CLARK CO SCHOOL DISTRICT	0	0	33,000	33,000
	TOTAL FOR CATEGORY 14	0	0	33,000	33,000
<b>20</b>	<b>YOUTH TRANSPORTATION</b>				
6250	COMM AIR TRANS IN-STATE	0	0	4,618	4,618
	TOTAL FOR CATEGORY 20	0	0	4,618	4,618
<b>26</b>	<b>INFORMATION SERVICES</b>				
7292	EITS VOICE MAIL	0	0	1,131	1,152
7995	EITS STATE PHONE LINE	0	0	4,153	4,260



State of Nevada - Budget Division  
 Line Item Detail & Summary  
 2015-2017 Biennium (FY16-17)

Item No	Description	Actual Work Program		G07	
		2013-2014	2014-2015	Year 1 2015-2016	Year 2 2016-2017
7533	EITS EMAIL SERVICE	0	0	4,465	4,693
7554	EITS INFRASTRUCTURE ASSESSMENT	0	0	7,833	8,120
7556	EITS SECURITY ASSESSMENT	0	0	6,088	6,081
8331	OFFICE & OTHER EQUIPMENT - A	0	0	62,680	0
	TOTAL FOR CATEGORY 26	0	0	86,350	24,306
<b>29</b>	<b>UNIFORM ALLOWANCE</b>				
7170	CLOTH/UNIFORM/TOOL ALLOWANCE	0	0	0	15,561
	TOTAL FOR CATEGORY 29	0	0	0	15,561
<b>30</b>	<b>TRAINING</b>				
7340	INSPECTIONS & CERTIFICATIONS	0	0	15,985	15,985
	TOTAL FOR CATEGORY 30	0	0	15,985	15,985
<b>59</b>	<b>UTILITIES</b>				
7132	ELECTRIC UTILITIES	0	0	-59,979	-59,979
7134	NATURAL GAS UTILITIES	0	0	-21,147	-21,147
7136	GARBAGE DISPOSAL UTILITIES	0	0	-7,134	-7,134
7137	WATER & SEWER UTILITIES	0	0	9,101	9,102
7138	OTHER UTILITIES	0	0	4,939	4,939
	TOTAL FOR CATEGORY 59	0	0	-74,220	-74,219
	TOTAL EXPENDITURES FOR DECISION UNIT E248	0	0	1,579,269	1,156,050
	TOTAL REVENUES FOR BUDGET ACCOUNT 3148	0	0	1,579,269	1,156,050
	TOTAL EXPENDITURES FOR BUDGET ACCOUNT 3148	0	0	1,579,269	1,156,050

Section B1: Summary by GL  
Budget Account: 3148 HHS-DCFS - JUVENILE CORRECTIONAL FACILITY

Item No	Description	Actual Work Program		G07 Year 1 2015-2016	G07 Year 2 2016-2017
		2013-2014	2014-2015		
<b>REVENUE</b>					
2501	APPROPRIATION CONTROL	0	0	1,787,472	1,364,253
4355	REIMBURSEMENT OF EXPENSES	0	0	-208,203	-208,203
	TOTAL REVENUES FOR BUDGET ACCOUNT 3148	0	0	1,579,269	1,156,050
<b>EXPENDITURE</b>					
<b>01 PERSONNEL SERVICES</b>					
5100	SALARIES	0	0	2,186,637	2,412,887
5200	WORKERS COMPENSATION	0	0	56,707	49,877
5300	RETIREMENT	0	0	802,347	888,598
5400	PERSONNEL ASSESSMENT	0	0	13,348	14,490
5500	GROUP INSURANCE	0	0	478,564	491,470
5700	PAYROLL ASSESSMENT	0	0	3,048	3,374
5750	RETIRED EMPLOYEES GROUP INSURANCE	0	0	48,538	54,528
5800	UNEMPLOYMENT COMPENSATION	0	0	2,829	3,164
5840	MEDICARE	0	0	31,710	35,004
5904	VACANCY SAVINGS	0	0	-97,759	-106,653
	TOTAL FOR CATEGORY 01	0	0	3,525,969	3,846,739
<b>03 IN-STATE TRAVEL</b>					
6200	PER DIEM IN-STATE	0	0	5,126	5,126
6210	FS DAILY RENTAL IN-STATE	0	0	1,314	1,314
6240	PERSONAL VEHICLE IN-STATE	0	0	-1,385	-1,385
6250	COMM AIR TRANS IN-STATE	0	0	5,067	5,067
	TOTAL FOR CATEGORY 03	0	0	10,122	10,122
<b>04 OPERATING</b>					
7020	OPERATING SUPPLIES	0	0	70,502	70,502
7050	EMPLOYEE BOND INSURANCE	0	0	70	65
7052	VEHICLE COMP & COLLISION INS	0	0	275	259
7054	AG TORT CLAIM ASSESSMENT	0	0	6,825	6,825
7059	AG VEHICLE LIABILITY INSURANCE	0	0	722	722
7060	CONTRACTS	0	0	10,000	10,000
7075	MED/HEALTH CARE CONTRACTS	0	0	392,082	409,758
7090	EQUIPMENT REPAIR	0	0	11,207	11,207
7153	GASOLINE	0	0	3,000	3,000
7154	VEHICLE OPERATION - A	0	0	9,398	18,795
7180	MED/DENT SVCS - NON-CONTRACT	0	0	65,002	64,824
7200	FOOD	0	0	92,275	93,844
7280	OUTSIDE POSTAGE	0	0	2,149	2,149

State of Nevada - Budget Division  
Line Item Detail & Summary  
2015-2017 Biennium (FY16-17)

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7420	CLIENT MATERIAL PROVIDER PMTS	0	0	14,891	14,855
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8331	OFFICE & OTHER EQUIPMENT - A	0	0	48,344	0
8360	AUTOMOBILES - NEW	0	0	35,896	0
	TOTAL FOR CATEGORY 05	0	0	130,853	0
<b>10</b>	<b>PRIVATE CONTRACTS - SUMMIT VIEW</b>				
7060	CONTRACTS	0	0	-3,438,204	-3,428,810
	TOTAL FOR CATEGORY 10	0	0	-3,438,204	-3,428,810
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7064	CONTRACTS - D	0	0	28,590	0
7065	CONTRACTS - E	0	0	114,706	0
7072	CONTRACTS - L	0	0	22,175	0
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7465	EQUIP > \$1,000 LESS THAN \$5,000 - A	0	0	6,000	0
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	TOTAL FOR CATEGORY 14	0	0	33,000	33,000
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	TOTAL FOR CATEGORY 20	0	0	4,618	4,618
<b>26</b>	<b>INFORMATION SERVICES</b>				
7292	EITS VOICE MAIL	0	0	1,131	1,152
7295	EITS STATE PHONE LINE	0	0	4,153	4,260
7533	EITS EMAIL SERVICE	0	0	4,465	4,693

Item No	Description	Actual Work Program		G07	
		2013-2014	2014-2015	Year 1 2015-2016	Year 2 2016-2017
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7556	EITS SECURITY ASSESSMENT	0	0	6,088	6,081
8331	OFFICE & OTHER EQUIPMENT - A	0	0	62,680	0
	TOTAL FOR CATEGORY 26	0	0	86,350	24,306
<b>29</b>	<b>UNIFORM ALLOWANCE</b>				
7170	CLOTH/UNIFORM/TOOL ALLOWANCE	0	0	0	15,561
	TOTAL FOR CATEGORY 29	0	0	0	15,561
<b>30</b>	<b>TRAINING</b>				
7340	INSPECTIONS & CERTIFICATIONS	0	0	15,985	15,985
	TOTAL FOR CATEGORY 30	0	0	15,985	15,985
<b>59</b>	<b>UTILITIES</b>				
7132	ELECTRIC UTILITIES	0	0	-59,979	-59,979
7134	NATURAL GAS UTILITIES	0	0	-21,147	-21,147
7136	GARBAGE DISPOSAL UTILITIES	0	0	-7,134	-7,134
7137	WATER & SEWER UTILITIES	0	0	9,101	9,102
7138	OTHER UTILITIES	0	0	4,939	4,939
	TOTAL FOR CATEGORY 59	0	0	-74,220	-74,219
	TOTAL EXPENDITURES FOR BUDGET ACCOUNT 3148	0	0	1,579,269	1,156,050

Title: HHS-DCFS - JUVENILE CORRECTIONAL FACILITY  
 Account: 101 - 3148

Budget Page: DHHS-DCFS-71, Volume II

Revenues	2013-14 Actual	2014-15 WP	% Chg	2015-16 GOV REC	% Chg	2016-17 GOV REC	% Chg
GENERAL FUND	3,466,062	4,629,350	33.56	5,633,396	21.69	5,609,354	(0.43)
OTHER FUND	58,816	200,359	240.65	208,203	3.91	208,203	
REVERSIONS	(486,847)						
<b>Total Revenues</b>	<b>3,038,031</b>	<b>4,829,709</b>	<b>58.97</b>	<b>5,841,599</b>	<b>20.95</b>	<b>5,817,557</b>	<b>(0.41)</b>
<b>Total FTE</b>		<b>2.00</b>		<b>3.00</b>		<b>3.00</b>	

Adjustments to Revenue					2015-16	2016-17
Dec Unit	Cat	GL	Description		Gov Rec	Gov Rec
<b>Sub-total</b>					0	0
<b>Line Item Changes to Revenues</b>					0	0

Adjustments to Expenditures					2015-16	2016-17
Dec Unit	Cat	GL	Description		Gov Rec	Gov Rec
<b>Sub-total</b>					0	0
<b>Line Item Changes to Expenditures</b>					0	0
<b>Total</b>					0	0
<b>Grand Total General Fund Impact of Closing Changes</b>					0	0

**Overview**

Summit View Youth Correctional Center (Summit View) is a 96-bed, maximum-security, male youth correctional facility located in North Las Vegas that opened in June 2000. As a budget reduction measure and as a result of the decreased demand for juvenile correctional beds, the 26<sup>th</sup> Special Session (2010) approved the closure of Summit View, effective May 2010. The 2013 Legislature approved reopening the facility in FY 2014 with funding for 50 beds. A private contractor, Rite of Passage, operated the facility from December 2013 to March 10, 2015, when the contract was terminated. Funding is primarily provided through a General Fund appropriation.

**Major Closing Issues**

1. Budget Amendment - Reopen Summit View as a State-Operated Facility
2. New Maintenance/Repair Position

**Discussion of Major Closing Issues**

1. Reopen Summit View as a State-Operated Facility (New E-248): On April 9, 2015, the Interim Finance Committee (IFC) heard testimony from the Division of Child and Family Services (DCFS) regarding the termination of the Rite of Passage (ROP) vendor contract on March 10, 2015. The contract termination effectively closed the Summit View facility. The agency testified that of the 44 youth housed at the facility at the time of the closure, 10 were transferred to Caliente Youth Center (CYC), 16 were

transferred to Nevada Youth Training Center (NYTC), 17 were placed on supervised release to Youth Parole Services, and 1 was placed out of state.

On March 27, 2015, the Fiscal Analysis Division received Budget Amendment A150623148 from the Executive Budget Office. The budget amendment recommends additional General Fund appropriations of \$3.1 million over the 2015-17 biennium, for a total of \$14.4 million in General Fund appropriations over the 2015-17 biennium, to reopen Summit View as a state-operated facility. As proposed, the facility would reopen on or about September 1, 2015 (FY 2016), and be funded for 48 beds. Summit View is constructed with two housing pods that have 48 beds each; this proposal would utilize only one of the pods.

A summary of the Governor's total budget for the facility, comparing the original recommendation to the amended recommendation, is reflected in the following table:

Description	Governor Recommends			As Amended		
	FY 2016	FY 2017	Total Biennium	FY 2016	FY 2017	Total Biennium
Personnel Services	\$224,230	\$239,763	\$463,993	\$3,757,046	\$4,080,506	\$7,837,552
In-State Travel	\$1,500	\$1,500	\$3,000	\$11,622	\$11,622	\$23,244
Operating	\$15,887	\$14,192	\$30,079	\$696,269	\$722,940	\$1,419,209
Equipment	\$1,990	\$0	\$1,990	\$132,843	\$0	\$132,843
Maintenance of Buildings and Grounds	\$134,673	\$134,673	\$269,346	\$134,673	\$134,673	\$269,346
Transfer to Debt Service	\$1,338,238	\$1,341,875	\$2,680,113	\$1,338,238	\$1,341,875	\$2,680,113
Private Contracts - Summit View	\$3,438,204	\$3,428,810	\$6,867,014	\$0	\$0	\$0
Summit View Readiness	\$0	\$0	\$0	\$604,455	\$0	\$604,455
Clark County School District	\$0	\$0	\$0	\$33,000	\$33,000	\$66,000
Youth Transportation	\$0	\$0	\$0	\$4,618	\$4,618	\$9,236
Information Services	\$2,389	\$724	\$3,113	\$88,739	\$25,030	\$113,769
Uniform Allowance	\$0	\$0	\$0	\$0	\$15,561	\$15,561
Training	\$0	\$0	\$0	\$15,985	\$15,985	\$31,970
Utilities	\$208,203	\$208,203	\$416,406	\$133,983	\$133,984	\$267,967
Purchasing Assessment	\$243	\$525	\$768	\$243	\$525	\$768
Deferred Facilities Maintenance	\$476,042	\$447,292	\$923,334	\$476,042	\$447,292	\$923,334
<b>Total Expenditures</b>	<b>\$5,841,599</b>	<b>\$5,817,557</b>	<b>\$11,659,156</b>	<b>\$7,427,756</b>	<b>\$6,967,611</b>	<b>\$14,395,367</b>

Fiscal staff would note that as proposed, Summit View would be funded 100 percent with General Fund appropriations. However, the other two juvenile correctional facilities, CYC and NYTC, receive federal reimbursement through the National School Lunch Program (NSLP). Fiscal staff has estimated NSLP reimbursements at \$59,584 in FY 2016, based on a September 1, 2015, opening date, and \$85,848 in FY 2017, which would reduce General Fund appropriations by the same amount. The agency testified at the April 16, 2015, budget hearing that it concurs with the need to seek NSLP grant funding from the Nevada Department of Agriculture. However, the agency indicated to Fiscal staff that it would prefer to add NSLP funding in FY 2017, and not in FY 2016, to allow for the establishment of the federal funding for this facility. Fiscal staff recommends a technical adjustment to add NSLP grant funding of \$85,848 in FY 2017, and to reduce General Fund appropriations by the same amount.

The Governor recommends the addition of 59 new positions in Budget Amendment A150623148 to operate Summit View. When added to the two existing positions and the new maintenance position already recommended in The Executive Budget (E-225), the facility would have a total of 62 positions. The division proposes to add 17 new positions starting on July 1, 2015, and the remaining 43 new positions on August 1, 2015, in order to be ready for a September 1, 2015, opening date. The following table shows the 62 positions, and their proposed starting dates, to serve a population of 48 youth:

<b>TABLE 2 - Recommended State Positions by Starting Date</b>		
<b>Class Description</b>	<b>Number</b>	<b>Starting Date</b>
Assistant Superintendent	1	Existing
Facility Supervisor	1	Existing
Superintendent	1	July 2015
Director, Nursing Services	1	July 2015
Head Group Supervisor	1	July 2015
Assistant Head Group Supervisor	4	July 2015
Administrative Services Officer	1	July 2015
Accountant Technician	1	July 2015
Food Service Manager	1	July 2015
Food Service Cook	2	July 2015
Training Officer	1	July 2015
Maintenance Repair Specialist	3	July 2015
IT Technician	1	July 2015
Administrative Assistant	2	August 2015
Correctional Nurse	2	August 2015
Food Service Cook	2	August 2015
Group Supervisor	36	August 2015
Laundry Worker	1	August 2015
<b>Total Positions</b>	<b>62</b>	

The budget amendment recommends a total of 41 positions in the Group Supervisor series to provide supervision and treatment services to the youth committed to Summit View. The agency provided Fiscal staff with supporting documentation, included in this document as Attachment A, to illustrate the methodology used to determine the number of positions required. The attachment reflects the number of positions that would be assigned for every hour of the day in order to comply with Prison Rape Elimination Act (PREA) staffing ratios.

The division proposes to use a hybrid method for operating Summit View by utilizing state employees, as noted in Table 2 above, and contractors for other needed services. The Operating category includes funding totaling \$801,840 over the 2015-17 biennium for contract services for three Mental Health Counselors (\$440,125), one Substance Abuse Counselor (\$118,439), and mental health and medical services from psychologists, psychiatrists, and medical practitioners (\$243,276). The division testified during the budget hearing that utilizing contracted personnel, instead of state positions, would decrease delays in critical services needed for the youth due to vacancies.

During the April 16, 2015, budget hearing, the Subcommittee expressed concern that Group Supervisor positions would not provide adequate security for youth, who may require protection from other youth housed in this maximum-security facility. The Subcommittee asked the division to provide alternate staffing proposals, including the use of Category III peace officers. As defined in NRS 289.480, Category III means a peace officer whose authority is limited to correctional services. Fiscal staff consulted Legislative Counsel, and confirmed that Category III peace officers may be utilized in juvenile correctional facilities.

In response to the Subcommittee's concerns, the division developed three alternative options to the Governor's recommendation to utilize 41 Group Supervisors. A summary of the alternative options and their additional cost, is presented in the following table:

TABLE 3 - Summary of Alternative Options for Youth Supervision and Security					
Option Number and Attachment Reference	Description of Option	Total Number of Positions	2015-17 Biennium		
			Cost of Option	Governor Recommends Group Supervisors ONLY	Additional Cost for Option
Option 1 (Attachment B)	Add 6 correctional positions <u>in addition</u> to the 41 Group Supervisor positions recommended by the Governor	47	\$6,443,160	\$5,425,365	\$1,017,795
Option 2 (Attachment C)	Replace 10 Group Supervisor positions with 10 Correctional Officer positions, <u>and</u> add 6 correctional supervisory positions.	47	\$6,548,259	\$5,425,365	\$1,122,894
Option 3 (Attachment D)	Add 42 correctional positions, <u>and</u> retain 5 Group Supervisor positions for youth treatment services	47	\$6,699,506	\$5,425,365	\$1,274,141

Additional details and cost calculations for each of the three options are included in the attachments to this closing document, as referenced in Table 3. The division indicated to Fiscal staff that it continues to recommend the budget amendment as submitted, but if that option is not acceptable to the Subcommittee then the division rates Option 1 as the most favorable alternative, Option 2 as second, and Option 3 as least favorable.

The following table provides information for the Subcommittee about the Group Supervisor and Correctional Officer occupational groups:

TABLE 4 - Comparison of Occupational Groups		
	Group Supervisor	Correctional Officer
Series Concept	To supervise the care and custody of youth in a detention facility by: scheduling and planning work activities of "home life" staff; maintaining safety and security of facility, staff and youth; provide training; coordinating emergency situations; monitoring treatment plans; and performing related duties.	To maintain and supervise inmates in State correctional facilities in a controlled humane environment.
Peace Officer Authority	NRS 289.200: Officers and employees of the Nevada Youth Training Center, the Caliente Youth Center and any other state facility for the detention of children that is operated pursuant to title 5 of NRS have the powers of a peace officer so far as necessary to arrest children who have escaped from that facility.	NRS 289.480: "Category III peace officer" means a peace officer whose authority is limited to correctional services, including the superintendents and correctional officers of the Department of Corrections.
Training	DCFS provides 120 hours of initial training, and a minimum of 86 hours refresher training for Group Supervisors. Training subjects include, but are not limited to, Emergency Procedures, Suicide Prevention, Use of Force, Substance Abuse/Mental Health Issues, CPR/First Aid, Gang Awareness, Medication Management, PREA, Searches/Intake/Transports, and Civil Rights/Grievances.	NAC 289.160: The minimum standard of training for officers in training category III is successful completion of a basic course that includes 160 hours of training in legal subjects, procedures in the field, skills of officers, investigation, community relations, and miscellaneous subjects.



The division has indicated to Fiscal staff that the Nevada Department of Corrections (NDOC) provides an eight-week training academy for its Category III peace officer candidates that is POST-certified. In response to Fiscal staff inquiries, the NDOC indicated that it could provide the academy for DCFS personnel, with a cost of \$200 per student for training materials.

The division reports that the Supreme Court's Commission on Statewide Juvenile Justice Reform (Commission) has studied the juvenile correctional system in Nevada since the Commission was formed in February 2011. The Commission recommended the use of the Missouri Model, and the division indicates that Nevada has been working for the past four years to implement its tenets. According to the Missouri Model: "Rather than trying to impose safety through coercive correctional practices, this model strives to create safety through constant supervision and staff leadership – by showing no tolerance for physical or emotional abuse, and by cultivating an enveloping atmosphere of healthy relationships and mutual respect." According to the division, research indicates higher rates of recidivism with correctional models than therapeutic models, with higher rates of incidents including assaults on youth, assaults on staff, use of restraints, isolation, and damage to property.

As noted previously, the submitted budget amendment is predicated on opening Summit View on or about September 1, 2015. Certain costs in the Operating category are budgeted beginning July 1, 2015, but would not be required until the facility opens on September 1, 2015 (food, contracted medical and dental services), or until the majority of positions begin on August 1, 2015 (staff operating supplies). Fiscal staff estimated that operating expenditures could be reduced by \$97,435 in FY 2016 for this reason, and the agency concurred. Fiscal staff recommends a technical adjustment to reduce operating expenditures by \$97,435 in FY 2016. When combined with the previously mentioned \$85,848 NSLP adjustment, the total additional General Fund appropriations needed to support the proposed amendment would be \$2.96 million.

The Equipment category includes the expenditures reflected in the following table:

TABLE 5 - Equipment	
Description	FY 2016
One Office Furniture Unit (E-225)	\$1,990
Telephone System	\$48,344
Two Intermediate Sedans	\$35,896
One Maintenance Truck	\$24,129
One 12-Passenger Van	\$22,484
<b>Total</b>	<b>\$132,843</b>

# 28 K quote

Fiscal staff would also note that new computer equipment costs of \$64,360 in FY 2016 are recommended in the Information Services category.

The budget amendment includes Summit View readiness costs of \$604,455 in FY 2016 to restore the facility to an operational condition. A summary of the costs is reflected in the following table:

*BDR to be submitted to allow correctional officers in DCFS NR 250889.480*

TABLE 6 - Summit View Readiness Costs	
Description	Amount
Janitorial contract to restore facility cleanliness	\$14,100
Replace three hot water heaters	\$19,473
Landscaping cleanup and repairs	\$28,590
Painting for entire facility (cover all ROP branding) and repairs	\$114,706
Rekey facility locks	\$22,175
Window replacement	\$47,000
Staff uniform and security equipment	\$41,698
Youth textiles (Clothing, Hygiene Products, Lines)	\$9,003
Fire System Control Panel in main control	\$6,000
Replace gymnasium floor	\$26,740
Cell house flooring repairs	\$176,847
Facility equipment (desks, chairs, tables, kitchenware, laundry)	\$98,123
<b>Total Costs</b>	<b>\$604,455</b>

*add back language to Appropriations Act to balance budget unspent authority*

On April 9, 2015, the IFC approved transferring the unspent balance of \$674,912 from the Private Contract category to the Summit View Readiness category in FY 2015. The division requested the transfer to begin preparing the facility in FY 2015 in order to ensure that Summit View would be ready for opening by September 1, 2015. The division testified that monies expended in FY 2015 would reduce the need for readiness funds in FY 2016 by a corresponding amount. The agency has indicated to Fiscal staff that appropriations for FY 2016 would be reverted to the General Fund in the amount of FY 2015 costs, as soon as FY 2015 actual expenditures are determined.

The agency testified at the budget hearing that Clark County School District has agreed to provide academic school services to Summit View. During the regular school year, funding for those services would be provided through the Distributive School Account (DSA). The budget amendment includes costs of \$66,000 over the 2015-17 biennium for Clark County School District to provide summer school services.

**Does the Subcommittee wish to approve Budget Amendment A150623148, with technical adjustments noted by Fiscal staff, which would reopen Summit View as a state-operated facility and require additional General Fund appropriations of \$2.96 million over the 2015-17 biennium?**

*Letter of Intent - Semi-annual* *Approved w/adjustment to remove readiness \$*  
**Alternatively, does the Subcommittee wish to consider one of the three options prepared by the agency at the direction of the Subcommittee?** *Approved option 1* ~~(\$44,473)~~ *604,455*

The 2013 Legislature authorized back language in the Appropriations Act to allow the division to transfer General Fund appropriations between the three youth correctional facilities (Summit View, Caliente Youth Center, and Nevada Youth Training Center) with the approval of the IFC. The division requests the continuation of this back language in the Appropriations Act for the 2015-17 biennium, which would provide flexibility for the agency to open and close cottages in response to judicial requests for minimum, medium and maximum placements, or flexibility to move staff and resources.

**Does the Subcommittee wish to authorize back language in the Appropriations Act that would allow the division to transfer General Fund appropriations between the three youth correctional facility budgets with the approval of the IFC?**

*Approved*

- New Maintenance/Repair Position (E-225, DHHS-DCFS-73):** The Governor recommends General Fund appropriations of \$103,597 over the 2015-17 biennium to add one new Maintenance Repair Specialist position and associated costs. This would be the second maintenance position for Summit View, reporting to the existing Facility Supervisor. The agency indicates that the





## STATE OF NEVADA OFFICE OF THE MILITARY

Office of the Adjutant General  
2460 Fairview Drive  
Carson City, Nevada 89701-6807



Brian Sandoval  
Governor

WILLIAM R. BURKS  
Brigadier General  
The Adjutant General

April 16, 2015

### MEMORANDUM

To: James R. Wells, Clerk of the Board  
Board of Examiners

From: Cheryl Tyler  
Administrative Services Officer, Office of the Military

Subject: Request for BOE to Recommend IFC Contingency Funds

The Office of the Military respectfully requests the Board of Examiners recommend an allocation of \$867.62 from the Interim Finance Contingency Fund to provide for an SFY12 NV Energy stale claim. If recommended, work program C32366 has been submitted to support a companion Action Item request of the Interim Finance Committee at their meeting scheduled for June 2015.

During SFY12, invoices were routed to LPB Energy Management Services for entry where the accounts were converted into billing summaries by site. These summaries did not immediately show the past due balance for the missed payment. With the change in billing routing, the Office of the Military reconciled the NV Energy account and realized an invoice from April 2012 was not paid.

A new photovoltaic electric generation (solar) contract for the Office of the Adjutant General complex, the Las Vegas Readiness Center, and the Floyd Edsall Training Center was effective in SFY12. The contract included premium charges for power generation, causing utility expenditures to exceed the General Fund appropriation. As a result, the agency did not have any General Fund reversions in SFY12.

Void of an SFY12 General Fund reversion, the agency is respectfully pursuing an IFC Contingency Fund allocation to pay for this stale claim.

Please let me know if any further clarification is needed.

Thank you very much.



**Department of Administration  
Work Program Packet Checklist**

- ✓ Work program form
- ✓ Work program packet checklist
- ✓ Cumulative modification worksheet
- ✓ Cover Page detailing the reasons for the revision, benefits to the division, department and state and consequences if not approved
- ✓ Financial/Budget Status Reports (current)
- Budget projections with corresponding detail
- ✓ Fund map reflecting amounts before and after the revision
- NPD 19 (If requesting new position) **Include copy of current organizational chart w/proposed change**
- Quotes for the purchase of unbudgeted items (i.e., equipment, computers, etc.)
- ✓ Spreadsheets/detailed calculations supporting request

**WORK PROGRAM REVISIONS INVOLVING GRANTS MUST ALSO INCLUDE**

- Grant history/reconciliation form for grants
- Copies of all grant awards for the current year listed on the grant reconciliation form
- Copy of grant budget - if applicable
- Summary of the grant program and purpose if not included in the grant award document

**IFC determination evaluation (reason work program does or does not require IFC approval indicated with an X)**

**Requires IFC approval because**

- |   |  |
|---|--|
| <input type="checkbox"/> \$75,000 or more cumulative for an expenditure category  | <input type="checkbox"/> Exceeds \$30,000 cumulative and is 10% or more cumulative for an expenditure category |
| <input type="checkbox"/> Involves the allocation of block grant funds and the agency is choosing to use the IFC meeting for the required public hearing per NRS 353.337 | <input type="checkbox"/> Non-governmental grant or gift in excess of \$20,000                                  |
| <input type="checkbox"/> Includes new positions   | ✓ Other: Request for IFC Contingency Fund  |

**Does not require IFC approval because**

- |  |  |
|--|--|
| <input type="checkbox"/> \$30,000 or less cumulative for each expenditure category   | <input type="checkbox"/> Places funds in Reserves, Reserve for Reversion, or Retained Earnings categories only |
| <input type="checkbox"/> Less than \$75,000 cumulative and 10% cumulative for each expenditure category  | <input type="checkbox"/> Non-executive budget  |
| <input type="checkbox"/> \$5,000 or less for expenditure categories 02, 03, 05, & 30 and \$10,000 or less for any other expenditure categories | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Implements general/highway fund salary adjustments approved by the BOE  | Approved by:<br>Date:  |

**STATE OF NEVADA  
ADJUTANT GENERAL & NATIONAL GUARD**

**Budget Account 3650 - MILITARY  
Work Program C32366  
Fiscal Year 2015**

Submitted April 30, 2015

**Budget Account's Primary Purpose, Function and Statutory Authority**

The mission of the Office of the Military is to enlist, organize, arm, equip, and train the state's military and National Guard units to defend the Constitution and protect the lives and property of the public in times of emergency, disorder, or disaster. The federal mission of the department is to provide soldiers and airmen to respond to federal mobilization as directed by the President or Congress. The Adjutant General provides administrative oversight for the department, which consists of the Army National Guard and the Air National Guard. Statutory Authority: NRS 412.

**Purpose of Work Program**

The purpose of the Work Program is to request IFC Contingency Fund to pay for a SFY 2012 NV Energy state claim.

**Justification**

During SFY12, invoices were routed to LPB Energy Management Services for entry where the accounts were converted into billing summaries by site. These summaries did not immediately show the past due balance for the missed payment. With the change in billing routing, the Office of the Military reconciled the NV Energy account and realized an invoice from April 2012 was not paid.

The Office of the Military did not have any General Fund Reversions in SFY 2012, we respectfully request IFC Contingency Fund to pay for this stale claim.

**Expected Benefits to be Realized**

With the approval of the IFC Contingency Fund request, it will enable the agency to pay the past due invoice.

**Explanation of Projections and Documentation**

Attached is the SFY 2012 state claim file that demonstrates the reversion balance and pending need.

**New Positions:** No

**Summary of Alternatives and Why Current Proposal is Preferred**

If this request is not approved, the past due amount in the account will remain unresolved leading to possible penalties and fees. The agency would like to follow proper procedure and pay the stale claim according to the regulations.

**STATE OF NEVADA WORK PROGRAM  
 ADJUTANT GENERAL  
 ADJUTANT GENERAL & NATIONAL GUARD  
 MILITARY  
 B/A 3650 SFY15**

G.L.#	REVENUES Description	Original or Legislatively Approved Work Program	APPROVED				
			FIRST	SECOND	THIRD	FOURTH	FIFTH
			Work Program Change WP # C30205	Work Program Change WP # C30238	Work Program Change WP # C31446	Work Program Change WP # C31459	Work Program Change WP # C31933
2501	APPROPRIATION CONTROL	2,545,529					
3500	FEDERAL RECEIPTS	12,940,603	111,349	1,203,797	9,575,969	75,000	954
4654	TRANSFER FROM INTERIM FINANCE	0					
<b>Total Revenues</b>		<b>15,486,132</b>	<b>111,349</b>	<b>1,203,797</b>	<b>9,575,969</b>	<b>75,000</b>	<b>954</b>
EXPENDITURES							
Cat	Description						
01	PERSONNEL	8,505,087					
02	OUT-OF-STATE TRAVEL	6,939					
03	IN-STATE TRAVEL	19,210					
04	OPERATING EXPENSES	622,887					
07	MAINTENANCE OF BLDGS & GROUNDS	551,582					
09	MEDALS	113					
10	ARMY FACILITIES	3,306,742			7,976,980		
11	AIR SECURITY	2,160					
12	AIR FIRE PROGRAM	56,339			23,795		
13	ELECTRONIC SECURITY	53,023	111,349		449,913		
14	COMMUNICATIONS	483,924		1,203,797	355,523		
16	ENVIRONMENT	150,106			352,609		
17	ARMY SECURITY	80,522			417,149		
18	ADMIN SERVICES ACTIVITIES	0				75,000	
21	ANTI-TERRORISM OPERATIONS	10,531					
26	INFORMATION SERVICES	33,040					
29	UNIFORMS	4,378					
30	TRAINING	3,555					954
59	UTILITIES	1,547,208					
83	NDOT 800 MHZ RADIOS STATEWIDE COST ALLOCATION	36,500					
87	PURCHASING ASSESSMENT	12,286					
93	RESERVE FOR REVERSION TO GENERAL FUND	0					
<b>Total Expenditures</b>		<b>15,486,132</b>	<b>111,349</b>	<b>1,203,797</b>	<b>9,575,969</b>	<b>75,000</b>	<b>954</b>



**STATE OF NEVADA WORK PROGRAM  
 ADJUTANT GENERAL  
 ADJUTANT GENERAL & NATIONAL GUARD  
 MILITARY  
 B/A 3650 SFY15**

G.L.#	REVENUES  Description	Original or Legislatively Approved Work Program	APPROVED			PENDING
			SIXTH	SEVENTH	EIGHTH	NINTH
			Work Program Change	Work Program Change	Work Program Change	Work Program Change
			WP # C32020	WP # 15PH3650	WP # 15AH3650	WP # C32366
2501	APPROPRIATION CONTROL	2,545,529				
3500	FEDERAL RECEIPTS	12,940,603	36,756			
4654	TRANSFER FROM INTERIM FINANCE	0				868
<b>Total Revenues</b>		<b>15,486,132</b>	<b>36,756</b>	<b>0.00</b>	<b>0.00</b>	<b>868</b>
EXPENDITURES						
Cat	Description					
01	PERSONNEL	8,505,087		-1,474	-39,126	
02	OUT-OF-STATE TRAVEL	6,939				
03	IN-STATE TRAVEL	19,210				
04	OPERATING EXPENSES	622,887				
07	MAINTENANCE OF BLDGS & GROUNDS	551,582				
09	MEDALS	113				
10	ARMY FACILITIES	3,306,742				
11	AIR SECURITY	2,160				
12	AIR FIRE PROGRAM	56,339				
13	ELECTRONIC SECURITY	53,023	36,756			
14	COMMUNICATIONS	483,924				
16	ENVIRONMENT	150,106				
17	ARMY SECURITY	80,522				
18	ADMIN SERVICES ACTIVITIES	0				
21	ANTI-TERRORISM OPERATIONS	10,531				
26	INFORMATION SERVICES	33,040				
29	UNIFORMS	4,378				
30	TRAINING	3,555				
59	UTILITIES	1,547,208				
83	NDOT 800 MHZ RADIOS STATEWIDE COST ALLOCATION	36,500				868
87	PURCHASING ASSESSMENT	12,286				
93	RESERVE FOR REVERSION TO GENERAL FUND	0		1,474	39,126	
<b>Total Expenditures</b>		<b>15,486,132</b>	<b>36,756</b>	<b>0.00</b>	<b>0.00</b>	<b>868</b>

**STATE OF NEVADA WORK PROGRAM  
 ADJUTANT GENERAL  
 ADJUTANT GENERAL & NATIONAL GUARD  
 MILITARY  
 B/A 3650 SFY15**

G.L.#	REVENUES Description	Original or Legislatively Approved Work Program	---CUMULATIVE---		Total Amount
			Dollar Change	Percent Change	
2501	APPROPRIATION CONTROL	2,545,529	0	0.0%	2,545,529
3500	FEDERAL RECEIPTS	12,940,603	11,003,825	85.0%	23,944,428
4654	TRANSFER FROM INTERIM FINANCE	0	868	100.0%	868
<b>Total Revenues</b>		<b>15,486,132</b>	<b>11,004,693</b>	<b>71.1%</b>	<b>26,490,825</b>
EXPENDITURES					
Cat	Description				
01	PERSONNEL	8,505,087	-40,600	-0.5%	8,464,487
02	OUT-OF-STATE TRAVEL	6,939	0	0.0%	6,939
03	IN-STATE TRAVEL	19,210	0	0.0%	19,210
04	OPERATING EXPENSES	622,887	0	0.0%	622,887
07	MAINTENANCE OF BLDGS & GROUNDS	551,582	0	0.0%	551,582
09	MEDALS	113	0	0.0%	113
10	ARMY FACILITIES	3,306,742	7,976,980	241.2%	11,283,722
11	AIR SECURITY	2,160	0	0.0%	2,160
12	AIR FIRE PROGRAM	56,339	23,795	42.2%	80,134
13	ELECTRONIC SECURITY	53,023	598,018	1127.8%	651,041
14	COMMUNICATIONS	483,924	1,559,320	322.2%	2,043,244
16	ENVIRONMENT	150,106	352,609	234.9%	502,715
17	ARMY SECURITY	80,522	417,149	518.1%	497,671
18	ADMIN SERVICES ACTIVITIES	0	75,000	100.0%	75,000
21	ANTI-TERRORISM OPERATIONS	10,531	0	0.0%	10,531
26	INFORMATION SERVICES	33,040	0	0.0%	33,040
29	UNIFORMS	4,378	0	0.0%	4,378
30	TRAINING	3,555	954	26.8%	4,509
59	UTILITIES	1,547,208	868	0.1%	1,548,076
83	NDOT 800 MHZ RADIOS STATEWIDE COST ALLOCATION	36,500	0	0.0%	36,500
87	PURCHASING ASSESSMENT	12,286	0	0.0%	12,286
93	RESERVE FOR REVERSION TO GENERAL FUND	0	40,600	100.0%	40,600
<b>Total Expenditures</b>		<b>15,486,132</b>	<b>11,004,693</b>	<b>71.1%</b>	<b>26,490,825</b>

**STATE OF NEVADA**  
**Office of the State Controller**

**Budget Status Report - Receipts/Funding**

**Fiscal Year:** 2015

**Fund:** 101 GENERAL FUND

**Agency:** 431 ADJUTANT GENERAL & NATL GUARD

**Budget Account:** 3650 MILITARY

**Organization:** 0000 ADJUTANT GENERAL & NATL GUARD

	YTD Actual	Work Program	Difference
<b>Total Receipts/Funding</b>	8,760,848.97	26,489,957.00	-17,729,108.03

Code	Description	YTD Actual	Work Program	Difference
42	APPROPRIATIONS	2,545,529.00	2,545,529.00	.00
3500	FEDERAL RECEIPTS	6,215,319.97	23,944,428.00	-17,729,108.03

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Main Menu &gt; Budget Status Report Input &gt; Budget Account List &gt; Summary Budget Status Report &gt; Obligations

REPORT DATE AS OF: 04/15/2015

PROC ID: BSR\_GEN\_BCLS\_REPORT

**STATE OF NEVADA**  
**Office of the State Controller**

**Budget Status Report - Obligations**

Fiscal Year: 2015

Fund: 101 GENERAL FUND

Agency: 431 ADJUTANT GENERAL &amp; NATL GUARD

Budget Account: 3650 MILITARY

Organization: 0000 ADJUTANT GENERAL &amp; NATL GUARD

	YTD Actual	Work Program	Difference
<b>Total Expenditures</b>	12,726,952.87		
<b>Total Encumbrances</b>	75,599.96		
<b>Total Pre-encumbrances</b>	.00		
<b>Total Obligations</b>	12,802,552.83	26,489,957.00	13,687,404.17

Category	Description	Expended	Encumbered	Pre-encumbered	Obligated	Work Program	Difference
01	PERSONNEL SERVICES	5,495,507.75	.00	.00	5,495,507.75	8,505,087.00	3,009,579.25
02	OUT OF STATE TRAVEL	580.90	.00	.00	580.90	6,939.00	6,358.10
03	IN STATE TRAVEL	8,029.51	.00	.00	8,029.51	19,210.00	11,180.49
04	OPERATING	321,405.90	.00	.00	321,405.90	622,887.00	301,481.10
07	MAINTENANCE OF BLDGS & GROUNDS	160,980.71	9,079.69	.00	170,060.40	551,582.00	381,521.60
09	STATE MEDAL OF VALOR	.00	.00	.00	.00	113.00	113.00
10	ARMY FACILITIES	3,998,711.74	.00	.00	3,998,711.74	11,283,722.00	7,285,010.26
11	AIR SECURITY	842.66	.00	.00	842.66	2,160.00	1,317.34
12	AIR FIRE	41,854.28	.00	.00	41,854.28	80,134.00	38,279.72
13	ELECTRONIC SECURITY	128,226.66	15,597.08	.00	143,823.74	651,041.00	507,217.26
14	COMMUNICATIONS	1,266,306.97	6,740.37	.00	1,273,047.34	2,043,244.00	770,196.66
16	ENVIRONMENT	197,276.13	28,133.75	.00	225,409.88	502,715.00	277,305.12
17	ARMY SECURITY	82,776.71	7,450.30	.00	90,227.01	497,671.00	407,443.99
18	ADMIN SVCS ACTIVITIES	.00	8,598.77	.00	8,598.77	75,000.00	66,401.23
21	ANTI-TERRORISM OPERATIONS	1,920.91	.00	.00	1,920.91	10,531.00	8,610.09
26	INFORMATION SERVICES	28,114.30	.00	.00	28,114.30	33,040.00	4,925.70

Budget Status Report - Obligations

29	UNIFORMS	.00	.00	.00	.00	4,378.00	4,378.00
30	TRAINING	2,665.65	.00	.00	2,665.65	4,509.00	1,843.35
59	UTILITIES	979,466.09	.00	.00	979,466.09	1,547,208.00	567,741.91
83	NDOT 800MHZ RADIO COST ALLOC	.00	.00	.00	.00	36,500.00	36,500.00
87	PURCHASING ASSESSMENT	12,286.00	.00	.00	12,286.00	12,286.00	.00

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**Fund Mapping - Category Summary Report**

**Budget Year:** SFY 2015  
**Budget Account:** 3650 Office of the Military

**Legislatively Approved plus pending Work Program C32020 (Category 13)**

	GL 2501	GL 2511	GL 2520	GL 3500	GL3501	GL 4654	GL 4660	GL 4669	GL 4746	Totals
<b>Total Revenues</b>	\$2,545,529.00	-	-	\$23,944,428.00	-	-	-	-	-	\$ 26,489,957.00
<b>Expenditures</b>										
01	\$1,177,701.33	-	-	\$7,327,385.67	-	-	-	-	-	\$ 8,505,087.00
02	\$6,939.00	-	-	-	-	-	-	-	-	\$ 6,939.00
03	\$19,210.00	-	-	-	-	-	-	-	-	\$ 19,210.00
04	\$347,286.09	-	-	\$275,600.91	-	-	-	-	-	\$ 622,887.00
07	\$250,847.24	-	-	\$300,734.76	-	-	-	-	-	\$ 551,582.00
09	\$113.00	-	-	-	-	-	-	-	-	\$ 113.00
10	\$37,234.00	-	-	\$11,246,488.00	-	-	-	-	-	\$ 11,283,722.00
11	-	-	-	\$2,160.00	-	-	-	-	-	\$ 2,160.00
12	-	-	-	\$80,134.00	-	-	-	-	-	\$ 80,134.00
13	-	-	-	\$651,041.00	-	-	-	-	-	\$ 651,041.00
14	\$16,000.00	-	-	\$2,027,244.00	-	-	-	-	-	\$ 2,043,244.00
16	-	-	-	\$502,715.00	-	-	-	-	-	\$ 502,715.00
17	-	-	-	\$497,671.00	-	-	-	-	-	\$ 497,671.00
18	-	-	-	\$75,000.00	-	-	-	-	-	\$ 75,000.00
21	-	-	-	\$10,531.00	-	-	-	-	-	\$ 10,531.00
24	-	-	-	-	-	-	-	-	-	\$ -
26	\$33,040.00	-	-	-	-	-	-	-	-	\$ 33,040.00
29	\$4,378.00	-	-	-	-	-	-	-	-	\$ 4,378.00
30	\$3,555.00	-	-	954.00	-	-	-	-	-	\$ 4,509.00
59	\$600,439.34	-	-	\$946,768.66	-	-	-	-	-	\$ 1,547,208.00
83	\$36,500.00	-	-	-	-	-	-	-	-	\$ 36,500.00
87	\$12,286.00	-	-	-	-	-	-	-	-	\$ 12,286.00
93	\$0.00	-	-	\$0.00	-	-	-	-	-	\$ -
<b>Total Expenditures</b>	\$2,545,529.00	-	-	\$23,944,428.00	-	-	-	-	-	\$ 26,489,957.00

**Work Program C32366**

	GL 2501	GL 2511	GL 2520	GL 3500	GL3501	GL 4654	GL 4660	GL 4669	GL 4746	Totals
<b>Total Revenues</b>						868				\$868.00
<b>Expenditures</b>										
01										\$ -
02										\$ -
03										\$ -
04										\$ -
07										\$ -
09										\$ -
10										\$ -
11										\$ -
12										\$ -
13										\$ -
14										\$ -
16										\$ -
17										\$ -
18										\$ -
21										\$ -
24										\$ -
26										\$ -
29										\$ -
30										\$ -
59						868				\$ 868.00
83										\$ -
87										\$ -
93										\$ -
<b>Total Expenditures</b>				\$ -		868				\$ 868.00

**Revised Authority**

	GL 2501	GL 2511	GL 2520	GL 3500	GL3501	GL 4654	GL 4660	GL 4669	GL 4746	Totals
<b>Total Revenues</b>	\$ 2,545,529.00	-	-	\$23,944,428.00	-	868	-	-	-	\$ 26,490,825.00
<b>Expenditures</b>										
01	\$ 1,177,701.33	-	-	\$7,327,385.67	-	-	-	-	-	\$ 8,505,087.00
02	\$ 6,939.00	-	-	-	-	-	-	-	-	\$ 6,939.00
03	\$ 19,210.00	-	-	-	-	-	-	-	-	\$ 19,210.00
04	\$ 347,286.09	-	-	\$ 275,600.91	-	-	-	-	-	\$ 622,887.00
07	\$ 250,847.24	-	-	\$ 300,734.76	-	-	-	-	-	\$ 551,582.00
09	\$ 113.00	-	-	-	-	-	-	-	-	\$ 113.00
10	\$ 37,234.00	-	-	\$11,246,488.00	-	-	-	-	-	\$ 11,283,722.00
11	-	-	-	\$ 2,160.00	-	-	-	-	-	\$ 2,160.00
12	-	-	-	\$ 80,134.00	-	-	-	-	-	\$ 80,134.00
13	-	-	-	\$ 651,041.00	-	-	-	-	-	\$ 651,041.00
14	\$ 16,000.00	-	-	\$ 2,027,244.00	-	-	-	-	-	\$ 2,043,244.00
16	-	-	-	\$ 502,715.00	-	-	-	-	-	\$ 502,715.00
17	-	-	-	\$ 497,671.00	-	-	-	-	-	\$ 497,671.00
18	-	-	-	\$ 75,000.00	-	-	-	-	-	\$ 75,000.00
21	-	-	-	\$ 10,531.00	-	-	-	-	-	\$ 10,531.00
24	-	-	-	\$ -	-	-	-	-	-	\$ -
26	\$ 33,040.00	-	-	-	-	-	-	-	-	\$ 33,040.00
29	\$ 4,378.00	-	-	-	-	-	-	-	-	\$ 4,378.00
30	\$ 3,555.00	-	-	954.00	-	-	-	-	-	\$ 4,509.00
59	\$ 600,439.34	-	-	\$ 946,768.66	-	-	-	-	-	\$ 1,547,208.00
83	\$ 36,500.00	-	-	-	-	868	-	-	-	\$ 37,368.00
87	\$ 12,286.00	-	-	-	-	-	-	-	-	\$ 12,286.00
93	-	-	-	-	-	-	-	-	-	\$ -
<b>Total Expenditures</b>	\$2,545,529.00	-	-	\$23,944,428.00	-	868	-	-	-	\$ 26,490,825.00





**STATE OF NEVADA  
CONTROLLER'S OFFICE**

101 N CARSON ST STE 5  
CARSON CITY NV 89710  
775/684-5750  
Fax 775/684-5695

**Budget Account File Maintenance Request**  
(use for existing budget accounts to add categories or revenue sources)

Fiscal Year: 2015

Coding Structure:	Fund	Agency	Budget	Work Program Reference (if applicable)	
	101	431	3650	AP	WP C32366

**Categories Needed:**

Cat #	Category Name (max 30 characters)	Notes

**Revenue Source General Ledger Assignments:**

NRS/Authority (required to establish a new GL)	(Check one or both)		AORD = Alternate Object/Revenue Description	
	New GL	AORD	GL #	Name ( max 30 characters)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4654	Transfer from Interim Finance
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

**Other Action:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Approvals:** Budget Division: \_\_\_\_\_ (Name) \_\_\_\_\_ (Date)  
 Controller: \_\_\_\_\_ (Name) \_\_\_\_\_ (Date)

**Advantage Updates (if applicable):**  
 (Controller's Office) APDS \_\_\_\_\_ (Name) \_\_\_\_\_ (Date)  
 RB \_\_\_\_\_ (Name) \_\_\_\_\_ (Date)  
 AORD \_\_\_\_\_ (Name) \_\_\_\_\_ (Date)





## STATE OF NEVADA OFFICE OF THE MILITARY

Office of the Adjutant General  
2460 Fairview Drive  
Carson City, Nevada 89701-6807



Brian Sandoval  
Governor

WILLIAM R. BURKS  
Brigadier General  
The Adjutant General

April 16, 2015

### MEMORANDUM

To: Assemblyman Anderson, Chair  
Interim Finance Committee

From: Cheryl Tyler  
Administrative Services Officer, Office of the Military

Subject: Request for Interim Finance to Approve Contingency Funds

The Office of the Military respectfully requests Interim Finance approve an allocation of \$867.62 from the Interim Finance Contingency Fund to provide for an SFY12 NV Energy stale claim. Work program C32366 has been submitted to support an Action Item request of the Interim Finance Committee.

During SFY12, invoices were routed to LPB Energy Management Services for entry where the accounts were converted into billing summaries by site. These summaries did not immediately show the past due balance for the missed payment. With the change in billing routing, the Office of the Military reconciled the NV Energy account and realized an invoice from April 2012 was not paid.

A new photovoltaic electric generation (solar) contract for the Office of the Adjutant General complex, the Las Vegas Readiness Center, and the Floyd Edsall Training Center was effective in SFY12. The contract included premium charges for power generation, causing utility expenditures to exceed the General Fund appropriation. As a result, the agency did not have any General Fund reversions in SFY12.

Void of an SFY12 General Fund reversion, the agency is respectfully pursuing an IFC Contingency Fund allocation to pay for this stale claim.

Please let me know if any further clarification is needed.

Thank you very much.

Brian Sandoval  
Governor



James R. Wells, CPA  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: May 19, 2015  
To: James R. Wells, Director  
Department of Administration  
From: Katrina Nielsen, Budget Analyst  
Budget Division *Katrina Nielsen*  
Subject: BUDGET OFFICE HIGHLIGHT  
BOARD OF EXAMINERS **HIGHLIGHT** 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.

**NEVADA STATE BOARD OF DENTAL EXAMINERS**

Reason for submittal:

The Nevada State Board of Dental Examiners negotiated a lease with Spanish Park Building Two, LLC, which has been submitted for approval at the June BOE, and has discontinued using the Buildings & Grounds Division's leasing services.

LESSEE	LESSOR	AMOUNT
Nevada State Board of Dental Examiners	Spanish Park Building Two, LLC	\$352,321.20
<b>Lease Description:</b>	This is a renegotiation and renewal of an existing lease to house the board.	
	<b>Term of Lease:</b>	<b>05/01/2015 – 04/30/2015</b>
	<b>Located in Las Vegas</b>	

Brief history (if needed):

The Board has cited exemption from the provisions of NRS 353 pursuant to NRS 353.005. The Board's inclusion in the exemption has been confirmed to be under Chapter 631 below. Additionally, AB 59, Section 2(b) of the 2015 Legislative Session has been enrolled and includes permissive language to allow boards and commissions to utilize B&G's leasing services if they so choose.

**NRS 353.005 Inapplicability of chapter to certain boards.** Except as otherwise provided in [NRS 353.007](#), the provisions of this chapter do not apply to boards created by the provisions of [NRS 590.485](#) and [chapters 623 to 625A](#), inclusive, [628](#), [630 to 644](#), inclusive, [648](#), [654](#) and [656](#) of NRS and the officers and employees of those boards.

Current language in the State Administrative Manual reads as follows:

## **1020 Leases**

The Administrator of the State Public Works Division (hereinafter “the Division”) has authority to lease office space for State agencies and departments and approves and issues all leases for State leased office space ([NRS 331.110](#)). Leases that extend beyond a one-year term require approval of the Board of Examiners, see [SAM 0336](#)). When an agency determines a need for office space and has budget authority, a Space Request Form must first be completed and submitted to the Division’s Leasing and Contract Services Group. The Space Request Form is available from the Division’s website at <http://bandg.state.nv.us> (click on “Services” then “Leasing Program”). The Division will determine whether the agency will be housed in leased or State-owned space.

If leased space is selected and taking into consideration an agency’s particular needs and requests, the Division will locate potential sites for the agency to inspect. Once the location is selected, the Division will negotiate lease terms, prepare lease documents and obtain required approvals. Leased space requirements should be scheduled to allow time for the Division to accomplish the above. Additional time should be allowed depending on required tenant improvements. To cover this service, a percentage of the rental fee for leased space goes to the Buildings and Grounds Section.

At no time should the agency enter into negotiations with private building owners or their agents.

The exception to this **Section 1020** is a requirement for storage space. If the storage space does not involve staff being located at and utilizing office space within the storage unit, the rental agreement can be negotiated and approved (by following contract procurement procedures) directly by the requesting agency.

**Note:** [The Division does not provide leasing services for the Nevada System of Higher Education, the Department of Public Safety, the Department of Motor Vehicles, Nevada Department of Transportation, and State Boards that are exempt from the state financial administration laws.](#)

With the passage of AB59, this language will need to be updated.

Assembly Bill No. 59-Committee  
on Government Affairs

CHAPTER.....

AN ACT relating to the Department of Administration; revising the authority of the Administrator of the State Public Works Division of the Department of Administration with respect to the leasing of certain office rooms; requiring the Administrator to consider regulations adopted by the State Public Works Division when entering into such real property leases; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law grants the Administrator of the State Public Works Division of the Department of Administration the authority to lease office space to house state officers, departments, agencies, boards or commissions whenever sufficient space cannot be provided within state buildings. (NRS 331.110) This bill makes it mandatory for the Administrator to lease and equip office rooms outside of state buildings for the use of state officers, departments, agencies, boards and commissions whenever sufficient space cannot be provided within state buildings except state officers and employees of boards that are exempt from the provisions of chapter 353 of NRS. This bill authorizes those exempt boards to request the Administrator to lease office rooms for them. This bill also requires the Administrator, when considering entering into a lease for office rooms, to take into consideration the regulations governing the duties of the Buildings and Grounds Section of the Division, as well as the reasonableness of the applicable agreement and the availability of sufficient space within state buildings.

EXPLANATION - Matter in *bolded italics* is new, matter between brackets ~~{omitted material}~~ is material to be omitted.

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THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN  
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

**Section 1.** (Deleted by amendment.)

**Sec. 2.** NRS 331.110 is hereby amended to read as follows:

331.110 1. Except as otherwise provided by law, the Administrator ~~{may}~~:

*(a) Except as otherwise provided in paragraph (b), shall lease and equip office rooms outside of state buildings for the use of state officers, departments, agencies, boards and commissions whenever sufficient space cannot be provided within state buildings. A state officer, department, agency, board or commission to which this paragraph applies may only lease and equip office rooms outside of state buildings pursuant to this paragraph.*

*(b) May lease and equip office rooms outside of state buildings for the use of state officers and employees of boards that are*



*exempt from the provisions of chapter 353 of NRS pursuant to NRS 353.005, upon the request of such a board.*

2. The Administrator shall negotiate, approve and oversee any agreement to lease office rooms pursuant to this section, but no such lease may extend beyond the term of 1 year unless it is reviewed and approved by a majority of the members of the State Board of Examiners. The Attorney General shall approve each lease entered into pursuant to this subsection as to form and compliance with law.

~~{2-}~~ 3. Notwithstanding any other provision of law, before the Administrator enters into any lease for office rooms for any state officer, department, agency, board or commission ~~{}~~ pursuant to subsection 1, the Administrator shall consider, without limitation:

(a) The reasonableness of the terms of the agreement, including, without limitation, the cost; ~~{and}~~

(b) The availability of space for use by the state officer, department, agency, board or commission, *as applicable*, in buildings that are owned by or leased to the State ~~{}~~; and

(c) *Any regulations adopted pursuant to or in accordance with NRS 341.110.*

~~{3-}~~ 4. Each state officer, department, agency, board and commission shall maintain and, on or after April 1 but not later than June 30 of each year, provide to the Administrator an inventory of all real property leased to the State that is occupied by or otherwise used by the state officer, department, agency, board and commission. The Division of State Lands ~~{}~~ of the State Department of Conservation and Natural Resources, Department of Transportation and State Public Works Division of the Department of Administration shall maintain and, on or after April 1 but not later than June 30 of each year, provide to the Administrator an inventory of all real property owned by the State. Each inventory must identify:

(a) Real property that is being actively used by a state officer, department, agency, board or commission.

(b) Real property that is not being actively used by a state officer, department, agency, board or commission.

(c) Real property that is not being used by a state officer, department, agency, board or commission but which is reasonably anticipated to be actively used by a state officer, department, agency, board or commission in the future.

(d) Real property that is being actively used as a park or wildlife area.



~~{4.}~~ 5. Except as otherwise provided in subsection ~~{6.}~~ 7, the Administrator shall post on an Internet website maintained by the State a list of all real property owned or leased by the State. Each such listing shall include, without limitation, a brief description of:

(a) The location, size and current use of the real property, including, without limitation, whether the real property is actively used; and

(b) The terms of the lease, including, without limitation, the cost to the State.

~~{5.}~~ 6. Before submitting the inventory to the Administrator pursuant to subsection ~~{3.}~~ 4, a state officer, department, agency, board, commission, the Division of State Lands ~~{.}~~ of the *State Department of Conservation and Natural Resources*, Department of Transportation or State Public Works Division of the Department of Administration that uses the property may request the Chief of the Budget Division of the Department of Administration to deem information regarding the property confidential for the purpose of maintaining public safety.

~~{6.}~~ 7. If the Chief of the Budget Division deems information regarding property to be confidential pursuant to subsection ~~{5.}~~ 6, the information concerning the property must be kept confidential and is not a public book or record within the meaning of NRS 239.010. The Chief of the Budget Division must inform the Administrator that the information is confidential and that the information must not be posted on an Internet website maintained by the State pursuant to subsection ~~{4.}~~ 5.

~~{7.}~~ 8. An owner of a building who enters into a contract with a state agency for occupancy in the building:

(a) If the contract is entered into before May 28, 2009, may comply with the program; and

(b) If the contract is entered into on or after May 28, 2009, shall, to the extent practicable as determined by the Administrator, comply with the program.

↳ If an owner chooses not to comply with the program pursuant to paragraph (a), a state or local agency shall not, after May 28, 2009, enter into a contract for occupancy of a building owned by the owner, except that the Administrator may authorize a state or local agency to enter into a contract for the occupancy of a building owned by an owner who does not comply with the program if the Administrator determines that it is impracticable for the owner to comply with the program.

~~{8.}~~ 9. As used in this section, "program" means the program established pursuant to NRS 701.218.



**Sec. 3.** (Deleted by amendment.)

**Sec. 4.** This act becomes effective upon passage and approval.





## Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

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Memorandum

Date: April 21, 2015

TO: Budget Division, State Board of Examiners and Sophia Long, Deputy Attorney General

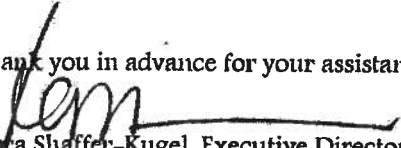
FROM: DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

RE: Lease Agreement

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Attached is the lease agreement approved by the Nevada State Board of Dental Examiners on March 20, 2015 and is to commence on May 1, 2015 retroactive. The reason for delay in submission of the lease to be considered by the Board of Examiners is due to the review of the lease and obtaining the required signatures.

Thank you in advance for your assistance.

  
Debra Shaffer-Kugel, Executive Director

Nevada State Board of Dental Examiners



Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

## LEASE AGREEMENT

THIS LEASE AGREEMENT (the "Lease"), made and entered into this 1st day of April, 2015, by and between SPANISH PARK BUILDING TWO, LLC, hereinafter referred to as LESSOR, and the STATE OF NEVADA, DENTAL BOARD OF EXAMINERS, hereinafter referred to as LESSEE, hereinafter referred to as TENANT (hereinafter collectively known as "the Parties").

**W I T N E S S E T H:** For and in consideration of the rents herein reserved and the covenants, terms and conditions herein contained, the LESSOR does by these presents lease unto LESSEE the following described property: 3,157 s.f. usable square feet of office space, (the "Demised Premises") located at 6010 S. Rainbow Boulevard, Suite A-1, Las Vegas, NV. Refer to **EXHIBIT "A" consisting of 1 (one) page**, attached hereto and incorporated herein.

### 1. TERM OF LEASE.

**1.1** Term of Lease. Subject to Section Thirty-Two below, LESSOR hereby leases unto LESSEE and LESSEE agrees to lease from LESSOR, 3,157 s.f. usable square feet of office space located at 6010 S. Rainbow Boulevard, Suite A-1, Las Vegas, NV, effective upon approval of the Nevada Board of Examiners, expected to be approved on March 20, 2015, commencing May 1, 2015 and terminating on April 30, 2020.

**1.2** Lack of Funding. Absent legitimate reason, action, or mandate on the part of the Executive Branch of the State of Nevada, the Nevada State Legislature and/or the Federal Government affecting TENANT'S funding or ability to satisfy its rental payment obligation TENANT agrees that during the term of this Lease it will in good faith include in its agency budget request, pursuant to NRS 353, authorization to receive and expend state and/or federal dollars sufficient to meet the TENANT'S obligations under this lease. However, it is hereby specifically and expressly agreed by the Parties hereto that this Lease or any renewal thereof shall be terminated immediately if for any legitimate reason, action, or mandate on the part of the Executive Branch of the State of Nevada, the Nevada State Legislature and/or the Federal Government limits,

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

restricts, or impairs TENANT'S funding or ability to satisfy its rental payment obligation. TENANT shall pay the rent for the month in which such occurrence and termination takes place and shall have no other rental payment obligation to LESSOR thereafter under this Lease or for the Demised Premises. The LESSOR shall retain its other remedies which are provided in the Lease but the LESSOR shall have no rights to collect any further rents from TENANT. Proof by TENANT of a diminution in funding which was intended to be used as all or part of the funding for the payment of the rental under this Lease shall be sufficient if copies of supporting state or federal documents are furnished to LESSOR or if the Executive Director of TENANT provides his Affidavit that such funding or other limiting eventuality has occurred.

**2. COMPLIANCE WITH THE LAW.** The LESSOR shall promptly execute and comply with all statutes, rules, orders, building codes, fire codes (including but not limited to required fire extinguishers), ordinances, requirements, and regulations of the City, County, State, and Federal governments, including OSHA, the Americans with Disabilities Act of 1990 (42 USC Section 12101 through 12213 and 47 USC Sections 225) and underlying regulations and rules applicable to the Demised Premises. Nothing herein contained shall be construed to restrict the LESSOR from contesting the validity of any such regulations, rule, or ordinance, provided the LESSOR indemnifies the LESSEE to its reasonable satisfaction against the consequences of noncompliance during the period of dispute.

**3. RENT.** TENANT agrees to pay to the LESSOR as and for rental for said Demised Premises the sum of:

Year of Lease Term	Monthly Base Rent per Rentable sq.ft.
1	\$1.76 (\$5,556.32)
2	\$1.81 (\$5,714.17)
3	\$1.86 (\$5,872.02)
4	\$1.91 (\$6,029.87)
5	\$1.96 (\$6,187.72)

**3.1** A monthly total of (See Above Section 4)

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

**3.2** A monthly total of Rent shall be payable quarterly in advance without offset or deduction except as provided for elsewhere in the Lease on the first day of each quarter to LESSOR at its address in Section Twenty-One below. In the event the Commencement Date of this Lease is not the first day of a calendar month, the rent shall be prorated on a per diem basis for the calendar month in which the Lease Term begins.

**4. PROPERTY TAXES AND OPERATING EXPENSES.** It is understood and agreed between the Parties that the rent described in Section Four above shall compensate LESSOR for TENANT'S pro rata share of any and all operating expenses attributable to the building complex, the building, or the Demised Premises. There shall be no pass-through of property tax or any type of operating expense to TENANT or LESSEE.

#### **5. UTILITIES AND SERVICES.**

**5.1** Utilities and Services Provided by LESSOR. LESSOR, at LESSOR'S sole cost and expense, shall provide the building, common area and Demised Premises with the following utilities and services:

a) UTILITIES. Water and sewer. Hot and cold water sufficient for drinking, lavatory, toilet and ordinary cleaning purposes.

b) HVAC SYSTEM. A heating, ventilation and air conditioning ("HVAC") system, fully equipped and of sufficient capacity to provide a comfortable, professional office environment in the Demised Premises for TENANT'S staff and office equipment. Said HVAC system shall maintain temperatures within the Demised Premises at a maximum of not less than 68° Fahrenheit in the winter and not more than 78° Fahrenheit in the summer.

c) SERVICES. Unless specified to the contrary in Section 6.3 below, LESSOR shall provide and pay for the following:

- i. Trash collection, to include recycling containers, if available;
- ii. Pest control (interior and exterior);
- iii. Elevator service, (not applicable);
- iv. Provide and service fire extinguishers and any other fire protection/prevention devices as required by governmental regulations;

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

- v. On-site security if necessary for the safety of TENANT'S employees and property (Not Applicable);
- vi. Snow and ice removal at all times when ice is preset and when snow reaches a depth of two (2) inches. Snow and ice removal shall be from parking lots, walkways, all entry and exits and any exterior stairs of building(s) in which the Demised Premises is located and other adjacent buildings/structures regularly used by State agencies. LESSOR shall use its best efforts to have the snow and ice cleared, removed and treated prior to 8:00 a.m. Monday through Friday (except State Holidays) and if snow is on-going during the day, to continue to provide this service until 5:30 p.m. (Not Applicable)
- vii. Telecommunication entrance facilities to the Building that is provisioned by the State of Nevada contracted Local Exchange Carrier.
- viii. Janitorial Services (including paper products) for the Demised Premises in accordance with **EXHIBIT "B" JANITORIAL REQUIREMENTS AND SPECIFICATIONS**, attached hereto and incorporated herein. (Not Applicable)

**5.2 Normal Business Hours and After Hour Usage of HVAC and Other Services.** LESSOR shall, at LESSOR'S sole cost, provide the utilities and services detailed in Section 6.1 above, during the normal business hours of Monday through Friday between the hours of 7:00 a.m. to 7:00 p.m. and Saturday from 8:00 a.m. to 1:00 p.m. ("Normal Business Hours"). To the extent within LESSOR'S control, all utilities and services shall be available to TENANT twenty four (24) hours a day, seven (7) days a week, except as necessary for repair and maintenance. However, in the event LESSOR determines that TENANT'S usage other than during Normal Business Hours becomes excessive, LESSOR may impose a reasonable hourly charge for TENANT'S usage of electricity, gas and water, during those times, to be mutually agreed upon by LESSOR, LESSEE and TENANT.

**5.3 Utilities and Services Provided and Paid by TENANT.**

a) TELEPHONE/DATA. TENANT shall provide state-owned telephone and computer/data equipment, and pay Industrial Standard user fees for telephone/data services.

**6. REPAIR AND MAINTENANCE.** LESSOR, at LESSOR'S sole

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

cost and expense, agrees to provide maintenance and make any and all repairs necessary to keep the building and the Demised Premises in a first-class condition during the Lease Term, including but not limited to: the Building structure, structural elements and systems; public and common areas of the building; fire sprinklers and systems, fire extinguisher service, life safety and security systems (as required by governmental authorities); heating, and air conditioning; (including supply and return air ducts, grills and diffusers); flooring (including but not limited to, carpet, pad, tile, sub-floor and structural floor); window coverings; interior and exterior paint; exterior and interior lighting (including replacement of fixtures, ballasts and bulbs); interior ceilings (including ceiling tiles and t-bars); electrical; plumbing, pipes, fixtures and equipment (except those owned by TENANT); roofing; exterior and interior walls; windows; doors; stairs; corridors; restrooms; elevator maintenance (if applicable); sidewalk repairs; landscaping maintenance; parking lot repairs; and other similar repairs required as a result of any defect or as a result of the same wearing out or becoming unserviceable or damaged through no carelessness or negligence on the part of the LESSEE or TENANT.

TENANT shall reimburse LESSOR for repairs and replacements to the Demised Premises which are necessary due to TENANT'S misuse or negligence. LESSEE and TENANT agree to maintain the Demised Premises and common areas in as good a state of repair as when first occupied, ordinary wear and tear, obsolescence and damage by the elements, fire or other casualty excepted. LESSEE and TENANT shall route requests for repairs and/or maintenance through the property management company or owner. LESSOR agrees to conduct any and all repairs and maintenance to the Demised Premises, the building and common area facilities at reasonable times and without undue inconvenience to LESSEE or TENANT and for which, reasonable access shall be provided thereby. When making repairs, LESSOR shall take necessary actions to protect TENANT'S property and personnel from loss, damage and injury and to avoid disrupting TENANT'S use and occupancy of the Demised Premises. Any substantial impairment of the use or enjoyment of the Demised Premises, the building or the parking lot that is of such extent or nature as to materially handicap, impede or impair TENANT'S use of the Demised Premises and therefore renders the Demised Premises unfit for use by TENANT in the ordinary conduct of its business shall cause the proportionate

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

abatement and reduction in rent, by way of adjustment of rent payments, for such part of the Demised Premises as shall be rendered unusable by TENANT in the conduct of its business during the time such part is so unusable.

**7. REDUCTION OF SERVICES.** The rent and any other monies payable, if any, is based in part upon utilities, services, repairs and maintenance (hereinafter "Services") which LESSOR shall provide as described in Section Six and Section Seven, above. If Services to be provided by LESSOR are interrupted (except from circumstances beyond LESSOR'S control) and the interrupted Services substantially impair and/or materially handicap TENANT'S intended use or enjoyment of the Demised Premises, TENANT'S rent and any other monies payable, if any, shall be abated proportionately for the period of interruption beginning with the date the interruption in Services began and ending when the Services are restored. Notwithstanding the above, in the event Service is interrupted on heating, ventilation or air conditioning, and/or water, and/or sewer, and LESSOR fails to correct or commence correction within two (2) business days after receipt of written notice from LESSEE or TENANT per Section Twenty-One, below, or in the event any other Service to be provided by LESSOR is interrupted, and LESSOR fails to correct or commence correction within five (5) days after receipt of written notice from LESSEE or TENANT per Section Twenty-One below, LESSEE may authorize TENANT to either: a) cause such repairs to be made by a licensed contractor and at TENANT'S discretion, either have LESSOR billed directly by contractor (if acceptable to contractor) or TENANT may submit a paid invoice to LESSOR for reimbursement; or

b) TENANT'S rent and any other monies payable, if any, shall be abated proportionately for the period of interruption beginning with the date the interruption in services began and ending when the services are restored. LESSEE may also authorize TENANT to withhold the payment of rent and any other monies payable, if any, after giving LESSOR notices of two (2) failures to provide a particular Service within a twelve (12) month period until the problem with that Service has been adequately corrected. So as to provide LESSEE and TENANT with reasonable assurance that such interruption shall not occur again during the Lease Term. Upon the third occurrence within a twelve (12) month period, of any failure to provide a particular Service,

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

LESSEE may, at its sole option, seek the judicial remedy of specific performance.

In the event TENANT hires a contractor to perform repairs, LESSOR shall indemnify and hold the State, LESSEE and TENANT harmless for any liability, costs and expenses, including attorney fees that result from said repairs. Any reimbursement due TENANT from LESSOR, shall be paid by LESSOR within thirty (30) days after receipt of invoices from TENANT. In the event LESSOR does not reimburse TENANT within thirty (30) days after receipt of invoices from TENANT, TENANT may deduct the amount due TENANT from the rental payment due LESSOR.

**8. SMOKING AREA.** Pursuant to NRS 202.2491, it is unlawful to smoke in public buildings. LESSOR shall furnish a designated location outdoors which may be used for smoking. No smoking shall be permitted at any entrance or exit to any public building and shall be far enough away from any public building entrance or exit so that no smoke will drift or travel into the building or be detected by any person entering or exiting a building. This location shall be safe and free from any hazardous chemicals, materials or conditions. LESSOR shall also post signs prohibiting smoking at all entrances to a building.

**9. ALTERATIONS, ADDITIONS AND IMPROVEMENTS.** TENANT shall not negotiate or cause to be made any alterations, additions or improvements in or to the Demised Premises. TENANT may, at any time during the Lease Term, requisition LESSEE in writing to negotiate and arrange alterations, additions, or improvements in and to the Demised Premises by the LESSOR in accordance with Section Three herein. Any such alteration, addition or improvement shall be performed in a workmanlike manner, in accordance with all applicable governmental regulations and requirements, and shall not weaken or impair the structural strength of the Demised Premises or building. All alterations, additions or improvements in or to the Demised Premises at the commencement of or during the Lease Term shall become part of the Demised Premises and the sole property of LESSOR, who will be responsible for the servicing and maintenance of said alterations. All movable fixtures installed by LESSEE or TENANT shall be and remain their property and shall not become the property of LESSOR.

**10. PAYMENT OF TAXES AND INSURANCE.** LESSOR, at his

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

sole cost and expense, agrees to maintain property and liability insurance on the building complex and improvements on the Demised Premises at all times during the Term of this Lease.

LESSOR will pay all real property taxes or any other assessments on the Demised Premises when due, including improvements thereon during the Lease Term hereof or any renewal period.

The TENANT shall maintain in force at its sole cost and expense, all risk property insurance coverage, including sprinkler leakage (if the building is equipped with sprinklers), in an amount equal to the replacement cost of TENANT'S trade fixtures, furnishings, equipment, and contents upon the Demised Premises.

The State of Nevada is self insured for both liability and property insurance. All liability claims are handled in accordance with Nevada Revised Statutes, Chapter 41. Regarding property insurance, the State self insures the first Five Hundred Thousand Dollars (\$500,000.00) of each loss. Claims above that amount are commercially insured under an all risks property insurance policy.

**11. INDEMNIFICATION.** To the extent of the liability limitation set forth in NRS Chapter 41, the LESSEE/TENANT hereby agrees to indemnify and hold harmless LESSOR, its successor, assigns, agents and employees from all claims, damages, losses and expenses due to TENANT negligence arising out of or resulting from the use and occupancy of the Demised Premises or any accident in connection therewith, but only to the extent caused in whole or in part by negligent acts or omissions of TENANT, its subtenants, employees or agents. The State shall not be required to indemnify LESSOR, its successors, assigns, agents and employees for any liability, claims, damages, losses or expenses relating to or arising out of this Lease to the extent caused in whole or in part by the acts, negligence or omission of LESSOR, its successors, assigns, agents, and employees, or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.



Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

**12. CHOICE OF LAW AND FORUM.** The validity, construction, interpretation, and effect of this Lease shall be governed by the laws of the State of Nevada. The Parties agree any dispute and/or legal proceedings regarding this Lease are subject to the sole jurisdiction of the State courts in the State of Nevada.

**13. WAIVER OF SUBROGATION.** LESSOR and LESSEE or TENANT hereby waive any rights each may have against the other for loss or damage to its property or property in which it may have an interest where such loss is caused by a peril of the type generally covered by all risk property insurance with extended coverage or arising from any cause which the claiming party was obligated to insure against under this Lease, and each party waives any right of subrogation regarding such property damage or losses, that it might otherwise have against the other party, any additional designated insured and any other tenant in the building. The Parties agree to cause their respective insurance companies insuring the Demised Premises or insuring their property on or in the Demised Premises to execute a waiver of any such rights of subrogation or, if so provided in the insurance contract, to give notice to the insurance carrier or carriers that the foregoing mutual waiver of subrogation is contained in this Lease.

**14. BREACH OR DEFAULT.** In the event of any failure by LESSOR, LESSEE, or TENANT to keep and comply with any of the terms, covenants or provisions of this Lease or remedy any breach thereof, the defaulting party shall have thirty (30) days from the receipt of written notice of such default or breach within which to remove or cure said default or breach, or in the event the defaulting party is diligently pursuing the removal or cure of such breach, a reasonable time shall be allowed beyond the thirty (30) days. In the event of breach or default by LESSEE or TENANT which is not removed or cured within the time limits set forth above, LESSOR may in addition to any other right of re-entry or possession and at LESSOR'S sole option, consider the Lease forfeited and terminated and may re-enter and take possession of the Demised Premises, removing all persons and property there from with prior notification to LESSEE so that arrangements concerning the removal of property can be made.

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

**15. ATTORNEY'S FEES.** In case suit shall be brought by LESSOR or by LESSEE or TENANT for breach of any express provision or condition of this lease, the prevailing party of such action shall be entitled to reasonable attorney's fees, not to exceed \$125.00 per hour, which shall be deemed to have accrued on the commencement of the action and shall be paid on the successful completion of that suit by LESSOR, LESSEE or TENANT whichever the case may be.

**16. HOLDOVER TENANCY.** If TENANT holds possession of the Demised Premises after the expiration of this Lease or if written notice of intent to renew for any option period herein is not provided as specified, this Lease shall become a month-to-month lease on the terms herein specified. The monthly rent for each month of the first three (3) months of the holdover period shall be in an amount equal to the monthly rental immediately preceding the Expiration Date. At the expiration of this three (3) month period and throughout the balance of the holdover period TENANT'S monthly rent shall increase by five percent (5%) over the monthly rent last paid by TENANT prior to the Expiration Date. Rent shall be due and payable monthly in advance on the first day of each month, and LESSEE and TENANT shall continue to be a month-to-month tenant until the tenancy is terminated by any Party hereto by delivering written notice per Section Twenty-One, NOTICES, of Intent to Terminate at least thirty (30) calendar days prior to the date of termination, in which case the termination period shall commence upon delivery of written notification to terminate. In the event the termination period begins on other than the first day of a month, the rent shall be prorated on a per diem basis for the calendar months involved.

**17. WAIVER.** The failure of LESSOR, LESSEE or TENANT to insist upon strict performance of any of the covenants, terms or provisions contained in this Lease, shall not be construed to be a waiver or relinquishment of any such covenant, term or provision or any other covenants, terms or provisions, but the same shall remain in full force and effect.

**18. OPTION TO RENEW.** LESSEE shall have the option to renew this Lease for one (1) identical Lease term by giving written notice of intention to renew at least ninety (90) days prior to expiration of the Lease Term or any renewal

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

period hereunder, except that the price per square foot shall be renegotiated. Receipt of which shall be acknowledged by LESSOR in writing. The exercise of the option shall, however, not be effective nor binding on the PARTIES hereto, unless and until the same has been approved by the Nevada Board of Examiners, which may occur after the required prior written notice.

**19. REMEDIES.** The remedies given to LESSOR, LESSEE and/or TENANT shall be cumulative, and the exercise of any one remedy shall not be to the exclusion of any other remedy.

**20. NOTICES.** All notices under this Lease shall be in writing and delivered in person or sent by certified mail, return receipt requested, to LESSOR or jointly to both LESSEE and TENANT at their respective addresses set forth below or to such other address as may hereafter be designated by either party in writing:

**LESSOR**

Spanish Park Building Two, LLC  
13844 Peyton Drive  
Dallas, TX 75240  
Telephone: 702.672.0511

**LESSEE/TENANT**

State of Nevada  
Dental Board of Examiners  
6010 S. Rainbow Blvd., Ste. 1  
Telephone: (702) XXX-XXXX

**21. SEVERABILITY.** If any term or provision of this Lease or the application of it to any person or circumstance shall to any extent determined in a legal proceedings to be invalid and unenforceable, the remainder of this Lease (or the application of such term or provision to persons or circumstances other than those as to which it is invalid or unenforceable) shall not be affected thereby, and each term and provision of this Lease shall be valid and shall be enforced to the extent permitted by law.

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

**22. AMENDMENT OR MODIFICATION.** This Lease constitutes the entire agreement between the Parties and may only be amended or modified with the mutual consent of the Parties hereto, which amendment or modification must be in writing, executed and dated by the Parties hereto and approved by the Nevada State Board of Examiners.

**23. TENANT IMPROVEMENTS.** LESSOR AT LESSOR'S sole cost and expense shall provide the tenant improvements detailed below and shown on **EXHIBIT "B"** attached hereto and incorporated herein. Said tenant improvement exhibits shall be initialed on all pages to show approval by LESSOR and TENANT. All tenant improvements shall be deemed acceptable upon receipt of all pertinent governmental approvals and inspection and receipt of written approval from TENANT with copy to LESSEE.

**24. TENANT IMPROVEMENT CHANGE-ORDERS.** TENANT agrees to pay for the additional costs arising from upgrades and or changes made at TENANT'S request, to the approved Tenant Improvements detailed above in Section Twenty-Four, TENANT IMPROVEMENTS and in **EXHIBIT "B"**. Any upgrades and/or changes must be made by requisition to the LESSEE who will negotiate and arrange for such upgrades or changes with LESSOR. TENANT hereby agrees to reimburse LESSOR for such approved costs within thirty (30) days after: a) inspection and approval of the Improvement by TENANT; and b) receipt and approval by LESSEE and TENANT of an invoice from LESSOR detailing costs for the agreed upon upgrades and/or changes.

**25. PARKING.** During the term of the Lease, at no cost to TENANT, LESSOR shall provide a minimum of three (3) parking stalls per 1,000 square feet leased, which will be available for the use of the TENANT, TENANT employees, invitees, visitors or others having business with TENANT. LESSOR is not required to enforce the use of the parking lot spaces.

**26. SIGNAGE.** LESSOR shall provide lobby directory signage and suite identification signage, wherein all costs associated with the construction installation of such signage shall be at LESSOR'S sole cost and expense.

**27. PRIOR TERMINATION.** This Lease may be terminated prior to the terms set forth herein above if for any reason, the

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

purpose of this agreement is substantially impaired or obstructed by any event, occurrence or circumstance outside the control of LESSOR, LESSEE, or TENANT, including any governmental condemnation, without prejudice or penalty to any party hereto and without such event, occurrence or circumstance being defined, and interpreted or construed as breach or default on the part of any party.

**28. ASSIGNMENT OR SUBLEASE.** Upon prior written notice to and the prior approval in writing of LESSOR, this Lease may be assigned or subleased to any individual or entity, for which assignment or sublease LESSOR will not unreasonably withhold consent; it being understood by the Parties hereto that a change in tenants from one state agency to another shall not constitute an assignment or subletting.

**29. SUCCESSORS.** Except as otherwise specifically provided, the terms, covenants, and conditions contained in this Lease shall apply to and bind the heirs, successors, executors, administrators, and permitted assignees of the Parties to this Lease.

**30. CAPTION AND SECTION NUMBERS.** The captions and section numbers appearing herein are inserted only as a matter of convenience and are not intended to define, limit, construe or describe to scope or intent of any section or paragraph.

**31. PRIOR APPROVAL OF THE NEVADA STATE BOARD OF EXAMINERS.** This Lease is contingent upon prior approval by the Nevada State Board of Examiners and is not binding upon the Parties hereto or effective until such approval.

**32. COUNTERPARTS.** This Lease may be executed in one or more counterparts, each of which will be deemed an original and all of which together will constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties hereto have executed this Lease as of the day and year first above written.

**LESSOR**

Spanish Park Building Two, LLC

By \_\_\_\_\_

Tenant - Nevada Board of Dental Examiners

  
Lesa Coder, Manager

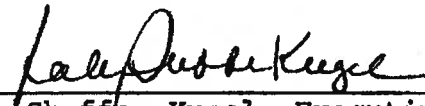
Date 4-1-15

**Approved by:**

BOARD OF EXAMINERS

By   
Timothy Pinther, DDS, President

Date \_\_\_\_\_

By   
Debra Shaffer-Kugel, Executive Director

Date 03/23/15

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

Lesa Coder, Manager

Date \_\_\_\_\_

**Approved by:**

BOARD OF EXAMINERS

By 

Timothy Pinther, DDS, President

Date \_\_\_\_\_

By 

Debra Shaffer Kugel, Executive Director

Date 03/23/15

Lessor - Spanish Park Bldg, Two, LLC

Tenant - Nevada Board of Dental Examiners

**Approved by:**

NEVADA ATTORNEY GENERAL

By  \_\_\_\_\_

Sophia Long, Esq. DAG

Date 22 May 2019 \_\_\_\_\_

**Approved by :**

STATE BOARD OF EXAMINERS

By \_\_\_\_\_

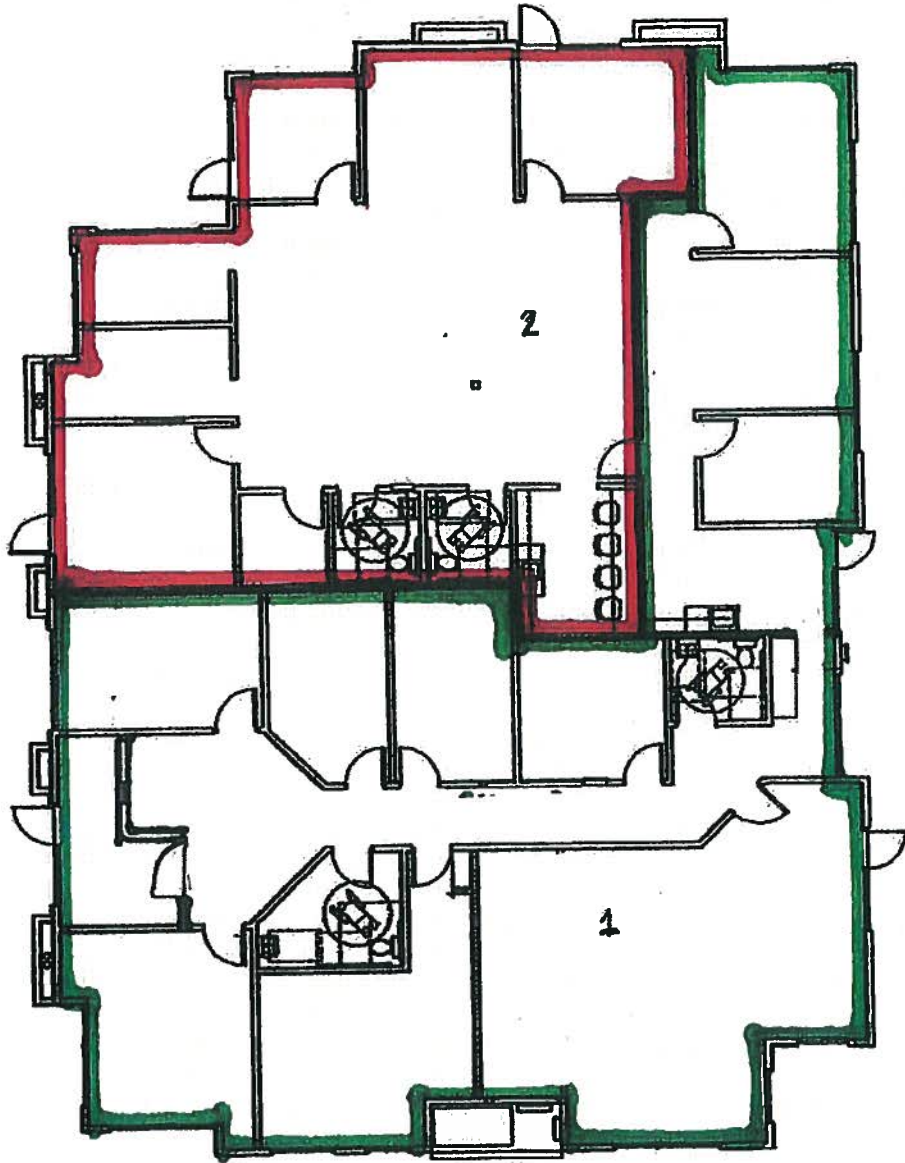
Date \_\_\_\_\_



# EXHIBIT A

EXHIBIT "A"

6010 S. Rainbow Blvd., Suite 1 + 2



# EXHIBIT B

## Proposal

October 2, 2014

Lesia Coder  
6010 S. Rainbow  
Las Vegas, NV

Re: Suite *Dental* Medical BOE

Lesia,

George and I have made a site visit of your property and are submitting this proposal for the work dictated by yourself and as described in the scope of work.

### General conditions:

1. We will provide on site part time Supervision & General Labor for the duration of the project. A wipe down final clean is included.

### Demolition:

1. Includes removing the existing sinks and counters for the new granite tops.
2. Includes a roof patch for the new split system unit.

### Casework/ woods:

1. This includes (2) stain grade storage cabinets for the restroom. Size is to match existing.
2. Includes (1) new approximate 48" Restroom vanities that are ADA compliant. This includes new top mounted sinks and single control faucets.
3. Includes new sub tops for the granite tops in the Break room and hallway. The Granite is medium priced since no selection was indicated.
4. We include a 2" stained wood trim for the mirror to match cabinet color.

### Finishes:

1. Paint will match existing finishes. We are only painting the walls in which our scope touches.
2. All granite is medium (Group 2) priced and is considered an allowance until final material and edge details are selected. Price includes a 4" backsplash.
3. The RR vanity tops are finished for under mounted sinks.

**Mechanical/ Electrical:**

1. We will furnish (1) new mini split cooling unit for the computer room.
2. We include (1) new stainless steel (top mounted) sink and faucet for the Break room and (1) under mounted sink and faucet for the Restroom.

**Specific Exclusions:**

1. Hidden conditions.
2. Plans, permits, fees.
3. Any items not specifically listed above.

**Cost: \$17159.71**

**RM General Contracting.**

**Jeffrey Scott  
Project Manager/ Estimator**

Accepted by: \_\_\_\_\_

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

RM General Contracting, Inc.  
 3624 E. Russell Road  
 Las Vegas, NV 89120  
 Phone: 702-458-2772 Fax: 702-450-7012  
 NV License #52539A



GENERAL CONTRACTING INC

Project name: 6010 S. Rainbow, Suite *B/A*  
 Spreadsheet date: 10.2.14  
 Scope: T. I.  
 Square feet

Notes	General Conditions	Quantity	Price per	Sub/Cost	Total Cost	
Group 2 Group 2	Supervision	1.00	800.00	800.00		
	General Labor			0.00		
	Project Management	1.00	500.00	500.00		
	Plans			0.00		
	Misc. Tools & Equipment/Lift			0.00		
	Final clean	1.00	150.00	150.00		
		Sub Total				\$1,450.00
		<b>Division 2: SITEWORK</b>				
		Remove existing counter tops	1.00	250.00	250.00	
		Roof patch	1.00	750.00	750.00	
		Sub Total				\$1,000.00
		<b>Division 6 Woods &amp; Plastics</b>				
		Sub tops	1.00	650.00	650.00	
		48" Restroom ADA and (2) Storage cabs	1.00	2,800.00	2,800.00	
		Mirror wood trim/ frame	1.00	300.00	300.00	
		Sub Total				\$3,750.00
		<b>Division 9 &amp; 10: FINISHES &amp; SPECIALTIES</b>				
		Paint (repaint , touch up)	1.00	400.00	400.00	
		Granite Breakroom	1.00	1,600.00	1,600.00	
		Granite Restroom	1.00	650.00	650.00	
		Option for undermounted sinks	1.00	100.00	100.00	
		Sub Total				\$2,750.00
		<b>Division 15 Mechanical</b>				
		RR Sink/ faucet	1.00	350.00	350.00	
		BR Sink/ Faucet	1.00	480.00	480.00	
		HVAC Mini Split	1.00	4,000.00	4,000.00	
		Sub Total				\$4,830.00
	<b>Division #16 ELECTRICAL</b>					
	Power for cooling unit	1.00	950.00	950.00		
	Sub Total				\$950.00	
	<b>SUB TOTAL</b>			\$14,730.00	\$14,730.00	
	Contractors Fee				\$2,209.50	
	Bond				\$0.00	
	Liability Insurance				\$220.21	
	<b>TOTAL JOB COST</b>				\$17,159.71	
Exclusions					\$0.00	
	<b>** PERMIT COSTS NOT INCLUDED **</b>					

# EXHIBIT C



NEVADA STATE BOARD OF DENTAL EXAMINERS  
6010 S Rainbow Boulevard, Suite A-1  
Las Vegas, Nevada 89118  
(702) 486-7044



Video Conferencing available for this meeting at the Nevada State Board of Medical Examiners located at 1105 Terminal Way, Suite 301, Reno, NV 89502

NOTICE OF PUBLIC MEETING

Friday, March 20, 2015  
10:00 a.m.

Board Meeting Agenda

Please Note: The Nevada State Board of Dental Examiners may 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. See NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

At the discretion of the Chair, public comment is welcomed by the Board, but will be heard only when that item is reached and will be limited to five minutes per person. A public comment time will also be available as the last item on the agenda. The Chair may allow additional time to be given a speaker as time allows and in his/her sole discretion. Once all items on the agenda are completed the meeting will adjourn.

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*Asterisks (\*) denote items on which the Board may take action.  
Action by the Board on an item may be to approve, deny, amend, or table.*

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1. Call to Order, roll call, and establish quorum
2. Public Comment: (Public Comment is limited to five (5) minutes for each individual)

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020).

\*3. Executive Director's Report (For Possible Action)

\*a. Minutes-NRS 631.190 (For Possible Action)

- (1) 01/30/2015-Board Meeting
- (2) 01/30/2015-Formal Hearing

\*b. Financials-NRS 631.180 (For Possible Action)

- (1) Review Balance Sheet and Statement of Revenues, Expenses and Balances for fiscal period July 1, 2014 through January 2015 (For Possible Action)



\*c. Authorized Investigative Complaint - NRS 631.360: (For Possible Action)

- (1) Dr X-NRS 631.3475(3) and NAC 631.155
- (2) Dr Y-NRS 631.3475(5 and 7)
- (3) Dr Z-NRS 631.348 (6), NRS 631.3475(4), and NRS 631.349

\*d. Contracts NRS - 631.190: (For Possible Action)

- (1) Approval for Lease regarding office located at 6010 S Rainbow Blvd., Suite A-1, Las Vegas, Nevada  
NRS 631.190 (For Possible Action)

\*e. Travel – NRS 631.190: (For Possible Action)

- (1) Approval to Amend/Remove previously approved attendees for the AADB Mid-Year Meeting April 26-27, 2015 in Chicago, Illinois  
(For Possible Action)
  - (a) Timothy Pinther, DDS
  - (b) Gregory Pisani, DDS (to Replace Dr. Miller)
  - (c) Jade Miller, DDS (For Removal)

\*4. Board Counsel's Report (For Possible Action)

\*a. Legal Actions/Lawsuit(s) Update (For Possible Action)

- (1) District Court Case(s) Update

\*b. Consideration of Stipulation Agreements (For Possible Action)

- (1) Walter Robison DDS
- (2) Jesse Cardenas DDS
- (3) Loveline Reyes, DDS

\*c. Petition to Request approval to apply for licensure pursuant to the Stipulation and Voluntary Surrender Agreement dated February 11, 2011. (For Possible Action)

- (1) Vincent Colosimo, DMD

\*5. Old Business-(For Possible Action)

\*a. Approval for Dental Licensure by WREB – NRS 631.240(1)(b)(2) (For Possible Action)

- (1) Jocelynn V Sustaita DMD

\*6. New Business (For Possible Action)

\*a. Endorsement to the Western Regional Examining Board (WREB) for a Dental Hygiene Examiner –NRS 631.190 (For Possible Action)

- (1) Sharon Peterson, RDH

\*b. Request for Advisory Opinion regarding dental assistants placing sealants is permissible under the supervision of a dental hygienist with a Public Health Endorsement pursuant to NAC 631.220 - NAC 631.279 (For Possible Action)

- (1) Marv T Chandler RDH-Future Smiles

- \*c. Approval for Dental Licensure by WREB – NRS 631.240(1)(b)(2) (For Possible Action)
  - (1) Spencer D Armuth, DMD
  - (2) Junie Dave L Baldonado, DDS
  - (3) Mitchell D Duckworth, DDS
  - (4) Joshua R Melton, DDS
  - (5) Hyo J Mun, DDS
  - (6) Woodstock Tom, DMD
  - (7) Mason T Tran, DDS
  - (8) Colin G Young, DMD
  
- \*d. Approval for Specialty License by Credential (Board Recognized)–NRS 631.255 (1)(b) (For Possible Action)
  - (1) Timothy C Adams, DMD – Endodontics
  
- \*e. Approval for Specialty License by Credential (Board Certified) – NRS 631.255(1)(a) (For Possible Action)
  - (1) Ryan D Reyes, DDS – Periodontics
  
- \*f. Approval for Dental Hygiene Licensure by ADEX – NRS 631.300(1)(b)(1) (For Possible Action)
  - (1) Laura L Disano
  - (2) Cecilia G Tourne
  
- \*g. Approval for Dental Hygiene Licensure by WREB – NRS 631.300(1)(b)(3) (For Possible Action)
  - (1) Laurel K Foerster
  - (2) Simone B Gennuso
  - (3) Kristen L McCray
  - (4) Kylee A M Shanks
  - (5) Danielle R Tait
  
- \*h. Approval of Public Health Endorsement – NRS 631.287 (For Possible Action)
  - (1) Nicole L Brewster, RDH – Huntridge Teen Clinic/Teen Scene Saturday Program
  
- \*i. Approval of Voluntary Surrender of License – NAC 631.160 (For Possible Action)
  - (1) Robert A Engler DDS
  - (2) Kyle L Gawrys DDS
  - (3) Ryan C Wait DDS
  
- \*j. Approval of reactivation of license – NAC 631.170(4) (For Possible Action)
  - (1) Gail J Lorenzo RDH
  
- \*k. Approval for Disciplinary Screening Officers-NRS 631.190 (For Possible Action)
  - (1) Sharon Peterson RDH
  
- \*l. Approval for Anesthesia-Temporary Permit – NAC 631.2254 (For Possible Action)
  - (1) Conscious Sedation (For Possible Action)
    - a. Jeffrey W Higbee, DMD
  - (2) General Anesthesia (For Possible Action)
    - a. Lisa M Gortari, DDS

\*m. Approval for Anesthesia-Permanent Permit – NAC 631.2233 (For Possible Action)

(1) Conscious Sedation (For Possible Action)

(a) Afshin Arian, DMD

(b) Patrick N Andres, DDS

\*n. Approval for a 90-Day Extension of Anesthesia Permit – NAC 631.2254(2)  
(For Possible Action)

\*(1) Conscious Sedation (For Possible Action)

(a) Charles R Cordova Jr., DDS

\*(2) General Anesthesia (For Possible Action)

(a) Shaheen M Moezzi, DDS

\*7. Resource Group Reports

\*a. Legislative and Dental Practice (For Possible Action)

(Chair: Dr. Pinther; Dr. Champagne; Dr. Blasco; Dr. Kinard; Mrs. Guillen, Mrs. Wark)

\*b. Legal and Disciplinary Action (For Possible Action)

(Chair: Dr. Kinard; Dr. Pisani; Dr. Sill; Dr. Blasco; Mrs. Villigan; Mrs. Wark)

\*c. Examinations Liaisons (For Possible Action)

\*(1) WREB Representatives (For Possible Action)

(Dr. Blasco and Mrs. Solie)

\*(2) ADEX Representatives (For Possible Action)

(Dr. Kinard)

\*d. Continuing Education (For Possible Action)

(Chair: Dr. Sill; Dr. Blasco; Dr. Pisani; Mrs. Villigan; Ms. Solie)

\*e. Committee of Dental Hygiene (For Possible Action)

(Chair: Mrs. Guillen; Mrs. Villigan, Ms. Solie; Dr. Sill)

\*f. Specialty (For Possible Action)

(Chair: Dr. Pisani; Dr. Miller; Dr. Pinther)

\*g. Anesthesia (For Possible Action)

(Chair: Dr. Miller; Dr. Pinther; Dr. Champagne, Dr. Kinard)

\*h. Infection Control (For Possible Action)

(Chair: Mrs. Villigan; Dr. Blasco; Dr. Champagne; Dr. Pisani; Ms. Solie; Mrs. Wark)

\*i. Budget and Finance Committee (For Possible Action)

(Chair: Dr. Sill, Dr. Pinther, Mrs. Wark, Mrs. Guillen)

8. Public Comment: (Public Comment is limited to Five (5) minutes for each individual)

Note: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

9. Announcements

\*10. Adjournment (For Possible Action)

\* For Possible Action: Indicates items which may be acted upon by the Board.

Agenda Items may be taken out of order by motion of the Board. The Board may remove an agenda item or delay discussion relating to any item on the agenda at any time. (See NRS 241)

Pursuant to NRS 241.030(a), the board may, by motion, enter into closed session to consider the character, alleged misconduct, professional competence, or physical or mental health of a person.

### AGENDA POSTING LOCATIONS

Clark County Government Center, 500 Grand Central Parkway, Las Vegas, Nevada  
Elko County Courthouse, Room 106, Elko, Nevada  
Washoe County Courthouse, 75 Court Street; Reno, Nevada  
Office of the N.S.B.D.E., 6010 S Rainbow Boulevard, #A-1, Las Vegas, Nevada  
On the Internet at the Nevada State Board of Dental Examiners website: [dental.nv.gov](http://dental.nv.gov)  
Nevada Public Posting Website: [notice.nv.gov](http://notice.nv.gov)

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Angelica Bejar, at (702) 486-7044 ext 36 no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact Angelica Bejar at (702) 486-7044 ext 36 to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at [dental.nv.gov](http://dental.nv.gov) In addition, the supporting materials for the public body are available at the Board's office located at 6010 S Rainbow Blvd, Ste A-1, Las Vegas, Nevada.

**PLEASE DO NOT CONTACT THE BOARD OFFICE REGARDING APPROVAL OF AGENDA ITEMS. NOTIFICATION WILL BE SENT BY MAIL WITHIN 15 BUSINESS DAYS**

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16488**

Agency Name: <b>STATE ENERGY OFFICE</b>	Legal Entity Name: DEPARTMENT OF BUSINESS & INDUSTRY - HOUSING DIVISION
Agency Code: <b>011</b>	Contractor Name: <b>DEPARTMENT OF BUSINESS &amp; INDUSTRY - HOUSING DIVISION</b>
Appropriation Unit: <b>4869-09</b>	Address: <b>1535 OLD HOT SPRINGS RD STE 50</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>CARSON CITY, NV 89706</b>
If "No" please explain: The authority is pending the outcome of the 2015 legislative budget approval and approval of a budget bill.	Contact/Phone: null775/687-2049
	Vendor No.: D74426000
	NV Business ID: 52-2038434

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Other funding	<b>100.00 % Renewable Energy Fund</b>

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2016**

Contract term: **1 year**

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

Contract description: **Energy Asst Program**

5. Purpose of contract:

**This is a new interlocal agreement to provide interest-free loans to employees of the State of Nevada for energy efficiency upgrades to their homes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: 6% of the total consideration; 10% of the net consideration for Nevada Housing Division subcontractors

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Governor's Office of Energy has authority under NRS 701a.450 to spend funds in the Renewable Energy Fund. A program has been created in which the Governor's Office of Energy will provide interest-free loans to state employees for energy efficiency upgrades. This agreement would allow GOE to use the funds for an allowable purpose while also providing a benefit to employees.

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

The Housing Division currently administers a weatherization program and the Governor's Office of Energy feels that they have the infrastructure and staff to properly carry out the upgrade portion of the program.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	03/23/2015 09:43:37 AM
Division Approval	csweeney	03/23/2015 09:43:40 AM
Department Approval	csweeney	03/23/2015 09:43:43 AM
Contract Manager Approval	csweeney	03/23/2015 09:43:47 AM
Budget Analyst Approval	cmurph3	04/20/2015 09:06:32 AM
BOE Agenda Approval	sbrown	05/14/2015 07:49:21 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>15939</b>	Amendment Number: <b>1</b>
Agency Name: <b>STATE ENERGY OFFICE</b>	Legal Entity Name: <b>DEPARTMENT OF BUSINESS &amp; INDUSTRY - HOUSING DIVISION</b>
Agency Code: <b>011</b>	Contractor Name: <b>DEPARTMENT OF BUSINESS &amp; INDUSTRY - HOUSING DIVISION</b>
Appropriation Unit: <b>4869-11</b>	Address: <b>1535 OLD HOT SPRINGS RD STE 50</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89706</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/687-2049</b>
	Vendor No.: <b>D74426000</b>
	NV Business ID: <b>52-2038434</b>

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 %	<b>X Other funding</b>	<b>100.00 % Renewable Energy Funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2014**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2015**

Contract term: **2 years and 303 days**

4. Type of contract: **Interlocal Agreement**  
Contract description: **Energy Prgrm HEROS**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement, which continues an ongoing energy efficiency program for senior citizens. This amendment extends the termination date from August 31, 2015 to June 30, 2017 and increases the maximum amount from \$600,000 to \$1,800,000 due to the continued need for this program.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$600,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$1,200,000.00
4. New maximum contract amount:	\$1,800,000.00
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?

The Housing Division currently manages a weatherization/energy efficiency program and these funds will help to advance/sustain their current program for seniors.

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

These funds are being granted to the Housing Division to expand their existing program. They currently have the infrastructure to carry out the desired 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?

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?

No If "Yes", specify 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	csweeney	05/05/2015 10:50:10 AM
Division Approval	csweeney	05/05/2015 10:50:14 AM
Department Approval	csweeney	05/05/2015 10:50:17 AM
Contract Manager Approval	csweeney	05/05/2015 10:50:21 AM
Budget Analyst Approval	cmurph3	05/06/2015 12:19:44 PM
BOE Agenda Approval	sbrown	05/08/2015 10:49:17 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: **16673**

Agency Name: <b>NUCLEAR PROJECTS OFFICE</b>  Agency Code: <b>012</b> Appropriation Unit: <b>1005-14</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: Nevada Department of Public Safety - Emergency Management Contractor Name: <b>Nevada Department of Public Safety - Emergency Management</b> Address: <b>2478 Fairview Drive</b>  City/State/Zip: <b>Carson City, NV 89701</b>  Contact/Phone: Judith Lyman 7756875300 Vendor No.: NV Business ID: NA
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To what State Fiscal Year(s) will the contract be charged? **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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2016**

Contract term: **1 year**

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

Contract description: **NDEM - WGA - 2015**

5. Purpose of contract:

**This is a new interlocal agreement that provides federal funds specifically for Emergency Management activities required for planning and operations associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada. Federal funds for these activities are provided through a grant from the Western Governor's Association.**

6. NEW CONTRACT

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

Other basis for payment: reimbursement of actual expenses

#### II. JUSTIFICATION

7. What conditions require that this work be done?

U.S. Department of Energy plans to transport transuranic waste through Nevada

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

The Nevada Division of Emergency Management is a state agency

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

No If "Yes", specify 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	shughe2	05/01/2015 14:30:30 PM
Division Approval	shughe2	05/01/2015 14:30:37 PM
Department Approval	shughe2	05/01/2015 14:30:43 PM
Contract Manager Approval	shughe2	05/01/2015 14:30:50 PM
Budget Analyst Approval	sbarkdul	05/06/2015 09:43:11 AM
BOE Agenda Approval	cwatson	05/14/2015 10:58:54 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16674**

Agency Name: <b>NUCLEAR PROJECTS OFFICE</b>	Legal Entity Name: Nevada Department of Public Safety - Highway Patrol
Agency Code: <b>012</b>	Contractor Name: <b>Nevada Department of Public Safety - Highway Patrol</b>
Appropriation Unit: <b>1005-14</b>	Address: <b>555 Wright Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89711</b>
If "No" please explain: Not Applicable	Contact/Phone: Judith Lyman 7756875300
	Vendor No.:
	NV Business ID: NA

To what State Fiscal Year(s) will the contract be charged? **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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2016**

Contract term: **1 year**

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

Contract description: **NHP - WGA - 2015**

5. Purpose of contract:

**This is a new interlocal agreement that provides federal funds specifically for Highway Patrol activities required for planning and operations associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada. Federal funds for these activities are provided through a grant from the Western Governor's Association.**

6. NEW CONTRACT

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

Other basis for payment: reimbursement for actual expenses

#### II. JUSTIFICATION

7. What conditions require that this work be done?

U.S. Department of Energy plans to transport transuranic waste through Nevada

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

The Nevada Highway Patrol is a state agency

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

No If "Yes", specify 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	shughe2	05/04/2015 13:47:19 PM
Division Approval	shughe2	05/04/2015 13:47:21 PM
Department Approval	shughe2	05/04/2015 13:47:24 PM
Contract Manager Approval	shughe2	05/04/2015 13:47:26 PM
Budget Analyst Approval	sbarkdul	05/06/2015 09:55:05 AM
BOE Agenda Approval	cwatson	05/14/2015 11:00:04 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16652**

Agency Name: **ATTORNEY GENERAL'S OFFICE**  
Agency Code: **030**  
Appropriation Unit: **1348-15**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **CASEY NEILON & ASSOCIATES, LLC.**  
Contractor Name: **CASEY NEILON & ASSOCIATES, LLC.**  
Address: **503 N DIVISION ST**  
City/State/Zip: **CARSON CITY, NV 89703**  
Contact/Phone: null775/283-5555  
Vendor No.: T29010569  
NV Business ID: nv20061293367

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

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

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

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 06/2015

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: **Auditing**

5. Purpose of contract:

**This is a new contract which continues ongoing completion of the annual financial statement audit of the Insurance Premium Trust Fund. The audit incorporates planning, fieldwork, completion and evaluation, and financial statement preparation and review phases.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$110,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The annual financial statement audit of the Insurance Premium Trust Fund is included in the Controller's Office Comprehensive Annual Financial Report.

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

An outside firm is needed for this audit. State employees do not have the expertise needed for this type of work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

Casey, Neilon & Associates has contracted with the Attorney General's Office from 07/12/2011 and their services have been satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Igallow1	04/28/2015 14:03:55 PM
Division Approval	clesli1	04/29/2015 08:31:18 AM
Department Approval	chowle	04/29/2015 14:23:04 PM
Contract Manager Approval	Iramire7	04/29/2015 14:34:03 PM
Budget Analyst Approval	knielsen	05/08/2015 13:44:34 PM
BOE Agenda Approval	nhovden	05/14/2015 13:41:06 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: <b>14397</b>	Amendment Number: <b>1</b>
Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>HIGH DESERT MICROIMAGING, INC.</b>
Agency Code: <b>040</b>	Contractor Name: <b>HIGH DESERT MICROIMAGING, INC.</b>
Appropriation Unit: <b>1050-26</b>	Address: <b>1225 FINANCIAL BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: Not Applicable	Contact/Phone: Meg Miller 775/359-6980
	Vendor No.: PUR0000032
	NV Business ID: NV19951110096

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**  
 Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Scanner Maintenance**

5. Purpose of contract:

**This the first amendment to original contract, which provides maintenance for state-owned scanners for use with the eSOS Corporate Filing System. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$43,718 to \$66,867 due to continued need for these services and revisions to Attachment AA: Revised Scope of Work; Attachment CC: Vendor Quote; and Attachment DD: Updated Equipment List.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$43,718.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$23,149.00
4. New maximum contract amount:	\$66,867.00
and/or the termination date of the original contract has changed to:	06/30/2016

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The eSOS Corporate Filing System requires the use of scanners to receipt incoming corporate filing documents, work requests and payment instruments and uses the Pro Scan machines to convert the paper documents within the agency disaster recovery plan.

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

State employees within the Secretary or State or other State agencies are not specifically trained on the interface with Canon scanners and the eSOS Corporate Filing system and do not possess the equipment knowledge to perform required maintenance.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor guarantees service with 24 hours, has a thorough knowledge of the business process of the Secretary of State's Esos system and offered the best price.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contracted with the Secretary of State since 2007 with satisfactory service.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pdover	05/01/2015 12:36:43 PM
Division Approval	pdover	05/01/2015 12:36:47 PM
Department Approval	pdover	05/01/2015 12:36:50 PM
Contract Manager Approval	vmccormi	05/01/2015 15:07:26 PM
Budget Analyst Approval	nhovden	05/04/2015 11:27:44 AM
BOE Agenda Approval	nhovden	05/04/2015 11:27:49 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: **16710**

Agency Name: <b>TREASURER - TREASURER'S OFFICE</b>	Legal Entity Name: <b>CHICAGO EQUITY PARTNERS, LLC</b>
Agency Code: <b>050</b>	Contractor Name: <b>CHICAGO EQUITY PARTNERS, LLC</b>
Appropriation Unit: <b>1080-04</b>	Address: <b>180 N LA SALLE ST STE 3800</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CHICAGO, IL 60601-2804</b>
If "No" please explain: Not Applicable	Contact/Phone: null312/629-8200
	Vendor No.: T27031450
	NV Business ID: NV20121610892

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Investment Mgmt.**

5. Purpose of contract:

**This is a new contract to provide fixed income investing for the State General Portfolio - Core in a prudent manner in accordance with NRS Chapter 355.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: Estimating \$375,000 per year based on the following: First \$25 million in assets = 25 basis points (0.025%); next \$75 million = 15 basis points (0.015%) and thereafter = 10 basis points (0.010%)

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to provide investment management services for monies in the State General Portfolio - Core which must be invested in a prudent manner in accordance with NRS Chapter 355.

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 in longer-term fixed income securities which assist the portfolio in increases yield to State General Portfolio.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

The vendor chosen is able to manage the funds within the state regulatory requirements, has a proven track record, helps ensure risk/return balance and has a competitive fee structure.

d. Last bid date: Anticipated re-bid date: 06/30/2019

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?

Yes If "Yes", please explain

Contractor performs similar investment management for the State Treasurer for the Higher Education Tuition Trust Fund.

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

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

Not Applicable

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

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

Not Applicable

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

Other Foreign Limited-Liability Company

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	thagan	05/08/2015 11:47:06 AM
Division Approval	thagan	05/08/2015 11:47:09 AM
Department Approval	thagan	05/08/2015 11:47:11 AM
Contract Manager Approval	aflak1	05/08/2015 11:48:44 AM
Budget Analyst Approval	sbarkdul	05/13/2015 09:35:25 AM
BOE Agenda Approval	jburry	05/18/2015 15:38:06 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: **16709**

Agency Name: <b>TREASURER - TREASURER'S OFFICE</b>	Legal Entity Name: FTN Financial Main Street Advisors
Agency Code: <b>050</b>	Contractor Name: <b>FTN Financial Main Street Advisors</b>
Appropriation Unit: <b>1080-04</b>	Address: <b>10655 Park Run Drive Suite 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89144</b>
If "No" please explain: Not Applicable	Contact/Phone: Rick Phillips 702.575.6600
	Vendor No.:
	NV Business ID: NV20041226048

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Investment Mgmt.**

5. Purpose of contract:

**This is a new contract to provide fixed income investing for the State Local Government Investment Pool in a prudent manner in accordance with NRS Chapter 355.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$272,000.00**

Other basis for payment: Estimating \$68,000 per year based on the following: First \$500 million in assets = 1.5 basis points (0.015%); and thereafter = .75 basis points (0.0075%)

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to provide investment management services for monies in the State LGIP which must be invested in a prudent manner in accordance with NRS Chapter 355.

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 in a variety of fixed income securities to assist the portfolio in increases yield to LGIP participants.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

The vendor chosen is able to manage the funds within the state regulatory requirements, has a proven track record, helps ensure risk/return balance and has a competitive fee structure.

d. Last bid date: Anticipated re-bid date: 06/30/2019

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

Other **Domestic Limited-Liability Company**

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	thagan	05/08/2015 11:46:42 AM
Division Approval	thagan	05/08/2015 11:46:45 AM
Department Approval	thagan	05/08/2015 11:46:47 AM
Contract Manager Approval	aflak1	05/08/2015 11:48:18 AM
Budget Analyst Approval	sbarkdul	05/13/2015 09:35:00 AM
BOE Agenda Approval	cwatson	05/14/2015 11:20:59 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16713**

Agency Name: <b>TREASURER - TREASURER'S OFFICE</b>	Legal Entity Name: Western Asset Management Company
Agency Code: <b>050</b>	Contractor Name: <b>Western Asset Management Company</b>
Appropriation Unit: <b>1080-04</b>	Address: <b>385 East Colorado Boulevard</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Pasadena, CA 91101</b>
If "No" please explain: Not Applicable	Contact/Phone: Veronica Amici 6268449535
	Vendor No.:
	NV Business ID: NV20151291516

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Investment Mgmt.**

5. Purpose of contract:

**This is a new contract to provide fixed income investing for the State General Portfolio - Core in a prudent manner in accordance with NRS Chapter 355.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,080,000.00**

Other basis for payment: Estimating \$520,000 per year based on the following: First \$100 million in assets = 25 basis points (0.025%); and thereafter = 12.5 basis points (0.0125%)

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to provide investment management services for monies in the State General Portfolio - Core which must be invested in a prudent manner in accordance with NRS Chapter 355.

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 in longer-term fixed income securities which assist the portfolio in increases yield to State General Portfolio.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

The vendor chosen is able to manage the funds within the state regulatory requirements, has a proven track record, helps ensure risk/return balance and has a competitive fee structure.

d. Last bid date: Anticipated re-bid date: 06/30/2019

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?

Yes If "Yes", please explain

Contractor performs similar investment management for the State Treasurer for the Higher Education Tuition Trust Fund.

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	thagan	05/08/2015 11:46:06 AM
Division Approval	thagan	05/08/2015 11:46:10 AM
Department Approval	thagan	05/08/2015 11:46:12 AM
Contract Manager Approval	aflak1	05/08/2015 11:47:45 AM
Budget Analyst Approval	sbarkdul	05/18/2015 15:40:28 PM
BOE Agenda Approval	jburry	05/18/2015 15:43:40 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **16619**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Air Filtration Services</b>
Agency Code: <b>082</b>	Contractor Name: <b>Air Filtration Services</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>6208 Grizzly Gorge Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89130</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null702-313-2060</b>
	Vendor No.: <b></b>
	NV Business ID: <b>NV20031519771</b>
To what State Fiscal Year(s) will the contract be charged? <b>2015-2019</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	<b>X Fees 100.00 % Buildings and Grounds rental income fees</b>
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **HVAC Air Filters**

5. Purpose of contract:

**This is a new contract that continues ongoing repair and replacement of filters for heating, ventilation, and air conditioning at the Grant Sawyer Building, located at 555 E. Washington, Las Vegas, Nevada, as well as various state buildings as scheduled and needed by Buildings and Grounds.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$74,845.44**

Other basis for payment: see Attachment CC -Contractor's response with contract.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

State buildings need to be maintained in a first-rate operating manner. The significant amount of air filters for this building are beyond the manpower of Buildings &amp; Grounds.

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

Lack of manpower.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the lowest bidder

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

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:

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	04/21/2015 08:56:06 AM
Division Approval	csweeney	04/21/2015 08:56:09 AM
Department Approval	csweeney	04/21/2015 08:56:13 AM
Contract Manager Approval	ssands	04/21/2015 09:02:58 AM
Budget Analyst Approval	jrodrig9	05/06/2015 18:56:05 PM
BOE Agenda Approval	cwatson	05/14/2015 07:04:42 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16691**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>AINSWORTH ASSOCIATES</b>
Agency Code: <b>082</b>	Contractor Name: <b>AINSWORTH ASSOCIATES</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>1420 HOLCOMB AVE STE 201</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-8003</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775-329-9100</b>
	Vendor No.: <b>T27012245A</b>
	NV Business ID: <b>NV19751005286</b>

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109364

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
 Anticipated BOE meeting date: 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

4. Type of contract: **Contract**  
 Contract description: **Mech Plan Ck**

5. Purpose of contract:  
**This is a new contract to provide ongoing professional mechanical plan checking services as required: SPWD Contract No. 109364.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$100,000.00**  
 Other basis for payment: progress payments based on services provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Mechanical plan checking services 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 Mechanical Plan Checking 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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/05/2015 10:54:49 AM
Division Approval	dgrimm	05/05/2015 10:54:52 AM
Department Approval	dgrimm	05/05/2015 10:54:56 AM
Contract Manager Approval	dgrimm	05/05/2015 16:11:45 PM
Budget Analyst Approval	jrodrig9	05/07/2015 19:05:46 PM
BOE Agenda Approval	cwatson	05/13/2015 08:35:58 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16700**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARCHITECTS + LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARCHITECTS + LLC</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>35 MARTIN ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/329-8001</b>
	Vendor No.: <b>T80870250</b>
	NV Business ID: <b>NV20001117428</b>

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109288

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

5. Purpose of contract:  
**This is a new contract to provide ongoing professional accessibility plan checking services as required: SPWD Contract No. 109288.**

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?  
**Accessibility 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 Accessibility Plan Checking 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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/05/2015 15:36:28 PM
Division Approval	dgrimm	05/05/2015 15:36:30 PM
Department Approval	dgrimm	05/05/2015 16:10:06 PM
Contract Manager Approval	dgrimm	05/05/2015 16:10:08 PM
Budget Analyst Approval	jrodrig9	05/11/2015 15:34:42 PM
BOE Agenda Approval	cwatson	05/13/2015 08:32:56 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16688**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DG KOCH ASSOCIATES</b>
Agency Code: <b>082</b>	Contractor Name: <b>DG KOCH ASSOCIATES</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>2000 S. JONES BLVD. STE 110</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null702/221-5160</b>
	Vendor No.: <b>T29026336</b>
	NV Business ID: <b>NV20061487757</b>

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109366

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Mech Plan Ck Serv**

5. Purpose of contract:

**This is a new contract to provide ongoing professional mechanical plan checking services as required: SPWD Contract No. 109366.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: progress payments based on services provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical plan checking services 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 Mechanical Plan Checking 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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/05/2015 09:56:40 AM
Division Approval	dgrimm	05/05/2015 09:56:44 AM
Department Approval	dgrimm	05/05/2015 09:56:48 AM
Contract Manager Approval	dgrimm	05/05/2015 16:12:02 PM
Budget Analyst Approval	jrodrig9	05/07/2015 19:26:29 PM
BOE Agenda Approval	cwatson	05/13/2015 08:34:54 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16699**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENGINEERING PARTNERS, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENGINEERING PARTNERS, LLC</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>4775 W TECO AVE STE 230</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4361</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null702/537-1132</b>
	Vendor No.: <b>T27032644</b>
	NV Business ID: <b>NV20121610178</b>

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109363

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Mech/Elec PI Chck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional mechanical/electrical plan checking services as required: SPWD Contract No. 109363.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: Progress payments based on services provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Mechanical/Electrical plan checking 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 Mechanical/Electrical Plan Checking 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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/05/2015 15:37:18 PM
Division Approval	dgrimm	05/05/2015 15:37:21 PM
Department Approval	dgrimm	05/05/2015 16:09:33 PM
Contract Manager Approval	dgrimm	05/05/2015 16:09:36 PM
Budget Analyst Approval	jrodrig9	05/11/2015 15:15:15 PM
BOE Agenda Approval	cwatson	05/13/2015 08:29:01 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16684**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ETCHEMENDY ENGINEERING</b>
Agency Code: <b>082</b>	Contractor Name: <b>ETCHEMENDY ENGINEERING</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>10597 DOUBLE R BLVD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-8937</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/853-1131</b>
	Vendor No.: <b>T29033764</b>
	NV Business ID: <b>NV20101268554</b>

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109368

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date: 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

5. Purpose of contract:  
**This is a new contract to provide ongoing professional mechanical plan checking services as required: SPWD Contract No. 109368.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$100,000.00**  
Other basis for payment: progress payments based on services provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Mechanical plan checking services 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 Mechanical/Electrical Plan Checking 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?

The vendor has 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 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	dgrimm	05/04/2015 15:50:55 PM
Division Approval	dgrimm	05/04/2015 15:50:58 PM
Department Approval	dgrimm	05/06/2015 09:20:43 AM
Contract Manager Approval	dgrimm	05/06/2015 09:20:46 AM
Budget Analyst Approval	jrodrig9	05/07/2015 19:39:38 PM
BOE Agenda Approval	cwatson	05/13/2015 08:33:31 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **16683**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>H&amp;K ARCHITECTS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>H&amp;K ARCHITECTS</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>5485 RENO CORPORATE DR STE 100</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>RENO, NV 89511-2262</b>
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 the Account 2600 Cultural Affairs; expenditure category 10, design development and construction documents.		Contact/Phone:	<b>null775/332-6640</b>
		Vendor No.:	<b>T80984709</b>
		NV Business ID:	<b>NV19941047730</b>

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: 109391

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **4 years and 30 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 design development and construction documents for the Stewart Cultural Center: CIP Project No. 15-A037, SPWD Contract No. 109391.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$124,200.00**

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a 2015 agency CIP request.

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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/04/2015 15:03:42 PM
Division Approval	dgrimm	05/04/2015 15:03:45 PM
Department Approval	dgrimm	05/05/2015 16:13:09 PM
Contract Manager Approval	dgrimm	05/05/2015 16:13:11 PM
Budget Analyst Approval	jrodrig9	05/07/2015 20:17:38 PM
BOE Agenda Approval	cwatson	05/14/2015 07:10:37 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16698**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HARRIS CONSULTING ENGINEERS, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HARRIS CONSULTING ENGINEERS, LLC</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>6630 SURREY ST STE 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89119</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null702/269-1575
		Vendor No.:	T27003439
		NV Business ID:	NV20011085889

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109361

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

4. Type of contract: **Contract**  
Contract description: **Mech/Elec PI Chck**

5. Purpose of contract:  
**This is a new contract to provide ongoing professional mechanical/electrical plan checking services as required: SPWD Contract No. 109361.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$100,000.00**  
Other basis for payment: Progress payments based on services provided

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**Mechanical/Electrical plan checking 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 Mechanical/Electrical Plan Checking 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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/05/2015 15:09:08 PM
Division Approval	dgrimm	05/05/2015 15:09:12 PM
Department Approval	dgrimm	05/05/2015 16:10:22 PM
Contract Manager Approval	dgrimm	05/05/2015 16:10:24 PM
Budget Analyst Approval	jrodrig9	05/11/2015 15:41:21 PM
BOE Agenda Approval	cwatson	05/13/2015 08:32:18 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16692**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JBA CONSULTING ENGINEERS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>JBA CONSULTING ENGINEERS, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>5155 W PATRICK LN STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-2828</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null702/362-9200</b>
	Vendor No.: <b>T80928382</b>
	NV Business ID: <b>NV19661000733</b>

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109362

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

4. Type of contract: **Contract**  
Contract description: **Mech/Elect Plan Ck**

5. Purpose of contract:  
**This is a new contract to provide ongoing professional mechanical/electrical plan checking services as required: SPWD Contract No. 109362.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$100,000.00**  
Other basis for payment: Progress payments based on services provided

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**Mechanical/electrical plan checking 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 Mechanical/Electrical Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.**

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/05/2015 11:22:52 AM
Division Approval	dgrimm	05/05/2015 11:22:54 AM
Department Approval	dgrimm	05/05/2015 11:23:03 AM
Contract Manager Approval	dgrimm	05/05/2015 16:11:29 PM
Budget Analyst Approval	jrodrig9	05/07/2015 18:58:14 PM
BOE Agenda Approval	cwatson	05/13/2015 08:36:36 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16678**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LUMOS &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>LUMOS &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>9222 Prototype Dr.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89521</b>
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 the Account 3650, Military; expenditure category 10, material and inspection services.	Contact/Phone: <b>null775/827-6111</b>
	Vendor No.: <b>T80912843</b>
	NV Business ID: <b>NV19791006982</b>

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **109247**

2. Contract start date:

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

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp**

5. Purpose of contract:

**This is a new contract to provide construction materials testing and inspection services for the Army Aviation Stead Facility Apron Replacement project for the Nevada Army National Guard: CIP Project No. 15-A011, SPWD Contract No. 109247.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$149,800.00**

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:

**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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/04/2015 14:20:00 PM
Division Approval	dgrimm	05/04/2015 14:27:11 PM
Department Approval	dgrimm	05/04/2015 14:32:48 PM
Contract Manager Approval	dgrimm	05/05/2015 16:12:51 PM
Budget Analyst Approval	jrodrig9	05/07/2015 20:07:07 PM
BOE Agenda Approval	cwatson	05/14/2015 07:11:17 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16701**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>NOVA GEOTECHNICAL &amp; INSPECTION SERVICES</b>
Agency Code: <b>082</b>	Contractor Name: <b>NOVA GEOTECHNICAL &amp; INSPECTION SERVICES</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>4480 W HACIENDA AVE STE 104</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4908</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null702/873-3478</b>
	Vendor No.: <b>T27029992</b>
	NV Business ID: <b>NV20121001299</b>

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109262

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

4. Type of contract: **Contract**  
Contract description: **Geotech Inv Serv**

5. Purpose of contract:  
**This is a new contract to provide ongoing professional geotechnical investigation services as required: SPWD Contract No. 109262.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$100,000.00**  
Other basis for payment: Progress payments based on services provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Geotechnical Investigation Services required to ensure building safety and code compliance.**  
**OTHER BASIS FOR PAYMENT**

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

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	dgrimm	05/05/2015 16:08:22 PM
Division Approval	dgrimm	05/05/2015 16:08:24 PM
Department Approval	dgrimm	05/05/2015 16:08:27 PM
Contract Manager Approval	dgrimm	05/05/2015 16:08:29 PM
Budget Analyst Approval	jrodrig9	05/11/2015 15:24:52 PM
BOE Agenda Approval	cwatson	05/13/2015 08:27:40 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16702**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>NOVA GEOTECHNICAL &amp; INSPECTION SERVICES</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>NOVA GEOTECHNICAL &amp; INSPECTION SERVICES</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>4480 W HACIENDA AVE STE 104</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89118-4908</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null702/873-3478
		Vendor No.:	T27029992
		NV Business ID:	NV20121001299

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109263

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

5. Purpose of contract:  
**This is a new contract to provide ongoing professional materials testing and inspection services as required: SPWD Contract No. 109263.**

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 and 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?

The vendor has 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:

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	dgrimm	05/05/2015 16:08:03 PM
Division Approval	dgrimm	05/05/2015 16:08:06 PM
Department Approval	dgrimm	05/05/2015 16:08:08 PM
Contract Manager Approval	dgrimm	05/06/2015 16:09:50 PM
Budget Analyst Approval	jrodrig9	05/11/2015 15:28:36 PM
BOE Agenda Approval	cwatson	05/13/2015 08:29:49 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16686**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PETTY &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>PETTY &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>1375 GREG ST 106</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/359-5777</b>
	Vendor No.: <b>T80580350</b>
	NV Business ID: <b>NV19841014622</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2015-2017</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 %</b>
	<b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109367

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
 Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Mech Plan Ck Servs**

5. Purpose of contract:

**This is a new contract to provide ongoing professional mechanical plan checking services as required: SPWD Contract No. 109367.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: progress payments based on services provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Mechanical plan checking services 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 Mechanical Plan Checking 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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/04/2015 16:05:34 PM
Division Approval	dgrimm	05/05/2015 10:42:42 AM
Department Approval	dgrimm	05/05/2015 10:42:46 AM
Contract Manager Approval	dgrimm	05/05/2015 16:12:24 PM
Budget Analyst Approval	jrodrig9	05/07/2015 19:33:13 PM
BOE Agenda Approval	cwatson	05/13/2015 08:34:22 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16693**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>PK ELECTRICAL, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>PK ELECTRICAL, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>681 SIERRA ROSE DR., STE. B</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null775/826-9010
		Vendor No.:	T81016802
		NV Business ID:	NV19961128650

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109369

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Elec PI Chck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional electrical plan checking services as required: SPWD Contract No. 109369.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: Progress payments based on services provided

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical plan checking services required to ensure building safety and code compliance.

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

Professional Electrical Plan Checking 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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/05/2015 16:11:04 PM
Division Approval	dgrimm	05/05/2015 16:11:06 PM
Department Approval	dgrimm	05/05/2015 16:11:08 PM
Contract Manager Approval	dgrimm	05/05/2015 16:11:10 PM
Budget Analyst Approval	jrodrig9	05/11/2015 15:54:36 PM
BOE Agenda Approval	cwatson	05/13/2015 08:30:36 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16694**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TECTONICS DESIGN GROUP, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>TECTONICS DESIGN GROUP, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>10451 DOUBLE R BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-8905</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775-824-9988</b>
	Vendor No.: <b>T29020845</b>
	NV Business ID: <b>NV20051722323</b>

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 %	<b>X</b> Other funding	<b>100.00 %</b> <b>Varies depending upon the project requiring this service.</b>

Agency Reference #: 109230

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

5. Purpose of contract:  
**This is a new contract to provide ongoing professional structural plan checking services as required: SPWD Contract No. 109230.**

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 Structural Plan Checking 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?

The vendor had demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/05/2015 16:10:40 PM
Division Approval	dgrimm	05/05/2015 16:10:42 PM
Department Approval	dgrimm	05/05/2015 16:10:44 PM
Contract Manager Approval	dgrimm	05/05/2015 16:10:47 PM
Budget Analyst Approval	jrodrig9	05/11/2015 15:46:32 PM
BOE Agenda Approval	cwatson	05/13/2015 08:31:28 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16516**

Agency Name: <b>DTCA - COMMISSION ON TOURISM</b>	Legal Entity Name: <b>ADNOVA COMUNICACION ESTRATEGICA, S.C.</b>
Agency Code: <b>101</b>	Contractor Name: <b>ADNOVA COMUNICACION ESTRATEGICA, S.C.</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>GUTEMBER 176, ANZURES MEXICO CITY, FEDERAL DISTRICT</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MEXICO, CP 11590</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>BENJAMIN DIAZ DIAZ 525567198736</b>
	Vendor No.: <b>F00000119</b>
	NV Business ID: <b>NV20131284959</b>

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 %	<b>X</b> Other funding	<b>100.00 % LODGING TAX</b>

Agency Reference #: **RFP #2088 - AM**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Rep Office - Mexico**

5. Purpose of contract:

**This is a new contract to provide ongoing international representation in Mexico to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities, media value and accomplishments.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$319,100.00**

Other basis for payment: Total contract not to exceed \$319,100.00; \$159,550 for FY16 and \$159,550 for FY17.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The state does not have employees located in Mexico to perform the necessary work as identified in the contract. In country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in country industry contacts. Being in country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

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 #2088, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 12/22/2014 Anticipated re-bid date: 12/15/2018

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:

Nevada Division of Tourism, July 1, 2008 to present.  
 Vendor 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **Non-Title 7 Business License**

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	04/01/2015 14:01:01 PM
Division Approval	amathies	04/01/2015 14:01:03 PM
Department Approval	amathies	04/01/2015 14:01:05 PM
Contract Manager Approval	amathies	04/27/2015 08:54:41 AM
Budget Analyst Approval	tgreenam	04/27/2015 09:00:22 AM
BOE Agenda Approval	myoun3	05/04/2015 10:05:40 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16518**

Agency Name: <b>DTCA - COMMISSION ON TOURISM</b>	Legal Entity Name: <b>AVIAREPS AG</b>
Agency Code: <b>101</b>	Contractor Name: <b>AVIAREPS AG</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>JOSEPHSPITALSTR, 15 MUNICH</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>GERMANY, 80331</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>THOMAS DRECHSLER 49089552533</b>
	Vendor No.: <b>F00000102</b>
	NV Business ID: <b>NV20131315834</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2017</b>

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

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

Agency Reference #: **RFP #2085 - AM**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Rep Office - Germany**

5. Purpose of contract:

**This is a new contract to provide ongoing international representation in Germany to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities, media value and accomplishments.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$333,400.00**

Other basis for payment: Total contract not to exceed \$333,400.00; \$166,700 for FY16 and \$166,700 for FY17.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The state does not have employees located in Germany to perform the necessary work as identified in the contract. In country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in country industry contacts. Being in country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

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 #2085, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/20/2014 Anticipated re-bid date: 11/15/2018

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:  
Nevada Division of Tourism, 2009 to present. Vendor 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Other **Non-Title 7 Business License**

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

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

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

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	04/01/2015 14:02:33 PM
Division Approval	amathies	04/01/2015 14:02:35 PM
Department Approval	amathies	04/01/2015 14:02:37 PM
Contract Manager Approval	amathies	04/27/2015 08:52:05 AM
Budget Analyst Approval	tgreenam	04/27/2015 09:11:40 AM
BOE Agenda Approval	myoun3	05/04/2015 10:51:14 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>11290</b>	Amendment Number: <b>5</b>
Agency Name: <b>COMMISSION ON TOURISM</b>	Legal Entity Name: <b>AVIAREPS France S.a.r.l.</b>
Agency Code: <b>101</b>	Contractor Name: <b>AVIAREPS France S.a.r.l.</b>
Appropriation Unit: <b>1522-43</b>	Address: <b>122 avenue des Champs-Elysees</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Paris</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Gilles Gosselin 490895525335</b>
	Vendor No.: <b>F00000102 B</b>
	NV Business ID: <b>NV20151275428</b>

To what State Fiscal Year(s) will the contract be charged? **2011-2016**

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 %	<b>X</b> Other funding	<b>100.00 % Lodging Tax</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/13/2010**  
 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 and 172 days**

4. Type of contract: **Contract**  
 Contract description: **Rep Office - Europe**

5. Purpose of contract:  
**This is the fifth amendment to the original contract, which provides international representation in France to promote tourism in Nevada. Services includes market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing collateral materials, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2015 to December 31, 2015 and increases the maximum amount from \$656,700 to \$731,700 to continue French representation only, for an additional six months.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$60,000.00
2. Total amount of any previous contract amendments:	\$596,700.00
3. Amount of current contract amendment:	\$75,000.00
4. New maximum contract amount:	\$731,700.00
and/or the termination date of the original contract has changed to:	12/31/2015

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
NRS 231.160 through 231.360 requires that the Nevada Division of Tourism promote tourism in Nevada both domestically and internationally.

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

The State does not have any employees located outside the United States to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Pursuant to NRS 332.195 the Nevada Division of Tourism joined the Las Vegas Convention & Visitors Authority (LVCVA) contract. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

Through recent discussion with the Purchasing Division, the process in which the Nevada Division of Tourism joins the international contracts of the Las Vegas Convention & Visitors Authority (LVCVA) pursuant to NRS 332.195 needs to be revised to more clearly outline the intent. However, Tourism may instead decide to do a separate solicitation specific only to Tourism's need for the international services. In order to give Tourism and State Purchasing adequate time to determine the best process for handling the international contracts and the potential need for international solicitations, Tourism is extending the contract term for six month while the RFP for France representation is underway.

d. Last bid date: Anticipated re-bid date: 07/01/2015

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has a current contract with the Nevada Division of Tourism and the service is satisfactory.

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

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

Not Applicable

14. The contractor is 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?

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

The vendor is currently in the process of registering for an SBL with Nevada Secretary of State's Office.

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	04/24/2015 12:23:34 PM
Division Approval	amathies	04/24/2015 12:23:37 PM
Department Approval	amathies	04/24/2015 12:23:40 PM

Contract Manager Approval  
Budget Analyst Approval  
BOE Agenda Approval

amathies  
tgreenam  
myoun3

05/04/2015 16:18:26 PM  
05/05/2015 07:40:47 AM  
05/06/2015 17:34:36 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: **16515**

Agency Name: <b>DTCA - COMMISSION ON TOURISM</b>	Legal Entity Name: <b>AVIAREPS MARKETING GARDEN HOLDINGS LTD</b>
Agency Code: <b>101</b>	Contractor Name: <b>AVIAREPS MARKETING GARDEN HOLDINGS LTD</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>10F DONGHWA BLDG 58-7 SEOSOMUN-DONG JOONG-GU</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SEOUL KOREA, 100736</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>IRENE LEE 8227778178</b>
	Vendor No.: <b>F0000102 A</b>
	NV Business ID: <b>NV20151094369</b>

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 %	<b>X</b> Other funding	<b>100.00 % LODGING TAX</b>

Agency Reference #: **RFP #2086 - AM**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Rep Office-S. Korea**

5. Purpose of contract:

**This is a new contract to provide ongoing international representation in South Korea to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities, media value and accomplishments.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$258,400.00**

Other basis for payment: Total contract not to exceed \$258,400; \$129,200 for FY16 and \$129,200 for FY17.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The state does not have employees located in South Korea to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

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 for vendor names]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #2086, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/20/2015 Anticipated re-bid date: 11/15/2018

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other **Partnership**

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	04/01/2015 14:00:20 PM
Division Approval	amathies	04/01/2015 14:00:22 PM
Department Approval	amathies	04/01/2015 14:00:24 PM
Contract Manager Approval	amathies	04/22/2015 11:18:47 AM
Budget Analyst Approval	tgreenam	04/22/2015 14:10:26 PM
BOE Agenda Approval	myoun3	04/30/2015 16:00:08 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **13013** Amendment Number: **3**

Agency Name: **COMMISSION ON TOURISM** Legal Entity Name: **GATE 7 PTY LTD**

Agency Code: **101** Contractor Name: **GATE 7 PTY LTD**

Appropriation Unit: **1522-43** Address: **Level 1, 97 Rose Street  
Chippendale, NSW 2008**

Is budget authority available?: **Yes** City/State/Zip: **AUSTRALIA,**

If "No" please explain: Not Applicable Contact/Phone: **Jo-Anna Palmer 61293562945**

Vendor No.: **F00000220**

NV Business ID: **NV20121040239**

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

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 %	<b>X</b> Other funding	<b>100.00 % Lodging Tax</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/14/2012**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 321 days**

4. Type of contract: **Contract**

Contract description: **Rep Office-Australia**

5. Purpose of contract:

**This is the third amendment to the original contract to provide international representation in Australia to promote tourism in Nevada. The services include market briefing, media relations, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2015 to December 31, 2015 and increases the maximum amount from \$295,500 to \$380,750 to continue the international representation in Australia for an additional six months.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$90,000.00
2. Total amount of any previous contract amendments:	\$205,500.00
3. Amount of current contract amendment:	\$85,250.00
4. New maximum contract amount:	\$380,750.00
and/or the termination date of the original contract has changed to:	12/31/2015

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS 231.160 through 231.360 requires that the Nevada Division on Tourism promote tourism in Nevada both domestically and internationally.**

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

The State does not have any employees located outside the United States to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to NRS 332.195 the Nevada Division of Tourism joined the Las Vegas Convention & Visitors Authority (LVCVA) contract. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

Through recent discussion with the Purchasing Division, the process in which the Nevada Division of Tourism joins the international contracts of the Las Vegas Convention & Visitors Authority (LVCVA) pursuant to NRS 332.195 needs to be revised to more clearly outline the intent. However, Tourism may instead decide to do a separate solicitation specific only to Tourism's need for the international services. In order to give Tourism and State Purchasing adequate time to determine the best process for handling the international contracts and the potential need for international solicitations, Tourism is extending the contract term for six month while the RFP for Australian representation is underway.

d. Last bid date: Anticipated re-bid date: 07/01/2015

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has a current contract with the Nevada Division of Tourism and the service is satisfactory.

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

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

Not Applicable

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

Other **Non-Title 7 Business License**

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dpeters3	04/20/2015 10:43:27 AM
Division Approval	dpeters3	04/20/2015 10:43:30 AM
Department Approval	dpeters3	04/20/2015 10:43:33 AM
Contract Manager Approval	dpeters3	04/20/2015 10:43:35 AM

Budget Analyst Approval  
BOE Agenda Approval

tgreenam  
jburry

04/22/2015 14:37:07 PM  
05/18/2015 15:35:12 PM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16517**

Agency Name: <b>DTCA - COMMISSION ON TOURISM</b>	Legal Entity Name: <b>HILL BALFOUR SYNERGY LIMITED</b>
Agency Code: <b>101</b>	Contractor Name: <b>HILL BALFOUR SYNERGY LIMITED</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>58 SOUTHWARK BRIDGE ROAD</b>
Is budget authority available?: <b>Yes</b>	<b>LONDON</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>ENGLAND, SE1 0AS</b>
	Contact/Phone: <b>JONATHAN SLOAN 440207593170</b>
	Vendor No.: <b>F00000120</b>
	NV Business ID: <b>NV20141320493</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2017</b>

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

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

Agency Reference #: **RFP #2087 - AM**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Rep Office - UK**

5. Purpose of contract:

**This is a new contract to provide international representation in the United Kingdom to promote tourism in Nevada. The services will include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities, media value and accomplishments.**

6. NEW CONTRACT

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

Other basis for payment: Total contract not to exceed \$300,000.00; \$150,000 for FY16 and \$150,000 for FY17.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The state does not have employees located in United Kingdom to perform the necessary work as identified in the contract. In country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in country industry contacts. Being in country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

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 #2087, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 12/22/2014 Anticipated re-bid date: 12/15/2018

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:

Nevada Division of Tourism, July 1, 2008 to present. Vendor 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **Partnership**

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	04/01/2015 14:01:31 PM
Division Approval	amathies	04/01/2015 14:01:38 PM
Department Approval	amathies	04/22/2015 10:34:27 AM
Contract Manager Approval	amathies	04/22/2015 10:34:30 AM
Budget Analyst Approval	tgreenam	04/22/2015 13:23:54 PM
BOE Agenda Approval	myoun3	04/28/2015 11:10:31 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **13014** Amendment Number: **3**

Agency Name: **COMMISSION ON TOURISM** Legal Entity Name: **INTERAMERICAN NETWORK**

Agency Code: **101** Contractor Name: **INTERAMERICAN NETWORK**

Appropriation Unit: **1522-43** Address: **AV. IPIRANGA, 318 - BLOCO A - 5TH FLOOR**

Is budget authority available?: **Yes** City/State/Zip: **SAO PAULO, BRAZIL,**

If "No" please explain: Not Applicable Contact/Phone: **Danielle Clouzet Roman 551132147500**

Vendor No.:  
NV Business ID: **NV20121040124**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/14/2012**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 321 days**

4. Type of contract: **Contract**

Contract description: **Rep Office-Brazil**

5. Purpose of contract:

**This is the third amendment to the original contract to provide international representation in Brazil to promote tourism in Nevada. The services include market briefing, media relations, development and maintenance of a foreign website, sales missions, organizing familiarization tours, expanding tour products to tour operators, media planning and buying, developing foreign brochures, marketing and promotions, regular communication, and quarterly progress reports covering activities and accomplishments. This amendment extends the termination date from June 30, 2015 to December 31, 2015 and increases the maximum amount from \$255,000 to \$317,500 to continue the international representation in Brazil for an additional six months.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$90,000.00
2. Total amount of any previous contract amendments:	\$165,000.00
3. Amount of current contract amendment:	\$62,500.00
4. New maximum contract amount:	\$317,500.00
and/or the termination date of the original contract has changed to:	12/31/2015

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 231.160 through 231.360 requires that the Nevada Division of Tourism promote tourism in Nevada both domestically and internationally.

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

The State does not have any employees located outside the United States to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to NRS 332.195 the Nevada Division of Tourism joined the Las Vegas Convention & Visitors Authority (LVCVA) contract. Since we are using the same contractors as our political subdivision, State Purchasing indicated that we don't need a sole source approval for our international office contracts.

Through recent discussion with the Purchasing Division, the process in which the Nevada Division of Tourism joins the international contracts of the Las Vegas Convention & Visitors Authority (LVCVA) pursuant to NRS 332.195 needs to be revised to more clearly outline the intent. However, Tourism may instead decide to do a separate solicitation specific only to Tourism's need for the international services. In order to give Tourism and State Purchasing adequate time to determine the best process for handling the international contracts and the potential need for international solicitations, Tourism is extending the contract term for six month while the RFP for Brazilian representation is underway.

d. Last bid date: Anticipated re-bid date: 07/01/2015

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has a current contract with the Nevada Division of Tourism and the service is satisfactory.

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

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

Not Applicable

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

Other **Non-Title 7 Business License**

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dpeters3	04/20/2015 10:19:25 AM
Division Approval	dpeters3	04/20/2015 10:19:30 AM
Department Approval	dpeters3	04/20/2015 10:19:35 AM
Contract Manager Approval	dpeters3	04/20/2015 10:19:47 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: **14696** Amendment Number: **1**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **CITY OF FALLON (HIGHWAY 95 REGIONAL DEVELOPMENT AUTHORITY)**

Contractor Name: **CITY OF FALLON (HIGHWAY 95 REGIONAL DEVELOPMENT AUTHORITY)**

Agency Code: **102** Address: **55 W. WILLIAMS AVENUE**

Appropriation Unit: **1526-15** City/State/Zip: **Fallon, NV 89406**

Is budget authority available?: **Yes** Contact/Phone: **Ken Tedford 775-423-0167**

If "No" please explain: **Not Applicable** Vendor No.: **T40266600**

NV Business ID: **NOT APPLICABLE**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$230,000 to \$460,000 due to the continued need for these services.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$230,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$230,000.00
4. New maximum contract amount:	\$460,000.00
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?

Statutory 241 mandate to diversify Nevada's economy.

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

Not feasible.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor's proposal was the only proposal that was responsive to agency RFP 13-03

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 provider; satisfactory work.

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

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

Not Applicable

14. The contractor is 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	swoodbur	05/11/2015 16:51:28 PM
Division Approval	swoodbur	05/11/2015 16:51:38 PM
Department Approval	swoodbur	05/11/2015 16:51:43 PM
Contract Manager Approval	swoodbur	05/12/2015 08:51:42 AM
Budget Analyst Approval	sewart	05/12/2015 16:17:54 PM
BOE Agenda Approval	jborrowm	05/13/2015 11:27:38 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **14695** Amendment Number: **1**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **ECONOMIC DEVELOPMENT AUTHORITY OF WESTERN NEVADA**

Agency Code: **102** Contractor Name: **ECONOMIC DEVELOPMENT AUTHORITY OF WESTERN NEVADA**

Appropriation Unit: **1526-15** Address: **5190 NEIL RD STE 110**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-8533**

If "No" please explain: **Not Applicable** Contact/Phone: **Mike Kazmierski 775/829-3727**

Vendor No.: **T80657720**

NV Business ID: **NV19821008939**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **06/30/2015**

Termination Date:

Contract term: **3 years and 322 days**4. Type of contract: **Contract**Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$1,200,000 to \$2,400,000 due to the continued need for these services.**

6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$1,200,000.00
2.	Total amount of any previous contract amendments:	\$0.00
3.	Amount of current contract amendment:	\$1,200,000.00
4.	New maximum contract amount:	\$2,400,000.00
	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?

Statute 241 mandates to diversify Nevada's economy.

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

Not feasible.



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?

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

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

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:

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

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

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	swoodbur	05/11/2015 16:47:53 PM
Division Approval	swoodbur	05/11/2015 16:47:55 PM
Department Approval	swoodbur	05/11/2015 16:47:58 PM
Contract Manager Approval	swoodbur	05/11/2015 16:48:01 PM
Budget Analyst Approval	sewart	05/12/2015 15:41:43 PM
BOE Agenda Approval	jborrowm	05/13/2015 11:16:45 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14713</b>	Amendment Number: <b>1</b>
Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>GREAT BASIN REGIONAL DEVELOPMENT AUTHORITY</b>
Agency Code: <b>102</b>	Contractor Name: <b>GREAT BASIN REGIONAL DEVELOPMENT AUTHORITY</b>
Appropriation Unit: <b>1526-15</b>	Address: <b>297 E. 11th STREET SUITE #1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELY, NV 89301</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jim Garza 775-293-6593</b>
	Vendor No.: <b>T80950311</b>
	NV Business ID: <b>GOVERNMENTAL ENTITY</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$160,000 to \$380,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$220,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$160,000.00
4. New maximum contract amount:	\$380,000.00
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?

Statutory 241 mandate to diversify Nevada's economy.

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

Not feasible

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor's proposal was the only proposal that was responsive to agency RFP 13-03.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Current provider; satisfactory work.

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	swoodbur	05/11/2015 16:58:21 PM
Division Approval	swoodbur	05/11/2015 16:58:23 PM
Department Approval	swoodbur	05/11/2015 16:58:26 PM
Contract Manager Approval	swoodbur	05/12/2015 08:54:02 AM
Budget Analyst Approval	sewart	05/12/2015 16:48:01 PM
BOE Agenda Approval	jborrowm	05/13/2015 11:28:43 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: **14714** Amendment Number: **1**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **HUMBOLDT DEVELOPMENT AUTHORITY**

Agency Code: **102** Contractor Name: **HUMBOLDT DEVELOPMENT AUTHORITY**

Appropriation Unit: **1526-15** Address: **90 W 4TH ST**

Is budget authority available?: **Yes** City/State/Zip: **WINNEMUCCA, NV 89445**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/623-6444**

Vendor No.: **T40139500**

NV Business ID: **NOT APPLICABLE**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **06/30/2015**

Termination Date:

Contract term: **3 years and 322 days**4. Type of contract: **Contract**Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$100,000 to \$200,000 due to the continued need for these services.**

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:	\$100,000.00
4.	New maximum contract amount:	\$200,000.00
	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?

Statutory 241 mandate to diversify Nevada's economy.

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

Not feasible.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor's proposal was the only proposal received that was responsive to agency RFP 13-03.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 provider; satisfactory work.

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

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

Not Applicable

14. The contractor is 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	swoodbur	05/11/2015 16:50:36 PM
Division Approval	swoodbur	05/11/2015 16:50:38 PM
Department Approval	swoodbur	05/11/2015 16:50:40 PM
Contract Manager Approval	swoodbur	05/12/2015 08:50:16 AM
Budget Analyst Approval	sewart	05/12/2015 16:10:01 PM
BOE Agenda Approval	jborrowm	05/13/2015 11:23:34 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14699</b>	Amendment Number: <b>1</b>
Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>LAS VEGAS GLOBAL ECONOMIC ALLIANCE</b>
Agency Code: <b>102</b>	Contractor Name: <b>LAS VEGAS GLOBAL ECONOMIC ALLIANCE</b>
Appropriation Unit: <b>1526-15</b>	Address: <b>6795 EDMOND STREET SUITE 260</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Tom R. Skancke 775-791-0000</b>
	Vendor No.: <b>T80096530</b>
	NV Business ID: <b>NV19561000163</b>

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/10/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2015**

Termination Date:

Contract term: **3 years and 294 days**

4. Type of contract: **Contract**

Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$2,950,000 to \$5,900,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$2,950,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$2,950,000.00
4. New maximum contract amount:	\$5,900,000.00
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?

Statutory 241 mandate to diversify Nevada's economy.

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

Not feasible.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor's proposal was the only proposal that was responsive to agency RFP 13-03.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 provider; satisfactory work.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	swoodbur	05/11/2015 16:55:00 PM
Division Approval	swoodbur	05/11/2015 16:55:02 PM
Department Approval	swoodbur	05/11/2015 16:55:04 PM
Contract Manager Approval	swoodbur	05/11/2015 16:55:08 PM
Budget Analyst Approval	sewart	05/13/2015 13:00:05 PM
BOE Agenda Approval	jborrowm	05/18/2015 08:55:26 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: <b>14689</b>	Amendment Number: <b>1</b>
Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>LINCOLN COUNTY REGIONAL DEVELOPMENT AUTHORITY</b>
Agency Code: <b>102</b>	Contractor Name: <b>LINCOLN COUNTY REGIONAL DEVELOPMENT AUTHORITY</b>
Appropriation Unit: <b>1526-15</b>	Address: <b>PO BOX 851</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CALIENTE, NV 89008</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775-315-3544</b>
	Vendor No.: <b>T81032726</b>
	NV Business ID: <b>NOT APPLICABLE</b>

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2015**

Termination Date:

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$110,000 to \$220,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$110,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$110,000.00
4. New maximum contract amount:	\$220,000.00
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?

Statutory 241 mandate to diversify Nevada's economy.

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

Not feasible.



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

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

b. Solicitation Waiver: **Not Applicable**

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

Contractor's proposal was the only proposal that was responsive to agency RFP 13-03.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 03/01/2013

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

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

Not Applicable

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

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

Current provider; satisfactory work.

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

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

Not Applicable

14. The contractor is 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	swoodbur	05/11/2015 16:52:41 PM
Division Approval	swoodbur	05/11/2015 16:52:43 PM
Department Approval	swoodbur	05/11/2015 16:52:46 PM
Contract Manager Approval	swoodbur	05/11/2015 16:52:50 PM
Budget Analyst Approval	sewart	05/12/2015 16:37:45 PM
BOE Agenda Approval	jborrowm	05/13/2015 11:29:55 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:	<b>14700</b>	Amendment Number:	<b>1</b>
Agency Name:	<b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name:	<b>NORTHEASTERN NEVADA REGIONAL DEVELOPMENT AUTHORITY</b>
Agency Code:	<b>102</b>	Contractor Name:	<b>NORTHEASTERN NEVADA REGIONAL DEVELOPMENT AUTHORITY</b>
Appropriation Unit:	<b>1526-15</b>	Address:	<b>1500 COLLEGE PARKWAY MCMULLEN HALL #120</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>ELKO, NV 89801</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Pam Borda 775/738-2100
		Vendor No.:	T81072742
		NV Business ID:	NV198221008939

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$160,000 to \$420,000 due to the addition of Lander County and the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$160,000.00
2.	Total amount of any previous contract amendments:	\$0.00
3.	Amount of current contract amendment:	\$260,000.00
4.	New maximum contract amount:	\$420,000.00
	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?

Statutory 241 mandate to diversify Nevada's economy.

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

Not feasible.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor's proposal was the only proposal that was responsive to agency RFP 13-03.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 provider; satisfactory work.

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

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

Not Applicable

14. The contractor is 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	swoodbur	05/11/2015 16:56:23 PM
Division Approval	swoodbur	05/11/2015 16:56:25 PM
Department Approval	swoodbur	05/11/2015 16:56:32 PM
Contract Manager Approval	swoodbur	05/11/2015 16:56:36 PM
Budget Analyst Approval	sewart	05/18/2015 09:33:50 AM
BOE Agenda Approval	jborrowm	05/18/2015 11:37:57 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14694</b>	Amendment Number: <b>1</b>	
Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>NORTHERN NEVADA DEVELOPMENT AUTHORITY</b>	Contractor Name: <b>NORTHERN NEVADA DEVELOPMENT AUTHORITY</b>
Agency Code: <b>102</b>	Address: <b>704 W NYE LN</b>	
Appropriation Unit: <b>1526-15</b>	City/State/Zip: <b>CARSON CITY, NV 89703</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>Robert C. Hooper 775/883-4413</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T80433460</b>	
	NV Business ID: <b>NV19811008120</b>	

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$470,000 to \$940,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$470,000.00
2.	Total amount of any previous contract amendments:	\$0.00
3.	Amount of current contract amendment:	\$470,000.00
4.	New maximum contract amount:	\$940,000.00
	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?

Statutory 241 mandate to diversify Nevada's economy.

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

Not feasible.

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

Vendor's proposal was the only proposal that was responsive to agency RFP 13-03.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 provider; satisfactory work.

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

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

Not Applicable

14. The contractor is 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	swoodbur	05/11/2015 16:55:41 PM
Division Approval	swoodbur	05/11/2015 16:55:45 PM
Department Approval	swoodbur	05/11/2015 16:55:47 PM
Contract Manager Approval	swoodbur	05/11/2015 16:55:51 PM
Budget Analyst Approval	sewart	05/13/2015 12:59:43 PM
BOE Agenda Approval	jborrowm	05/18/2015 08:52:08 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: <b>14692</b>	Amendment Number: <b>1</b>
Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>NYE COUNTY REGIONAL ECONOMIC DEVELOPMENT AUTHORITY</b>
Agency Code: <b>102</b>	Contractor Name: <b>NYE COUNTY REGIONAL ECONOMIC DEVELOPMENT AUTHORITY</b>
Appropriation Unit: <b>1526-15</b>	Address: <b>NYE COUNTY TREASURER PO BOX 473</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>TONOPAH, NV 89049</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/482-8194</b>
	Vendor No.: <b>T80044560X</b>
	NV Business ID: <b>NOT APPLICABLE</b>

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2015**

Termination Date:

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Economic Development**

5. Purpose of contract:

**This is the first amendment to the original contract, which promotes and encourages economic development in Nevada by providing assistance with dissemination of program information, marketing, grant writing, accounting services, legal services, travel, and training. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$160,000 to \$320,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

- |  |              |
|--|--------------|
| 1. The maximum amount of the original contract:                      | \$160,000.00 |
| 2. Total amount of any previous contract amendments:                 | \$0.00       |
| 3. Amount of current contract amendment:                             | \$160,000.00 |
| 4. New maximum contract amount:                                      | \$320,000.00 |
| 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?

Statutory 241 mandate to diversify Nevada's economy.

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

Not feasible.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor's proposal was the only proposal that was responsive to agency RFP 13-03.

d. Last bid date: 05/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 provider; satisfactory work.

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

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

Not Applicable

14. The contractor is 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	swoodbur	05/11/2015 16:57:47 PM
Division Approval	swoodbur	05/11/2015 16:57:49 PM
Department Approval	swoodbur	05/11/2015 16:57:52 PM
Contract Manager Approval	swoodbur	05/12/2015 08:52:53 AM
Budget Analyst Approval	sewart	05/12/2015 15:51:00 PM
BOE Agenda Approval	jborrowm	05/13/2015 11:20:55 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: **16655**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>Elko County Fire Protection District</b>
Agency Code: <b>180</b>	Contractor Name: <b>Elko County Fire Protection District</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>155 South Ninth Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elko , NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Gary Zunino 775 777-2501</b>
	Vendor No.:
	NV Business ID: <b>Not Applicable</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2019</b>

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

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

Agency Reference #: 5640

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new interlocal revenue agreement to provide eight and one-half rack spaces, eighteen microwave channel ends, and one DS-1 circuit at various sites in Elko and Eureka counties.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$257,396.20**

Other basis for payment: FY 2016, \$64,349.05; FY 2017, \$64,349.05; FY 2018, \$64,349.05; FY 2019, \$64,349.05

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This is a revenue generating contract**

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

**This is a revenue generating contract**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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



Not Applicable

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This contractor was part of a different contract for the like services with EITS with satisfactory results

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	05/04/2015 10:33:48 AM
Division Approval	capple	05/04/2015 10:54:16 AM
Department Approval	capple	05/04/2015 10:54:18 AM
Contract Manager Approval	bbohm	05/04/2015 15:17:52 PM
Budget Analyst Approval	sewart	05/05/2015 14:18:57 PM
BOE Agenda Approval	jborrowm	05/07/2015 10:13:09 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: **16677**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>HIGH SIERRA COMMUNICATIONS, INC.</b>
Agency Code: <b>180</b>	Contractor Name: <b>HIGH SIERRA COMMUNICATIONS, INC.</b>
Appropriation Unit: <b>1388-06</b>	Address: <b>1032 DUCK HILL ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89704-9317</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DAVE METTS 775/841-1200</b>
	Vendor No.: <b>PUR0002664A</b>
	NV Business ID: <b>NV19821009100</b>

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

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: **Mountaintop space**

5. Purpose of contract:

**This is a new contract to provide ongoing building and microwave tower space at the Fencemaker Peak and Toulon Peak in Pershing County and the Peavine Peak and Virginia Peak in Washoe County. This allows for the secure installation of mountaintop communications equipment to enable long distance microwave transmissions to support public safety and state infrastructure.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$550,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Maintaining communications to support public safety and state infrastructure.

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

Not State employee work related. Contract is for mountaintop building and tower space rental.

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

Was the solicitation (RFP) done by the 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 #: 150502**

**Approval Date: 05/05/2015**

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

Only vendor available

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:

High Sierra Communications has had four existing contracts with Enterprise Information Technology Services for ten years and service has been satisfactory in all four contracts.

13. Is the contractor currently involved in litigation with the State 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	05/06/2015 08:33:49 AM
Division Approval	Imartin9	05/06/2015 08:33:55 AM
Department Approval	Imartin9	05/06/2015 08:33:58 AM
Contract Manager Approval	Imartin9	05/06/2015 08:34:00 AM
Budget Analyst Approval	sewart	05/07/2015 14:43:51 PM
BOE Agenda Approval	jborrowm	05/07/2015 16:20:28 PM
BOE Final Approval	Pending	



<b>Purchasing Use Only:</b>	
Approval#:	150502

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:	Enterprise Information Technology Services (EITS)	
	Contact Name and Title	Phone Number	Email Address
	Lynda Bashor, Program Officer I	775-684-0241	lybashor@admin.nv.gov

<b>Vendor Information:</b>	
Identify Vendor:	High Sierra Communications
Contact Name:	Dave Metts
Address:	1032 Duck Hill Road, Carson City, NV 89704
Telephone Number:	775-841-1200
Email Address:	info@highsierracomm.com

<b>Type of Waiver Requested – Check the appropriate type:</b>	
1c Sole or Single Source:	<input checked="" type="checkbox"/>
Professional Service Exemption:	<input type="checkbox"/>

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

<b>Term:</b>			
1e One (1) Time Purchase:	<input type="checkbox"/>		
Contract:	Start Date:	07/01/2015	End Date:
			06/30/2019

<b>Funding:</b>	
1f State Appropriated:	
Federal Funds:	
Grant Funds:	
Other (Explain):	100% USER FEES

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$550,000.00

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>Provide building and tower space on existing communication sites built and owned by High Sierra Communications on the following four locations: Fencemaker &amp; Toulon Peak in Pershing County and Peavine Peak &amp; Virginia Peak in Washoe County.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>High Sierra Communications is the only entity which owns the space on these sites.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>High Sierra Communications is the only entity which owns the space on these sites.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>There were no other alternatives, except for the State to build and maintain its own facilities, which would cost vastly more than leasing.</i>				

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.</b>			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver)</i>		
	<i>Start and End Dates</i>						
	07/13/04	06/30/15	\$0.00	<i>Building space and tower space on Virginia Peak</i>	140501		
	07/13/04	07/12/14	\$300,000	<i>Building space and tower space on Virginia Peak</i>	NONE		
07/01/11	06/30/15	\$150,422.40	<i>Building space and tower space on Toulon Peak</i>	110409			
07/01/11	06/30/15	\$59,228.64	<i>Building space and tower space on Peavine Peak</i>	110410			

	07/01/11	06/30/15	\$103,978.08	Building space and tower space on Fencemaker Peak	110411
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7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>EITS must provide public communications equipment for statewide connectivity plus High Sierra Communications is the only entity which owns the space on these sites.</i>

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?
	<i>High Sierra Communications is the only entity which owns the space on these sites.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>As long as there is a need for public communications (i.e., public safety radios) there will be a need for future leasing.</i>				
	<i>Regarding future obligations, EITS has combined the previous four contracts into one and desires to limit the contract to a four year period. This contract includes a 4% annual increase factor based on the USDA index factor. The total contract amount incorporates this annual 4% increase by limiting this contract to 4 years, if the vendor needs to increase the base amount beyond the 4% increase the entire contract would be renegotiated at the end of the 4 year period.</i>				
<i>Therefore ongoing future need with HSC will continue over subsequent years based on new contracts with renegotiated rates and inflation factors.</i>					

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

*Lynda Bashor*

*5/4/15*

Agency Representative Initiating Request

Lynda Bashor

05/04/15

Print Name of Agency Representative Initiating Request

Date

*Amy Davey*

*5-4-15*

Signature of Agency Head Authorizing Request

Amy Davey

05/04/15

Print Name of Agency Head Authorizing Request

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:

*Annella East*

*5/5/15*

Administrator, Purchasing Division or Designee

Date

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **11955** Amendment Number: **2**  
 Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **New Cingular Wireless PCS, LLC**  
 Agency Code: **180** Contractor Name: **New Cingular Wireless PCS, LLC**  
 Appropriation Unit: **1388-00** Address: **575 Morosgo Drive NE**  
 Is budget authority available?: **Yes** City/State/Zip: **Atlanta, GA 30324**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Alana White (877) 231-54**  
 Vendor No.:  
 NV Business ID: **NV19991079179**

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue Contract</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**  
 Anticipated BOE meeting date **06/2015**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**  
 Contract term: **6 years and 1 day**  
 4. Type of contract: **Revenue Contract**  
 Contract description: **Penn Hill lease**

5. Purpose of contract:  
**This is the second amendment to the original revenue contract, which provides rack space rental at Pennsylvania Hill in Elko County. This amendment extends the current contract termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$47,049.84 to \$74,154.72 to continue rack space rental.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$22,652.28
2. Total amount of any previous contract amendments:	\$24,397.56
3. Amount of current contract amendment:	\$27,104.88
4. New maximum contract amount:	\$74,154.72
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 is a revenue contract**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**This is a revenue contract**

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



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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Revenue contract

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with EITS for same services with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	05/04/2015 14:30:55 PM
Division Approval	capple	05/04/2015 14:36:36 PM
Department Approval	capple	05/04/2015 14:36:41 PM
Contract Manager Approval	bbohm	05/04/2015 15:13:10 PM
Budget Analyst Approval	sewart	05/13/2015 11:19:01 AM
BOE Agenda Approval	jborrowm	05/13/2015 11:57:33 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **15748** Amendment Number: **1**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **OTIS EDUCATIONAL SYSTEMS, INC.**

Agency Code: **300** Contractor Name: **OTIS EDUCATIONAL SYSTEMS, INC.**

Appropriation Unit: **2697-27** Address: **3845 POWDER SPRINGS RD  
STE 202**

Is budget authority available?: **Yes** City/State/Zip: **POWDER SPRINGS, GA 30127**

If "No" please explain: **Not Applicable** Contact/Phone: **TIM NALL 678/613-3510**

Vendor No.: **T29001575**

NV Business ID: **NV20141611296**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/10/2014**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 21 days**

4. Type of contract: **Contract**

Contract description: **Maintenance Service**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides ongoing hardware and software maintenance services and operational support of the System of Accountability Information in Nevada and the State Longitudinal Data System. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$187,000 to \$561,000 due to the continued need for these services.**

6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$187,000.00
2.	Total amount of any previous contract amendments:	\$0.00
3.	Amount of current contract amendment:	\$374,000.00
4.	New maximum contract amount:	\$561,000.00
	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?

Otis Ed is the original contracted developer of the SLDS. Otis Ed is best skilled and positioned to continue to provide maintenance and support for the existing NDE system. Otis Ed is offering licensing support and maintenance services as it continues to extend its service and product offering across the county. The Otis Ed system in place at the Department requires daily maintenance, monitoring and occasional upgrades. Much of this work can only be performed by a qualified Otis Ed technical resource. In addition to routine maintenance, Otis Ed assists the Department in resolving complex database issues and maintaining the data schema. This work is required to maintain the Student Accountability Information Network assure its continuity.

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

The daily monitoring and operational duties are currently being performed by NDE and EITS staff. However, due to the loss of knowledge and increase in demand for data services the current staff is insufficient to meet the need. This contract will supplement some of the operational duties as well as enhance some primary applications required for future development of the SLDS. The new maintenance services will ensure the smooth running of the SAIN environment within the NDE, and provide reliable and auditable information to the State. The benefits of these services will enable the NDE to continue to extend the "MSA" for the SLDS to make it relevant to current needs and serve the educational community in the State.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

SAIN/SLDS system was developed and is supported by the vendor.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Otis Educational Systems, Inc. (hereafter "Otis Ed") has been providing services to Nevada Department of Education for over 10 years and the Department has been very satisfied with their services They have assisted the Department in building the State Longitudinal Data System (SLDS).

13. Is the contractor currently involved in litigation with the State 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	lpaulino	05/04/2015 16:06:45 PM
Division Approval	lyoun7	05/07/2015 16:36:26 PM
Department Approval	lyoun7	05/07/2015 16:36:29 PM
Contract Manager Approval	lpaulino	05/12/2015 14:22:23 PM
Budget Analyst Approval	sbrown	05/19/2015 11:33:20 AM
BOE Agenda Approval	sbrown	05/19/2015 11:44:37 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: **16689**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b> Agency Code: <b>300</b> Appropriation Unit: <b>2712-42</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: Department of Public Safety Division of Emergency Management Contractor Name: <b>Department of Public Safety Division of Emergency Management</b> Address: <b>2478 Fairview Drive</b> City/State/Zip: <b>Carson City, NV 89701</b> Contact/Phone: jlyman@dps.state.nv.gov 775-687-0300 Vendor No.: NV Business ID: N/A
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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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2016**

Contract term: **304 days**

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

Contract description: **NDEM Interlocal**

5. Purpose of contract:

**This is a new interlocal agreement to provide technical assistance to local education agencies to plan for potential emergencies through the creation of high quality school Emergency Operations Plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$226,391.00**

Payment for services will be made at the rate of \$33.58 per Hour

Other basis for payment: Other costs to be reimbursed include travel, conference costs and supplies.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Education received a Federal Grant for Project SERV - School Emergency Response to Violence. This grant is meant to help restore the learning environment following a natural disaster or violent incident at or near a school by providing funding to train and provide technical assistance to LEAs that result in the adoption of best practices for developing and implementing school EOPs.

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

The Department of Education will be working contracting with the DPS Division of Emergency Management to provide these services, training, and review of emergency plans.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lyoun7	05/05/2015 09:45:47 AM
Division Approval	lyoun7	05/05/2015 09:45:51 AM
Department Approval	lyoun7	05/05/2015 09:45:54 AM
Contract Manager Approval	lyoun7	05/05/2015 09:45:56 AM
Budget Analyst Approval	jburry	05/18/2015 15:45:40 PM
BOE Agenda Approval	jburry	05/18/2015 15:47:02 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: **14513** Amendment Number: **4**

Agency Name: **CHARTER SCHOOLS** Legal Entity Name: **Infinite Campus, Inc.**

Agency Code: **305** Contractor Name: **Infinite Campus, Inc.**

Appropriation Unit: **2711-26** Address: **4321 109TH AVE NE**

Is budget authority available?: **Yes** City/State/Zip: **Blaine, MN 55449-6794**

If "No" please explain: **Not Applicable** Contact/Phone: **null651/631-0000**

Vendor No.: **T29032839**

NV Business ID: **NV201216365586**

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 %	<b>X</b>	Fees	<b>100.00 % Charter School Sponsor Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/10/2013**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **2 years and 356 days**

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

Contract description: **Infinite Campus**

5. Purpose of contract:

**This is the fourth amendment to the original contract to provide a Student Information System as required by NRS 386.650 to: (a) Adopt and maintain a program for the collection, maintenance and transfer of data from the records of individual pupils to the State automated system of information; (b) Provide to the Department electronic data concerning pupils as required by the Superintendent of Public Instruction; (c) Ensure that an electronic record is maintained in accordance with subsection 3 of NRS 386.655. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$304,250 to \$557,284 due to the continued need for these services.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$38,620.00
2. Total amount of any previous contract amendments:	\$265,630.00
3. Amount of current contract amendment:	\$253,034.00
4. New maximum contract amount:	\$557,284.00

and/or the termination date of the original contract has changed to: **06/30/2016**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 386.650 says The board of trustees of each school district shall adopt and maintain the program prescribed by the Superintendent of Public Instruction pursuant to subsection 3 for the collection, maintenance and transfer of data from the records of individual pupils to the automated system of information, including, without limitation, the development of plans for the educational technology which is necessary to adopt and maintain the program

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

Student Information Systems are highly specialized software systems used by all Nevada school districts. The State does not have the expertise to write the software or the personnel to maintain it.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the 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 Joinder or mutual use of contracts by governmental entities. - We are joining a contract of Clark County's, which went through a full-blown RFP and selected Infinite Campus as the most efficient SIS for districts with over 10,000 students. This is the first step in putting all SPCSA students (currently 14,000) onto Infinite Campus.

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?

Yes If "Yes", please explain

Clark County School District and Washoe County School District both use Infinite Campus as their Student Information System. Together, they comprise over 80% of public school students in Nevada. Nevada Department of Education has a bill in front of Legislature to use the State Edition of Infinite Campus to collect state level data also.

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	akellog2	05/11/2015 11:30:30 AM
Division Approval	akellog2	05/11/2015 11:30:33 AM
Department Approval	akellog2	05/11/2015 11:30:43 AM
Contract Manager Approval	akellog2	05/11/2015 12:09:48 PM
DoIT Approval	bbohm	05/13/2015 07:50:01 AM
Budget Analyst Approval	sbrown	05/19/2015 08:11:39 AM
BOE Agenda Approval	sbrown	05/19/2015 08:11:47 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: **16715**

Agency Name:	<b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name:	<b>DELOITTE CONSULTING, LLP</b>
Agency Code:	<b>315</b>	Contractor Name:	<b>DELOITTE CONSULTING, LLP</b>
Appropriation Unit:	<b>2711-04</b>	Address:	<b>1633 BROADWAY</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>NEW YORK, NY 10019-6754</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null415/783-5374
		Vendor No.:	T27024237
		NV Business ID:	NV20031000892

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 %	<b>X</b>	Fees	<b>100.00 % state-sponsored charter school fess</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/07/2015**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **10/30/2015**Contract term: **145 days**4. Type of contract: **Contract**Contract description: **Outside Audit**

5. Purpose of contract:

**This is a new contract to provide forensic audits of two charter schools to ensure fiscal responsibility of the use of state funds.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$175,000.00**

Payment for services will be made at the rate of \$184.00 per hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Forensic audits of these schools are necessary to ensure proper use of state funds.

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

The agency does not staff with the expertise to conduct the necessary audits of these charter schools.

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?

Deloitte has vast prior experience and a well-known reputation for the required work needed for a complete forensic audit of two schools.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	akellog2	05/11/2015 07:14:52 AM
Division Approval	jhoba2	05/11/2015 09:44:17 AM
Department Approval	jhoba2	05/11/2015 10:34:13 AM
Contract Manager Approval	akellog2	05/11/2015 10:45:26 AM
Budget Analyst Approval	sbrown	05/15/2015 08:43:32 AM
BOE Agenda Approval	sbrown	05/15/2015 08:43:36 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16585**

Agency Name: <b>ADMIN - NEVADA STATE LIBRARY AND ARCHIVES</b>	Legal Entity Name: <b>EBSCO INDUSTRIES, INC.</b>
Agency Code: <b>332</b>	Contractor Name: <b>EBSCO INDUSTRIES, INC.</b>
Appropriation Unit: <b>2891-12</b>	Address: <b>10 ESTES STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>IPSWICH, MA 01938</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>CONALL HALEY 800-653-2726</b>
	Vendor No.: <b>T41098000F</b>
	NV Business ID: <b>NV20011454889</b>

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

Agency Reference #: **RFP #1116**

2. Contract start date:

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

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Database Packages**

5. Purpose of contract:

**This is a new contract to provide the Core Enhanced Renewal Package of databases, which includes reference databases for secondary schools, undergraduate, and graduate-level scholarly research in key areas of academic study. Databases include comprehensive multi-disciplinary content, academic peer-reviewed journals, full text, periodicals, reports, books, and multiple academic disciplines to meet the academic needs of patrons, the public, and public K-12 schools. Additionally, this contract provides the American Bibliographic Center-CLIO package of databases, which includes reference databases and reference materials such as encyclopedias, biographies, full-text magazines and newspaper articles, primary source documents, maps and image collections, culture and country reports, science experiments, and almanacs to meet the academic needs of public K-12 schools.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$822,450.00**

Other basis for payment: \$312,000 per year with the first year payment of \$312,000 to be made upon approval of the contract, submission of an invoice and approval of the Administrator. The second year and final payment of \$312,000 to be made upon submission of an invoice and approval of the Administrator. The ABC-CLIO package at a cost of \$99,225 per year with the first year payment of \$99,225 to be made upon approval of the contract, submission of an invoice and approval of the Administrator. The second year and final payment of \$99,225 to be made upon submission of an invoice and approval of the Administrator.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

It is in the best interest of the state to continue to provide its citizens and students statewide access via libraries and the internet.

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

The state does not have licensed databases

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor received the top scores by the evaluation committee.

d. Last bid date: 02/12/2015 Anticipated re-bid date: 02/01/2019

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

7/1/13-6/30/15 - Nevada State Library and Archives - satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	04/16/2015 15:04:27 PM
Division Approval	csweeney	04/16/2015 15:04:30 PM
Department Approval	csweeney	04/16/2015 15:04:34 PM
Contract Manager Approval	csweeney	04/16/2015 15:04:37 PM
Budget Analyst Approval	sewart	05/05/2015 10:36:02 AM
BOE Agenda Approval	jborrowm	05/12/2015 11:32:36 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16583**

Agency Name: <b>ADMIN - NEVADA STATE LIBRARY AND ARCHIVES</b>	Legal Entity Name: <b>LEARNINGEXPRESS, LLC</b>
Agency Code: <b>332</b>	Contractor Name: <b>LEARNINGEXPRESS, LLC</b>
Appropriation Unit: <b>2891-12</b>	Address: <b>80 BROAD ST FL 4</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NEW YORK, NY 10004-2258</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KHEIL MCINTYRE 646/274-6439</b>
	Vendor No.: <b>T27028286</b>
	NV Business ID: <b>NV20111464092</b>

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

Agency Reference #: **RFP #1116**

2. Contract start date:

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

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Database Packages**

5. Purpose of contract:

**This is a new contract to provide the Library Computer Skills Center database package, which contains multimedia tutorials for learning the fundamentals of computers, the Internet, popular software applications, electronic reference books, and academic and career related resources to meet the academic needs of patrons, the public, and public K-12 schools.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$216,000.00**

Other basis for payment: \$108,000 per year with the first year payment of \$108,000 to be made upon approval of the contract, submission of an invoice and approval of the Administrator. The second year and final payment of \$108,000 to be made upon submission of an invoice and approval of the Administrator

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This was originally requested and approved by the State Commission of Technology in Education. It is in the best interests of the state to continue to provide its citizens and students statewide access via libraries and the internet.**

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

**The state does not have licensed databases.**

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor best met the libraries' needs.

d. Last bid date: 02/12/2015 Anticipated re-bid date: 02/01/2019

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2011-2015, Nevada State Library & Archives, satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	04/16/2015 15:09:13 PM
Division Approval	csweeney	04/16/2015 15:09:16 PM
Department Approval	csweeney	04/16/2015 15:09:19 PM
Contract Manager Approval	csweeney	04/16/2015 15:09:21 PM
Budget Analyst Approval	sewart	05/05/2015 11:59:25 AM
BOE Agenda Approval	jborrowm	05/07/2015 10:48:23 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **16598**

Agency Name:	<b>ADMIN - NEVADA STATE LIBRARY AND ARCHIVES</b>	Legal Entity Name:	WORLD BOOK, INC.
Agency Code:	<b>332</b>	Contractor Name:	<b>WORLD BOOK, INC.</b>
Appropriation Unit:	<b>2891-28</b>	Address:	<b>233 N MICHIGAN AVE STE 2000</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CHICAGO, IL 60601-5805</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null800/975-3250
		Vendor No.:	T81036850
		NV Business ID:	NV2013110514
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2017</b>		

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

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

Agency Reference #: RFP #1116

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **K-12 Encyclopedias**

5. Purpose of contract:

**This is a new contract to provide Advanced Reference Suite (includes World Book Kids, World Book Student, World Book Advanced, and Enciclopedia Estudiantil Hallazgos), Early World of Learning, and Dramatic Learning to meet the academic needs of patrons, the public, and public K-12 schools.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$186,920.00**

Payment for services will be made at the rate of \$93,460.00 per year

**II. JUSTIFICATION**

7. What conditions require that this work be done?

It is in the best interest of the state to continue to provide its citizens and students access via libraries and the internet

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

The state does not have licensed databases

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**



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

This vendor received the top scores by an evaluation committee

d. Last bid date: 02/12/2015 Anticipated re-bid date: 02/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

FY2014-2015 - NSLA - satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	04/27/2015 07:29:56 AM
Division Approval	csweeney	04/27/2015 07:30:00 AM
Department Approval	csweeney	04/27/2015 07:30:03 AM
Contract Manager Approval	csweeney	04/27/2015 07:30:08 AM
Budget Analyst Approval	sewart	05/05/2015 10:54:50 AM
BOE Agenda Approval	jborrowm	05/07/2015 10:54:30 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>15814</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE</b>	Legal Entity Name: <b>PROBLEM GAMBLING SOLUTIONS</b>
Agency Code: <b>400</b>	Contractor Name: <b>PROBLEM GAMBLING SOLUTIONS</b>
Appropriation Unit: <b>3200-19</b>	Address: <b>1602 S.W. WESTWOOD DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PORTLAND, OR 97239</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DR. JEFF MAROTTA 503-706-1197</b>
	Vendor No.: <b>T27018160</b>
	NV Business ID: <b>NV2010605733</b>

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 %	<b>X</b> Other funding	<b>100.00 % SLOT TAX</b>

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides continued technical assistance to the Prevention of Problem Gambling grantees, Grants Management Unit, Advisory Committee on Problem Gambling (ACPG), and to the ACPG groups. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$41,000 to \$82,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$41,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$41,000.00
4. New maximum contract amount:	\$82,000.00
and/or the termination date of the original contract has changed to:	06/30/2016

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor led an effort in FY11 to develop a Strategic Treatment Plan and establish a fee-for-service payment system for grants supported by the Revolving Account for Problem Gambling. Both projects were implemented July 1, 2011, and have increased the overall cost-effectiveness of efforts to address problem gambling behaviors in Nevada. The contractor will continue to work closely with DHHS and grantees in FY16 to ensure that the plan and payment system are successfully integrated into program activities and that the plan objectives are rolled out as intended. In addition, the contractor will oversee the reintroduction and revision of the Prevention Strategic Plan that he was instrumental in developing in 2009. This plan was put on hold during Problem Gambling funding reductions from FY11 through FY13.

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

There are no state employees with the expertise necessary for this work.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor who was able to provide a response. The other vendors indicated their inability to provide a proposal or did not provide a response at all.

d. Last bid date: 04/21/2014 Anticipated re-bid date: 02/03/2015

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?

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

This contractor currently has a contract with the Department of Health and Human Services Grants Management Unit and the work is satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	04/13/2015 10:20:39 AM
Division Approval	bvale1	04/17/2015 11:44:55 AM
Department Approval	ecreceli	04/21/2015 10:33:09 AM

Contract Manager Approval	bvale1	04/21/2015 12:06:52 PM
Budget Analyst Approval	nhovden	05/05/2015 09:56:46 AM
BOE Agenda Approval	nhovden	05/05/2015 09:56:51 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16630**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>BOARD OF REGENTS-UNR</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>BOARD OF REGENTS-UNR</b>
Appropriation Unit:	<b>3167-04</b>	Address:	<b>UNR CONTROLLERS OFFICE MAIL STOP 0124</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557-0124</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null775/784-1233
		Vendor No.:	D35000816
		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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

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: **RRC Clinical Extern**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing services with the Psychology Department to provide one Clinical Psychology Extern to perform counseling and evaluations for people served under the supervision of Rural Regional Center licensed psychologists.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,108.00**

Payment for services will be made at the rate of \$29,554.00 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers. This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists.

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

Rural Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

There appears to be no overhead applied to this contract.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2013-2015, ADSD, 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: 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	jkucera	04/23/2015 09:28:50 AM
Division Approval	tmyler	04/28/2015 09:53:49 AM
Department Approval	ecreceli	05/04/2015 10:51:52 AM
Contract Manager Approval	jpruneau	05/06/2015 12:45:32 PM
Budget Analyst Approval	knielsen	05/12/2015 10:22:00 AM
BOE Agenda Approval	nhovden	05/14/2015 10:47:00 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14873</b>	Amendment Number: <b>2</b>
Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>BOARD OF REGENTS-UNLV</b>
Agency Code: <b>402</b>	Contractor Name: <b>BOARD OF REGENTS-UNLV</b>
Appropriation Unit: <b>3266-16</b>	Address: <b>UNLV OFFICE OF CONTROLLER 4505 MARYLAND PKWY MS 1005</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89154-1005</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Shannon Crozier, Ph.D., BCBA-D 702/895-1142</b>
	Vendor No.: <b>D35000813</b>
	NV Business ID: <b>Governmental Entity</b>

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	<b>64.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>15.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>21.00 % Healthy Nevada Funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/03/2013**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2015**

Contract term: **3 years and 209 days**

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

Contract description: **Autism Disorders**

5. Purpose of contract:

**This is the second amendment to the original interlocal agreement, which continues to provide psychological assessments and evaluations of clients referred through the Autism Treatment Assistance Program. This is a Post-Doctoral Fellowship at the University of Nevada, Las Vegas Center for Autism Spectrum Disorders. This amendment extends the termination date from August 31, 2015 to June 30, 2017 and increases the maximum amount from \$160,959.96 to \$341,583.48 due to the continued need for these services and a revised scope of work for fiscal years 2015-2017.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$91,977.12
2. Total amount of any previous contract amendments:	\$68,982.84
3. Amount of current contract amendment:	\$180,623.52
4. New maximum contract amount:	\$341,583.48
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?

These assessments are required per NRS 427A.875 for the Autism Treatment Assistance Program and services are being provided by the University of Las Vegas (UNLV).

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

Intrastate Interlocal contract between public entities.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Not chosen in preference to others. This is an Intrastate Interlocal contract between public entities.

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

Intrastate Interlocal contract with the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas, Center for Autism Spectrum Disorders.

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 Intrastate Interlocal contract with BOR-UNLV.

13. Is the contractor currently involved in litigation with the State 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	lgoulart	04/27/2015 13:32:44 PM
Division Approval	lgoulart	04/27/2015 13:32:50 PM
Department Approval	ecreceli	05/04/2015 10:33:34 AM
Contract Manager Approval	jpruneau	05/06/2015 12:46:33 PM
Budget Analyst Approval	knielsen	05/13/2015 14:38:07 PM
BOE Agenda Approval	jburry	05/18/2015 15:35:52 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: **16533**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b> Agency Code: <b>402</b> Appropriation Unit: <b>3279-04</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>BOARD OF REGENTS-UNIVERSITY OF NEVADA SCHOOL OF MEDICINE</b> Contractor Name: <b>BOARD OF REGENTS-UNIVERSITY OF NEVADA SCHOOL OF MEDICINE</b> Address: <b>MEDICAL ASSOCIATES</b> <b>1701 W. CHARLESTON BLVD. #110</b> City/State/Zip: <b>LAS VEGAS, NV 89102</b> Contact/Phone: <b>BARBARA BELL 702-671-2211</b> Vendor No.: <b>T32000073F</b> NV Business ID: <b>NV19941111041</b>
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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.

<input checked="" type="checkbox"/> General Funds	<b>50.20 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>49.80 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

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: **Medical Director**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing medical director services at the Desert Regional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,060.00**

Other basis for payment: Monthly upon invoice per contract.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Per the code of Federal Regulations Title 42, Chapter 4, Part 483.40 Physician Services: A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician.

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

This is an Interlocal Contract, as such; it is an agreement with another State agency as authorized by NRS 277.080 of the Interlocal Cooperation Act.

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

Not applicable.

No indirect cost added.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

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

**No**

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

**No**

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

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

Not Applicable

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

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

FY03-present. DRC, the service has been verified as satisfactory.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dhanse6	04/08/2015 13:52:16 PM
Division Approval	tmyler	04/09/2015 10:33:46 AM
Department Approval	ecreceli	04/15/2015 16:54:59 PM
Contract Manager Approval	dhanse6	04/16/2015 13:05:17 PM
Budget Analyst Approval	knielsen	04/17/2015 11:38:40 AM
BOE Agenda Approval	nhovden	05/05/2015 10:08:53 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: **16629**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>BOARD OF REGENTS-UNR</b>
Agency Code: <b>402</b>	Contractor Name: <b>BOARD OF REGENTS-UNR</b>
Appropriation Unit: <b>3280-04</b>	Address: <b>UNR CONTROLLERS OFFICE MAIL STOP 0124</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89557-0124</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/784-1233</b>
	Vendor No.: <b>D35000816</b>
	NV Business ID: <b>Governmental Entity</b>

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2015

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: **SRC Clinical Extern**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing services with the Psychology Department to provide one Clinical Psychology Extern to perform counseling and evaluations for people served under the supervision of Sierra Regional Center licensed psychologists.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$53,856.00**

Payment for services will be made at the rate of \$26,928.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers. This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists.

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

Sierra Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

No overhead has been added.

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:

2013-2015, ADSD, services were satisfactory

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

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

Not Applicable

14. The contractor is 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	jkucera	04/23/2015 09:28:58 AM
Division Approval	tmyler	04/28/2015 09:54:07 AM
Department Approval	ecreceli	05/04/2015 10:47:19 AM
Contract Manager Approval	jpruneau	05/06/2015 12:45:00 PM
Budget Analyst Approval	knielsen	05/12/2015 10:38:55 AM
BOE Agenda Approval	nhovden	05/14/2015 10:53:41 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16628**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>BOARD OF REGENTS-UNR</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>BOARD OF REGENTS-UNR</b>
Appropriation Unit:	<b>3280-04</b>	Address:	<b>UNR CONTROLLERS OFFICE MAIL STOP 0124</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557-0124</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null775/784-1233
		Vendor No.:	D35000816
		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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**  
Anticipated BOE meeting date 06/2015

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: **SRC Behav. Extern**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing services with the Psychology Department to provide one Behavior Analysis Psychology Extern to perform behavioral analysis and evaluations for people served under the supervision of Sierra Regional Center licensed psychologists.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$53,856.00**

Payment for services will be made at the rate of \$26,928.00 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers. This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists.

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

Sierra Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

No overhead has been added.

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:

2013-2015, ADSD, 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: 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	jkucera	04/23/2015 09:29:09 AM
Division Approval	tmyler	04/28/2015 09:53:34 AM
Department Approval	ecreceli	05/04/2015 10:40:41 AM
Contract Manager Approval	jpruneau	05/06/2015 12:44:37 PM
Budget Analyst Approval	knielsen	05/12/2015 10:38:36 AM
BOE Agenda Approval	nhovden	05/14/2015 10:50:08 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: **15307** Amendment Number: **1**  
 Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Aithent, Inc.**  
 Agency Code: **406** Contractor Name: **Aithent, Inc.**  
 Appropriation Unit: **3216-19** Address: **19 Fulton St. Ste. 408**  
 Is budget authority available?: **Yes** City/State/Zip: **New York, NY 10038-2123**  
 If "No" please explain: **Not Applicable** Contact/Phone: **ayu@aithent.com 212-725-7646**  
 Vendor No.: **T32002745**  
 NV Business ID: **NV20141059063**  
 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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Public Utilities Commission Surcharge</b>

Agency Reference #: 14294

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2014**  
 Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2018**  
 Contract term: **4 years and 21 days**

4. Type of contract: **Contract**  
 Contract description: **One-Stop System**

5. Purpose of contract:  
**This is the first amendment to the original contract, which provides ongoing implementation of a comprehensive, web-based licensing (licensing, permitting, registration, certification) and regulatory system (inspections and complaints) for health facilities, clinical laboratories, child care facilities, food handling establishments, dietitians, music therapists, emergency medical services, medical marijuana establishments and users, and other entities within the division. This amendment increases the maximum amount from \$1,279,000 to \$1,459,000 due to the addition of the Division of Aging and Disability Services' Interpreter and Communication Access Real-time Translation Registry.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$1,279,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$180,000.00
4. New maximum contract amount:	\$1,459,000.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Current, manual licensing system does not meet the new law which requires the Division to make available the ability for individuals to submit forms electronically in a secure manner. Antiquated manual systems lead to inefficiencies, poor customer service, back log in work and inefficient revenue collection. The goal of the Health Division is to create a single-point of licensing access for Health Facilities, Clinical Laboratories, Child Care Facilities, Food Handling Establishments, Dietitians, Music Therapists, Emergency Medical Services (EMS) and other entities within the Health Division.

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

State employees lack the expertise and resources to perform the work.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3079, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date: 09/01/2017

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

From 3/11/2014 to present with the original contract - 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 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	chadwic1	04/28/2015 10:07:06 AM
Division Approval	chadwic1	04/28/2015 10:07:09 AM
Department Approval	ecreceli	05/04/2015 15:06:58 PM
Contract Manager Approval	rmorse	05/05/2015 16:02:38 PM
DoIT Approval	bbohm	05/06/2015 09:19:30 AM



Budget Analyst Approval  
BOE Agenda Approval

bberry  
nhovden

05/12/2015 10:53:34 AM  
05/14/2015 16:06:13 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **15773** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **BOARD OF REGENTS-UNR**

Agency Code: **406** Contractor Name: **BOARD OF REGENTS-UNR**

Appropriation Unit: **3222-18** Address: **EARLY HEAD START PROGRAM  
MAIL STOP 0392**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89557-0392**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/684-6840**

Vendor No.: **D35000816**

NV Business ID: **Governmental Entity**

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

Agency Reference #: **C 14414**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/30/2015**Contract term: **3 years and 85 days**4. Type of contract: **Interlocal Agreement**Contract description: **Home Visiting Svcs.**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement, which provides ongoing evidence-based home visiting services into rural at-risk communities based on the Nurse Family Partnership Model Overview, which targets low income families with pregnant women and children up to two years old, to promote maternal, infant and early childhood health and safety as well as develop strong parent-child relationships. This amendment extends the termination date from June 30, 2015 to September 30, 2017 and increases the maximum amount from \$189,797 to \$616,856 due to the continued need for these services.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$189,797.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$427,059.00
4. New maximum contract amount:	\$616,856.00
and/or the termination date of the original contract has changed to:	09/30/2017

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Federal Grant mandates the promotion of maternal, infant and early childhood health, and safety, as well as building upon existing State infrastructure with regard to existing home visiting programs currently being conducted throughout the State.**

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

This work is being performed by State employees.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

The vendor was not chosen in preference to the others. All solicited vendors are receiving contracts to perform the services required by the Federal grant in their respective regions.

Indirect Rate is 10%.

d. Last bid date: 03/01/2014 Anticipated re-bid date: 03/01/2015

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DPBH; 2004-Present; 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	05/01/2015 11:52:05 AM
Division Approval	alaw1	05/01/2015 11:52:22 AM
Department Approval	ecreceli	05/06/2015 11:53:52 AM
Contract Manager Approval	rmorse	05/06/2015 15:42:12 PM
Budget Analyst Approval	bberry	05/11/2015 11:19:32 AM
BOE Agenda Approval	nhovden	05/13/2015 13:49:22 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: <b>15684</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>SOUTHERN NEVADA HEALTH DISTRICT</b>
Agency Code: <b>406</b>	Contractor Name: <b>SOUTHERN NEVADA HEALTH DISTRICT</b>
Appropriation Unit: <b>3222-18</b>	Address: <b>330 S VALLEY VIEW BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89107-4361</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null702/759-1649</b>
	Vendor No.: <b>T27001231</b>
	NV Business ID: <b>E0477592006-4</b>

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

Agency Reference #: **C 14325**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 85 days**

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

Contract description: **Home Visiting Svcs**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement, which provides ongoing evidence-based home visiting services into rural at-risk communities based on the Nurse Family Partnership Model Overview, which targets low income families with pregnant women and children up to two years old, to promote maternal, infant and early childhood health and safety as well as develop strong parent-child relationships. This amendment extends the termination date from June 30, 2015 to September 30, 2017 and increases the maximum amount from \$387,713 to \$1,261,056 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$387,713.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$873,343.00
4. New maximum contract amount:	\$1,261,056.00
and/or the termination date of the original contract has changed to:	09/30/2017

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Federal Grant mandates the promotion of maternal, infant and early childhood health, and safety, as well as building upon existing State infrastructure with regard to existing home visiting programs currently being conducted throughout the State.

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

The Division of Public and Behavioral Health does not have the resources to perform this function.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

The vendor was not chosen in preference to the others. All solicited vendors are receiving contracts to perform the services required by the Federal grant in their respective regions.

d. Last bid date: 03/01/2014 Anticipated re-bid date: 03/01/2015

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DPBH; 2004-Present; 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	05/01/2015 11:54:13 AM
Division Approval	alaw1	05/01/2015 11:54:15 AM
Department Approval	ecreceli	05/06/2015 16:24:35 PM
Contract Manager Approval	rmorse	05/07/2015 09:09:30 AM
Budget Analyst Approval	bberry	05/11/2015 09:57:40 AM
BOE Agenda Approval	nhovden	05/13/2015 13:32:15 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>15618</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>SUNRISE CHILDREN'S FOUNDATION</b>
Agency Code: <b>406</b>	Contractor Name: <b>SUNRISE CHILDREN'S FOUNDATION</b>
Appropriation Unit: <b>3222-18</b>	Address: <b>2795 E DESERT INN RD STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89121-3635</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null702/731-8373</b>
	Vendor No.: <b>T80978244</b>
	NV Business ID: <b>NV19931063050</b>

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

Agency Reference #: **C 14421**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/12/2014**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 111 days**

4. Type of contract: **Contract**

Contract description: **Home Visiting Svcs**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides ongoing evidence-based home visiting services into rural at-risk communities based on the Nurse Family Partnership Model Overview, which targets low income families with pregnant women and children up to two years old, to promote maternal, infant and early childhood health and safety as well as develop strong parent-child relationships. This amendment extends the termination date from June 30, 2015 to September 30, 2017 and increases the maximum amount from \$294,060 to \$955,695 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$294,060.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$661,635.00
4. New maximum contract amount:	\$955,695.00
and/or the termination date of the original contract has changed to:	09/30/2017

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Federal Grant mandates the promotion of maternal, infant and early childhood health and safety as well as building up on existing State infrastructure with regard to existing home visiting programs currently being conducted throughout the State

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 and expertise to perform this function

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was not chosen in preference to others. All vendors solicited received a contract

d. Last bid date: 03/01/2014 Anticipated re-bid date: 03/01/2015

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada DPBH; Nevada Home Visiting; 2012-Present; 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	04/30/2015 16:06:29 PM
Division Approval	alaw1	04/30/2015 16:06:33 PM
Department Approval	ecreceli	05/06/2015 11:51:36 AM
Contract Manager Approval	rmorse	05/06/2015 15:41:26 PM
Budget Analyst Approval	bberry	05/11/2015 09:31:24 AM
BOE Agenda Approval	nhovden	05/13/2015 11:40:17 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: **14825** Amendment Number: **1**  
 Agency Name: **HEALTH DIVISION** Legal Entity Name: **CHURCHILL COUNTY**  
 Agency Code: **406** Contractor Name: **CHURCHILL COUNTY**  
 Appropriation Unit: **3224-00** Address: **155 N TAYLOR ST 182**  
 Is budget authority available?: **Yes** City/State/Zip: **FALLON, NV 89406**  
 If "No" please explain: Not Applicable Contact/Phone: null775-423-4092  
 Vendor No.: T81018856  
 NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: HD 14001

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**  
 Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**  
 Contract term: **3 years**

4. Type of contract: **Revenue Contract**  
 Contract description: **Family Health**

5. Purpose of contract:  
**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$235,328 to \$352,992 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

1. The maximum amount of the original contract:	\$235,328.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$117,664.00
4. New maximum contract amount:	\$352,992.00
and/or the termination date of the original contract has changed to:	06/30/2016

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
The Nevada State Health Division, Public Health and Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
State employees are providing these services to 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?

No If "Yes", specify 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	alaw1	04/23/2015 15:21:33 PM
Division Approval	alaw1	04/23/2015 15:21:35 PM
Department Approval	ecreceli	04/24/2015 16:04:30 PM
Contract Manager Approval	rmorse	05/06/2015 15:54:31 PM
Budget Analyst Approval	bberry	05/13/2015 09:46:44 AM
BOE Agenda Approval	nhovden	05/14/2015 11:12:55 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: <b>14477</b>	Amendment Number: <b>1</b>
Agency Name: <b>HEALTH DIVISION</b>	Legal Entity Name: <b>HUMBOLDT COUNTY</b>
Agency Code: <b>406</b>	Contractor Name: <b>HUMBOLDT COUNTY</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>HUMBOLDT COUNTY TREASURER 50 W 5TH ST RM 203</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WINNEMUCCA, NV 89445</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/623-6444</b>
	Vendor No.: <b>T40139500</b>
	NV Business ID: <b>Government Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: **HD 14005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years**

4. Type of contract: **Revenue Contract**

Contract description: **Family Health**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$231,898 to \$347,847 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

1. The maximum amount of the original contract:	\$231,898.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$115,949.00
4. New maximum contract amount:	\$347,847.00
and/or the termination date of the original contract has changed to:	06/30/2016

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada State Health Division, Public Health and Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing these services to 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?

No If "Yes", specify 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	alaw1	04/23/2015 15:26:38 PM
Division Approval	alaw1	04/23/2015 15:26:40 PM
Department Approval	ecreceli	04/24/2015 16:11:35 PM
Contract Manager Approval	rmorse	05/06/2015 15:55:53 PM
Budget Analyst Approval	bberry	05/08/2015 11:14:01 AM
BOE Agenda Approval	jburry	05/18/2015 15:36:29 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14546</b>	Amendment Number: <b>1</b>
Agency Name: <b>HEALTH DIVISION</b>	Legal Entity Name: <b>LYON COUNTY</b>
Agency Code: <b>406</b>	Contractor Name: <b>LYON COUNTY</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>LYON COUNTY TREASURER 27 S MAIN ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>YERINGTON, NV 89447</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/463-6501</b>
	Vendor No.: <b>T40156600</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: **HD 14009**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years**

4. Type of contract: **Revenue Contract**

Contract description: **Family Health**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$282,282 to \$423,423 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$282,282.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$141,141.00
4. New maximum contract amount:	\$423,423.00
and/or the termination date of the original contract has changed to:	06/30/2016

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Health Division, Public Health and Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing these services to 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?

No If "Yes", specify 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	alaw1	04/23/2015 15:37:46 PM
Division Approval	alaw1	04/23/2015 15:37:48 PM
Department Approval	ecreceli	04/24/2015 16:18:13 PM
Contract Manager Approval	rmorse	04/29/2015 16:04:39 PM
Budget Analyst Approval	bberry	05/08/2015 10:06:22 AM
BOE Agenda Approval	nhovden	05/14/2015 10:37:33 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>14544</b>	Amendment Number: <b>1</b>
Agency Name: <b>HEALTH DIVISION</b>	Legal Entity Name: <b>NYE COUNTY</b>
Agency Code: <b>406</b>	Contractor Name: <b>NYE COUNTY</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>NYE COUNTY CLERK PO BOX 1031</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>TONOPAH, NV 89049</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775-482-8127</b>
	Vendor No.: <b>T80044560T</b>
	NV Business ID: <b>Government Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: **HD 14011**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years**

4. Type of contract: **Revenue Contract**

Contract description: **Family Health**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$245,398 to \$368,097 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

1. The maximum amount of the original contract:	\$245,398.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$122,699.00
4. New maximum contract amount:	\$368,097.00
and/or the termination date of the original contract has changed to:	06/30/2016

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada State Health Division, Public Health and Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing these services to 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?

No If "Yes", specify 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	alaw1	04/23/2015 15:44:07 PM
Division Approval	alaw1	04/23/2015 15:44:10 PM
Department Approval	ecreceli	04/24/2015 16:31:51 PM
Contract Manager Approval	rmorse	04/29/2015 15:22:51 PM
Budget Analyst Approval	bberry	05/08/2015 11:20:31 AM
BOE Agenda Approval	nhovden	05/14/2015 11:32:30 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: **16056** Amendment Number: **1**  
 Legal Entity Name: **PERSHING COUNTY**  
 Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Contractor Name: **PERSHING COUNTY**  
 Agency Code: **406** Address: **PERSHING COUNTY LEPC DRAWER E**  
 Appropriation Unit: **3224-00** City/State/Zip: **LOVELOCK, NV 89419**  
 Is budget authority available?: **Yes** Contact/Phone: **null775/273-2423**  
 If "No" please explain: **Not Applicable** Vendor No.: **T81041592D**  
 NV Business ID: **Government Entity**  
 To what State Fiscal Year(s) will the contract be charged? **2014-2016**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **C 14012**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**  
 Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**  
 Contract term: **3 years**

4. Type of contract: **Revenue Contract**  
 Contract description: **Health Assessment**

5. Purpose of contract:  
**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$35,834 to \$53,751 due to one year term extension.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$35,834.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$17,917.00
4. New maximum contract amount:	\$53,751.00
and/or the termination date of the original contract has changed to:	06/30/2016

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
 Legislative action, changes to chapter 439 of the Nevada Revised Statutes (NRS) approved as Senate Bill 471, requires that each county pay an assessment to the Health Division for the costs of services provided in that county by the Health Division.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
 This is an assessment for work performed by State employees.



9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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	alaw1	04/23/2015 15:42:56 PM
Division Approval	alaw1	04/23/2015 15:42:58 PM
Department Approval	ecreceli	04/24/2015 16:21:35 PM
Contract Manager Approval	rmorse	05/06/2015 15:56:35 PM
Budget Analyst Approval	bberry	05/11/2015 10:12:14 AM
BOE Agenda Approval	nhovden	05/13/2015 13:38:20 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **16615**

Agency Name:	<b>DHHS - WELFARE AND SUPPORT SERVICES</b>	Legal Entity Name:	<b>CHASE GLOBAL SERVICES</b>
Agency Code:	<b>407</b>	Contractor Name:	<b>CHASE GLOBAL SERVICES</b>
Appropriation Unit:	<b>3238-26</b>	Address:	<b>321 CHENEY ST</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89502</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Robert Malmrose 775-287-9120
		Vendor No.:	PUR0005482
		NV Business ID:	Nv20031499292

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>66.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % State Share of Collections</b>

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2021**Contract term: **6 years and 1 day**4. Type of contract: **Contract**Contract description: **CSEP Data Warehouse**

5. Purpose of contract:

**This is a new contract, which continues ongoing maintenance and operations services, including staff and equipment, to support the Child Support Enforcement Decision Support System.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,876,027.00**

Other basis for payment: Actual per Invoice

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Ad hoc reports are needed by field staff to manage caseloads so that federal performance measures are met or exceeded.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to do this type of work.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 150402**

**Approval Date: 04/16/2015**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory service.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	04/22/2015 09:47:54 AM
Division Approval	tdufresn	04/28/2015 13:52:27 PM
Department Approval	ecreceli	05/04/2015 15:36:48 PM
Contract Manager Approval	sjon23	05/05/2015 09:59:52 AM
DoIT Approval	bbohm	05/06/2015 07:17:27 AM
Budget Analyst Approval	bberry	05/07/2015 11:51:20 AM
BOE Agenda Approval	nhovden	05/08/2015 12:47:20 PM
BOE Final Approval	Pending	



<b>Purchasing Use Only:</b>	
Approval#:	150402

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM "REVISED"

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b> <i>Division of Welfare &amp; Supportive Services (DWSS)</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Louise Bush, Chief</i>	<i>(775) 684-0705</i>	<i>lbush@dwss.nv.gov</i>

<b>Vendor Information:</b>	
<b>1b</b>	Identify Vendor: <i>Chase Global Services (CGS)</i>
	Contact Name: <i>Robert Malmrose</i>
	Address: <i>321 Cheney Street, Reno, NV 89502</i>
	Telephone Number: <i>(775) 287-9120</i>
	Email Address: <i>robert.malmrose@chaseglobalservices.com</i>

<b>Type of Waiver Requested – Check the appropriate type:</b>	
<b>1c</b>	Sole or Single Source: <input type="checkbox"/>
	Professional Service Exemption: <input checked="" type="checkbox"/>

<b>Contract Information:</b>					
<b>1d</b>	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Amendment:	#			
	CETS:	#			

<b>Term:</b>					
<b>1e</b>	One (1) Time Purchase: <input type="checkbox"/>				
	Contract:	Start Date:	<i>July 1, 2015</i>	End Date:	<i>June 30, 2021</i>

<b>Funding:</b>	
<b>1f</b>	State Appropriated: <input type="checkbox"/>
	Federal Funds: <i>66%</i>
	Grant Funds: <input type="checkbox"/>
	Other (Explain): <i>34% State Share of Collections (BA 3238)</i>

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$3,876,027</i>

**Provide a description of work/services to be performed or commodity/good to be purchased:**

*This request is for Chase Global Services (CGS) to provide the ongoing Maintenance and Operation (M&O) of the Child Support Enforcement Decision Support System (CSEDSS). Included in the CSEDSS reside the Data Warehouse, Federal Reporting, Management Reporting, Operational Reporting, Dashboards, Help Desk Support, and Computer Based Training.*

*A complete M&O plan for the data warehouse is necessary for the CSEDSS project to continue operating at the most basic level. The data, and the quality of the data, loaded into the data warehouse is determined in large part by the Extract, Transform and Load (ETL) processes that load the Data Warehouse. By maintaining these processes, you are essentially maintaining the Data Warehouse itself. Tasks associated with maintaining a Data Warehouse are administering ETL and day-to-day processes; data cleanup; performance tuning; security administration; backing up the data warehouse. The ad hoc reporting environment and all of its components will be covered by the CGS M&O agreement.*

*The complete M&O plan includes:*

- *Project Management to effectively manage scope, allocate resources, ensure user needs are satisfied, and maintain client relationships.*
- *Business Analysts with expert knowledge of Child Support Enforcement (CSE) program, the CSE automated system known as NOMADS, and the CSEDSS Data Warehouse to determine how changes will be implemented.*
- *DBA to change/modify table structures within the data warehouse as changes are made to the source database, and identified as necessary by the Business Analysts. CGS will provide the scripts to DWSS' DBA's for all changes to the Data Warehouse.*
- *ETL Developer to modify/enhance the ETL process as changes are made to the source database and further identified as necessary by the Business Analysts. Make performance tuning enhancements to minimize impact of daily incremental loading of source data into the data warehouse as well as to improve front end response time.*
- *Data Analyst to proactively identify new ideas for reports based on Nevada's business model; federal performance measures; best practices from CSE offices around the country; working with data trend analysis as well as the users to determine the best methods for resolving current issues and preventing future issues.*
- *Front End Business Object Developers to implement changes to existing reports and universes as well as for the development of new reports and ad hoc capabilities as identified as necessary or beneficial by either a CGS Business Analysts or for those requested by the State or individual offices.*
- *Provide Help Desk Support to answer questions and provide user support so the end users can receive maximum benefit from the CSEDSS.*
- *Computer Based Training (CBT) will be provided to increase the overall knowledge, with training modules developed for all levels of usage from entry level to complex, with the ability to be executed and re-executed at the convenience and need of the individual user.*
- *Reports will be created and/or maintained:*

2

- *Maintenance of all existing reports, including the OCSE 157, OCSE 34A, and the OCSE 396 Reports*
- *Creation of daily or on-demand federal reports including the OCSE 157, OCSE 34A, and the OCSE 396*
- *Continued transition from batch reports and reports generated through NOMADS to Reports available through a single point of access, Business Objects InfoView*
- *Creation of the Interstate Case Reconciliation (ICR) report and automated processing*
- *Any and all additional reports requested by the state/county child support offices with prior approval by the DWSS IV-D Director.*
- *Best Practice Report Implementation to ensure that all reporting developed remains of current value with focus on the top issues that require the most immediate and satisfactory solutions.*
- *Dashboards*
  - *Maintenance of all existing dashboards*
  - *Creation of additional dashboards as deemed necessary by both DWSS, the County Offices, and CGS, with prior approval by the DWSS IV-D Director.*

**Long Term Plan:**

*The Child Support Enforcement (CSE) program is undergoing a business process reengineering and feasibility study for a system replacement. The CSEDSS will be transferred into the new system. Upon completion of the feasibility study and approval from the federal Office of Child Support Enforcement (OCSE), the DWSS will be requesting budget approval for the system replacement in the 2017 legislative session.*

*The projected timeline for the system replacement is as follows:*

- *November 2015 – Complete Business Process Reengineering*
- *April 2016 – Complete Feasibility Study and submit for OCSE approval*
- *June 2016 – Receive OCSE approval for feasibility study*
- *July 2016 – Submit draft requests for proposals (RFP) for Project Manager, IV&V vendor and System vendor to OCSE for prior approval*
- *August/September 2016 – Submit RFPs to State Purchasing for approval*
- *October 2016 – Publish RFPs*
- *January – March 2017 – Select vendors and negotiate terms of contract*
- *April – June 2017 – Finalize contracts and present to BOE contingent upon legislative budget approval.*
- *July 2017 – Begin system implementation project.*
- *July 2017 – June 2021 – System development and implementation*
- *July 2021 – June 2023 – System warranty period*

***NOTE: The purpose of requesting a 6-year contract with an option to renew an additional two years, if needed, is to provide M&O for the CSEDSS through the new system development, implementation and warranty period.***

	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
3	<p><i>CGS has the institutional knowledge of the CSE program, DWSS system requirements and the CSEDDS, which CGS developed and has been maintained from inception.</i></p> <p><i>DWSS staff spent many hours with CGS personnel explaining databases, software applications and operating environments to facilitate CGS' understanding of the DWSS system requirements and environments. Due to the limited DWSS resources to train another vendor or provide M&amp;O for the CSEDDS, the DWSS respectfully requests CGS be afforded a professional services exemption for the M&amp;O of the CSEDDS.</i></p>

	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
4	<p><i>While it is believed another vendor could provide the service, it would be a significant deterrent to DWSS. Selecting another vendor would require dedication of IS and CSE personnel resources to train a new vendor on the complexities of the CSE case management system and federal program requirements. DWSS does not have the personnel resources to dedicate to training a new vendor, if selected through the RFP process.</i></p> <p><i>CGS has been engaged in this capacity for the five years during which time they developed institutional knowledge of the CSE system, applications and program that would be very difficult, and cost prohibitive, to replace.</i></p>

	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
5	<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>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<p><i>CGS has institutional knowledge of the CSE program, system requirements and applications that would be very difficult, and cost prohibitive, to replace. Hundreds of hours of training would be required of our existing IS and CSE staff to retrain a new vendor and bring them up to speed on information which CGS is already intimately familiar with. A significant impact to DWSS would be experienced due to limited IS resources.</i></p>				

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				

Term Start and End Dates		Value	Short Description	Type of Procurement (RFP, RFQ, Waiver)
12/13/11	06/30/15	\$2,668,625	Decision Support System and M&O	Waiver 110703
		\$		
		\$		
		\$		
		\$		

**7** What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

*Hundreds of hours of training would be required of our existing IS and CSE staff to retrain a new vendor and bring them up to speed on information which CGS is already intimately familiar with. A significant impact to DWSS would be experienced due to limited IS resources. DWSS does not have available resources to absorb the ongoing maintenance of a data warehouse. If the data warehouse is not maintained properly due to a lack of knowledge or resource availability, it will degrade over time.*

**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?

*While there would be completion if this went to bid, as stated in #7 above, hundreds of hours of training would be required of our existing IS and CSE staff to retrain a new vendor and bring them up to speed on information which CGS is already intimately familiar with. A significant impact to DWSS would be experienced due to limited IS resources. It would be months before another vendor would be able to fully support this application.*

*This application is critical to the CSEP program for not only day to day operations, all of the federally mandated program performance based reporting is also extracted through this application, which directly impacts program funding.*

*Moving to another vendor at this point could jeopardize the performance reporting and potentially cost the program millions of dollars in incentive funding due to inaccurate reporting.*

*The price for this purchase is fair and reasonable based upon the cost of the current M&O contract plus a minimal price increase equivalent to a 1.5% inflation rate.*

**9** Will this purchase obligate the State to this vendor for future purchases? Check One.

	Yes:		No:	X
--	------	--	-----	---

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.

*Louise Bush*  
Agency Representative Initiating Request

Louise Bush  
Print Name of Agency Representative Initiating Request

4/15/15  
Date

*Steve H. Fisher*  
Signature of Agency Head Authorizing Request

4/16/15

Steve H. Fisher  
Print Name of Agency Head Authorizing Request

4/15/15  
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:

*Aug Smith*  
Administrator, Purchasing Division or Designee

4-16-15  
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: **16443**

Agency Name:	<b>DHHS - WELFARE AND SUPPORT SERVICES</b>	Legal Entity Name:	<b>RENO CARSON MESSENGER SERVICE</b>
Agency Code:	<b>407</b>	Contractor Name:	<b>RENO CARSON MESSENGER SERVICE</b>
Appropriation Unit:	<b>3238-04</b>	Address:	<b>INC 185 MARTIN ST RENO, NV 89509</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89509</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Johnno Lazetich 775/322-2424
		Vendor No.:	T60159830
		NV Business ID:	NV19931072732

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>66.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % State Share of Collections</b>

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 06/2015

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: **Service of Process**

5. Purpose of contract:

**This is a new contract that continues the ongoing service of processing of legal documents, primarily subpoenas to non-custodial parents.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

Other basis for payment: \$45 per in state referral; \$90 per out of state referral.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Per Federal Regulations, State Child Support Offices are required to serve child support enforcement documents to non-custodial parents in a timely manner. Serving these documents in a quick and efficient manner will expedite child support payments, medical benefits and other financial assistance to custodial parents and their children**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a joint effort between the Child Support Enforcement Program, local law enforcement offices and the selected vendor (Reno/Carson Messenger Services). The Child Support Program uses local law enforcement personnel when available but due to resource limitations they are not always successful. When they are unsuccessful, the Child Support Enforcement Program resorts to the private vendor to locate the non-custodial parent and serve the legal documents.**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?

Reno/Carson Messenger Service was the only vendor to submit a proposal.

d. Last bid date: 01/08/2015 Anticipated re-bid date: 01/08/2019

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:

Currently under contract with DWSS and providing satisfactory service.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	04/22/2015 11:14:27 AM
Division Approval	bvale1	04/22/2015 11:14:29 AM
Department Approval	bvale1	04/22/2015 11:14:32 AM
Contract Manager Approval	bvale1	04/22/2015 11:14:35 AM
Budget Analyst Approval	bberry	05/05/2015 08:34:45 AM
BOE Agenda Approval	nhovden	05/08/2015 12:30:42 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16659**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	RIDGEWOOD ASSOCIATES PUBLIC RELATIONS, INC.
Agency Code:	<b>409</b>	Contractor Name:	<b>RIDGEWOOD ASSOCIATES PUBLIC RELATIONS, INC.</b>
Appropriation Unit:	<b>3145-10</b>	Address:	<b>100 N. STONE AVE STE 1100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>TUCSON, AZ 85701</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null502/318-0828
		Vendor No.:	T27014396
		NV Business ID:	NV19911050343

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	<b>27.30 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>72.70 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 06/2015

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: **Training Website**

5. Purpose of contract:

**This is a new contract that continues ongoing use, maintenance and upkeep for the Nevada Partnership for Training Web Registration System. This contract also allows for improvements to system functionality, online tools and the enhancement of the online training course and training components that are part of the division's Annual Training Plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$223,360.00**

Other basis for payment: Website maintenance is \$15,840 per year, for four years, totaling \$63,360 and special projects, enhancements and development is \$40,000 per year, for four years totaling \$160,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Title IV-E was created as part of the Child Welfare and Adoption Assistance Act of 1980 (P.L. 96-272) to support training in both current and future child welfare staff. Furthermore, general requirement for staff who provide child welfare service is required per NAC 432B-090.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State IT resources are available to conduct 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?

To continue maintenance and upkeep of an existing system Ridgewood created. (See attached email from Purchasing)

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, currently for DCFS and service is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	05/01/2015 10:56:46 AM
Division Approval	pcolegro	05/01/2015 10:57:06 AM
Department Approval	ecreceli	05/04/2015 15:59:18 PM
Contract Manager Approval	mcar2	05/04/2015 16:38:50 PM
DoIT Approval	bbohm	05/06/2015 14:59:07 PM
Budget Analyst Approval	knielsen	05/08/2015 12:59:55 PM
BOE Agenda Approval	nhovden	05/14/2015 15:24:25 PM
BOE Final Approval	Pending	

**From:** Greg Smith  
**Sent:** Wednesday, April 15, 2015 8:31 AM  
**To:** 'mcarr@dcfs.nv.gov'  
**Cc:** Jan Fragale; Cindy L. Stoeffler  
**Subject:** Waiver for Ridgewood Associates

Hi Melissa,

I received your waiver request for Ridgewood Associates yesterday and spoke briefly with Jan Fragale about the subject matter. It's my determination that since the proposed contract is for "maintenance and upkeep" of an existing system, the waiver is not necessary. You may feel free to contract directly with this vendor for the purposes described.

Please feel free to contact me if you have questions or concerns,

**Greg Smith | Administrator CPO**

State of Nevada | Dept of Administration  
Purchasing Division  
515 E. Musser St. #300 Carson City, Nevada 89701  
T: (775) 684-0170 | F: (775) 684-0188 | W: <http://purchasing.state.nv.us>

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### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16610**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Lincoln County School District
Agency Code: <b>409</b>	Contractor Name: <b>Lincoln County School District</b>
Appropriation Unit: <b>3179-13</b>	Address: <b>PO Box 118</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Panaca, NV 89042</b>
If "No" please explain: Not Applicable	Contact/Phone: null775-728-4471
	Vendor No.: T40234500
	NV Business ID: Exempt

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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Education**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing educational services to provide for the educational needs of youth in residence pursuant to NRS 63.210.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,287,040.00**

Payment for services will be made at the rate of \$80,440.00 per Quarter

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The superintendent of Caliente Youth Center (CYC) is mandated by NRS 63.210 to provide educational needs of the youth in residence. The Division contracts, for these services, with Lincoln County School District.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Caliente Youth Center does not have accredited staff available to meet these educational requirements.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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, Caliente Youth Center is currently contracted with the vendor. The service is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	04/17/2015 09:27:50 AM
Division Approval	pcolegro	04/17/2015 09:28:26 AM
Department Approval	ecreceli	04/24/2015 15:15:00 PM
Contract Manager Approval	mcar2	04/24/2015 16:40:11 PM
Budget Analyst Approval	knielsen	05/08/2015 13:49:58 PM
BOE Agenda Approval	nhovden	05/14/2015 12:48:59 PM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **13243** Amendment Number: **5**  
 Agency Name: **DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **ROITMAN, NORTON A MD**  
 Agency Code: **409** Contractor Name: **ROITMAN, NORTON A MD**  
 Appropriation Unit: **3179-04** Address: **2340 PASEO DEL PRADO STE D307**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89102**  
 If "No" please explain: **Not Applicable** Contact/Phone: **null702/222-1812**  
 Vendor No.: **T80922564**  
 NV Business ID: **NV20101539575**

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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2012**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **4 years and 26 days**

4. Type of contract: **Contract**

Contract description: **Counseling**

5. Purpose of contract:

**This is the fifth amendment to the original contract, which continues ongoing psychiatric services for youth in residence. This amendment increases the maximum amount from \$151,140 to \$278,440 due to an increased number of court orders requiring psychiatric services.**

**6. CONTRACT AMENDMENT**

1. The maximum amount of the original contract:	\$24,120.00
2. Total amount of any previous contract amendments:	\$127,020.00
3. Amount of current contract amendment:	\$127,300.00
4. New maximum contract amount:	\$278,440.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Assessment of youth is a highly specialized service. Recommendations are needed to guide treatment planning, placement decisions and reunification with family if out of home placement is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no State employees in the region qualified to provide this type of assessment.

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 bid.

d. Last bid date: 03/01/2012 Anticipated re-bid date: 03/01/2016

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DCFS. Service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	05/01/2015 10:35:35 AM
Division Approval	pcolegro	05/01/2015 10:35:39 AM
Department Approval	ecreceli	05/04/2015 15:43:06 PM
Contract Manager Approval	ihyman	05/04/2015 16:52:34 PM
Budget Analyst Approval	knielsen	05/11/2015 16:47:24 PM
BOE Agenda Approval	nhovden	05/14/2015 15:28:25 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: **16666**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**

Agency Code: **409**  
Appropriation Unit: **3281-16**

Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **BHC HEALTH SERVICES OF NEVADA DBA WEST HILLS HOSPITAL**  
Contractor Name: **BHC HEALTH SERVICES OF NEVADA DBA WEST HILLS HOSPITAL**  
Address: **1240 E 9TH ST**  
City/State/Zip: **RENO, NV 89512-2964**  
Contact/Phone: **null775/789-4274**  
Vendor No.: **T80972445**  
NV Business ID: **NV19931039404**

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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**  
Anticipated BOE meeting date 06/2015

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: **Acute Psychiatric**

5. Purpose of contract:

**This is a new contract that continues ongoing acute inpatient psychiatric services for children and adolescents served by Northern Nevada Child and Adolescent Services and Rural Child Welfare.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$948,000.00**

Payment for services will be made at the rate of \$750.00 per day per patient

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Children and Adolescents, at times, need inpatient 24 hour intensive care because of mental health issues that can not be treated in an outpatient setting.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have an appropriate facility for children and adolescents in Northern Nevada.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 150403**

**Approval Date: 04/17/2015**

c. Why was this contractor chosen in preference to other?

This is the only acute child and adolescent facility in Northern Nevada.

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, currently under contract with DCFS and service is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	05/01/2015 10:51:48 AM
Division Approval	pcolegro	05/01/2015 10:51:51 AM
Department Approval	ecreceli	05/04/2015 15:50:28 PM
Contract Manager Approval	mcar2	05/04/2015 16:52:50 PM
Budget Analyst Approval	knielsen	05/12/2015 07:44:02 AM
BOE Agenda Approval	nhovden	05/14/2015 15:23:07 PM
BOE Final Approval	Pending	



<b>Purchasing Use Only:</b>	
Approval#:	150403

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

*ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY*

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency:	<i>Division of Child and Family Services</i>		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>Mandy J. Hall, LCSW, Clinical Program Manager</i>	<i>775-684-1974</i>	<i>mhall@dcfs.nv.gov</i>
		<i>Melissa Carr, DCFS, Management Analyst II</i>	<i>775-684-4413</i>	<i>MKcarr@dcfs.nv.gov</i>
	<i>Jason Holm, DCFS, Admin Services Officer II</i>	<i>775-688-1600 ext 312</i>	<i>j.holm@dcfs.nv.gov</i>	

<b>Vendor Information:</b>	
Identify Vendor:	<i>BHC Health Services, Inc. dba West Hills Hospital</i>
Contact Name:	<i>Char Buehrle</i>
Address:	<i>1240 West Ninth Street Reno, NV 89512</i>
Telephone Number:	<i>775-323-0478</i>
Email Address:	<i>Char.Buehrle@uhsinc.com</i>

<b>1c</b>	<b>Type of Waiver Requested - Check the appropriate type:</b>	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

<b>Contract Information:</b>					
<b>1d</b>	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Amendment:	#			
	CETS:	#			

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	<i>07/01/2015</i>	End Date:

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>100% General Fund</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
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FY 2016 \$ 234,750, FY 2017 \$236,250, FY 2018 \$237,750 FY 19 \$239,250 <sup>25</sup> # 948,000 total

2 Provide a description of work/services to be performed or commodity/good to be purchased:  
*Acute Psychiatric Hospitalization for youth without health insurance and/or coverage.*

3 What are the unique features/qualifications required for this service or good that are not available from any other vendor:  
*West Hills Hospital is the only Joint Commission Accreditation of Health Organization (JCAHO) accredited hospital providing acute psychiatric services to children and adolescents in the area.*

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:  
*There are no other acute child/adolescent psychiatric hospitals in Northern Nevada.*

5 Were alternative services or commodities evaluated? Check One. Yes:  No:  X  
 a. *If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*  
 b. *If not, why were alternatives not evaluated?*  
*There are no other acute child/adolescent psychiatric hospitals in Northern Nevada.*

6	Has the agency purchased this service or commodity in the past? Check One. Note: <i>If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.</i>			Yes: <input checked="" type="checkbox"/> X	No: <input type="checkbox"/>	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP, RFQ, Waiver)	
	8/15/11	06/30/15	\$877,320	Acute Child/Adolescent Psychiatric	Waiver	
			\$			

			§		
--	--	--	---	--	--

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>If denied, the Agency would not be able to provide funding for acute child/adolescent psychiatric services and/or hospitalization in the area.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>It is common knowledge in the psychiatric community that there are no other providers of acute psychiatric care for children/adolescents in the area.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One.</b>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Kelly C. Wooldridge  
Agency Representative Initiating Request

Kelly C. Wooldridge  
Print Name of Agency Representative Initiating Request

4/15/15  
Date

Danette Kluever  
Signature of Agency Head Authorizing Request

DANETTE KLUEVER  
Print Name of Agency Head Authorizing Request

4/15/15  
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.**

N/A  
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:

Meg Smith  
Administrator, Purchasing Division or Designee

4-17-15  
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: **16667**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: Southland Industries DBA ABS Systems, INC.
Agency Code: <b>440</b>	Contractor Name: <b>Southland Industries DBA ABS Systems, INC.</b>
Appropriation Unit: <b>3715-09</b>	Address: <b>4749 W. Post Rd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89118</b>
If "No" please explain: Not Applicable	Contact/Phone: Rebecca J. Reyes, Vice President 702/228-4575
	Vendor No.: T27013680
	NV Business ID: NV19621000518

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

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 06/2015

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: **Temp Control Maint.**

5. Purpose of contract:

**This is a new contract that continues ongoing preventative maintenance and system support for the temperature control systems at Southern Nevada Correctional Center, Southern Desert Correctional Center, Three Lakes Valley Conservation Camp, Florence McClure Women's Correctional Center, and High Desert State Prison.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$232,352.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To preserve State property and for the health and safety of staff and inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Corrections does not have the license and/or equipment required to perform this service. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 201508, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/19/2015 Anticipated re-bid date: 02/19/2019

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:

FY12 to current with Nevada Department of Corrections and FY10 to current with State Public Works Board. Service has been verified as satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	dbretche	05/01/2015 09:05:44 AM
Division Approval	dmartine	05/04/2015 09:31:10 AM
Department Approval	drosenbe	05/04/2015 11:05:59 AM
Contract Manager Approval	jhardy	05/04/2015 11:45:28 AM
Budget Analyst Approval	cmurph3	05/06/2015 12:30:40 PM
BOE Agenda Approval	sbrown	05/08/2015 10:49:54 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16625**

Agency Name: **DEPARTMENT OF CORRECTIONS**  
Agency Code: **440**  
Appropriation Unit: **3716-09**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Ecolab, Inc.**  
Contractor Name: **Ecolab, Inc.**  
Address: **Ecolab Pest Elimination  
370 Wabasha St. North  
St. Paul, MN 55102**  
City/State/Zip: **St. Paul, MN 55102**  
Contact/Phone: **Bruce Kottom 651/250-2892**  
Vendor No.: **PUR0000701D**  
NV Business ID: **NV19651000193**

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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 06/2015

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: **Pest Control Service**

5. Purpose of contract:

**This is a new contract that continues ongoing pest control services for Nevada State Prison, Northern Nevada Correctional Center, Northern Nevada Restitution Center, Stewart Conservation Camp, and Warm Springs Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,200.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

For the health and safety of staff and inmates in compliance with NRS 209.131, NRS 209.381 and NDOC Administrative Regulation 483.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Corrections does not have the required equipment and/or licensing as required by NRS 555.280. No other State agency provides these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Ecolab, Inc. had the lowest and most responsible bid.

d. Last bid date: 03/17/2015 Anticipated re-bid date: 03/15/2019

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:

FY 12 to current; Nevada Department of Corrections. Service has been verified as satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

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	ssergent	05/01/2015 08:55:24 AM
Division Approval	dmartine	05/04/2015 10:02:18 AM
Department Approval	drosenbe	05/04/2015 11:04:35 AM
Contract Manager Approval	jhardy	05/04/2015 12:46:22 PM
Budget Analyst Approval	cmurph3	05/06/2015 10:28:31 AM
BOE Agenda Approval	sbrown	05/08/2015 11:03:48 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16616**

Agency Name:	<b>COMMISSION ON MINERAL RESOURCE</b>	Legal Entity Name:	<b>BREITER, BRIAN M. DBA ENVIRONMENTAL PROTECTION SERVICES</b>
Agency Code:	<b>500</b>	Contractor Name:	<b>BREITER, BRIAN M. DBA ENVIRONMENTAL PROTECTION SERVICES</b>
Appropriation Unit:	<b>4219-39</b>	Address:	<b>PO BOX 21025</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CARSON CITY, NV 89721-1025</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Brian Breiter 775/220-6687
		Vendor No.:	T27022506A
		NV Business ID:	NV20101332284

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 %	<b>X</b> Fees	<b>100.00 % Dangerous Mine Fees and Abandoned Mine Land Securing Fees</b>
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	500		

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Abandoned Mine Lands**

5. Purpose of contract:

**This is a new contract to continue the commission's statutory requirement to identify, rank, and secure dangerous conditions that result from mining practices which took place at a mine that is no longer operational throughout the State of Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$120,000.00**

Other basis for payment: Other Basis for Payment

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS 513 requires the discovery and securing of dangerous conditions resulting from practices which took place at mine that are no longer operating. This work will ensure the mines remain secure**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**NDOM employees do not have the time. Employees of other state agencies do not have the knowledge.**

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 #3173, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/25/2015 Anticipated re-bid date: 02/25/2017

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:

Division of Minerals, beginning in May 2009 to present. Work has been satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dvisher	04/20/2015 13:53:38 PM
Division Approval	dvisher	04/20/2015 13:53:43 PM
Department Approval	dvisher	04/20/2015 13:53:46 PM
Contract Manager Approval	dvisher	04/20/2015 13:53:53 PM
Budget Analyst Approval	sbarkdul	05/05/2015 13:31:08 PM
BOE Agenda Approval	cwatson	05/14/2015 11:11:07 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16484**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>EWELL EDUCATIONAL SERVICES, INC.</b>
Agency Code: <b>550</b>	Contractor Name: <b>EWELL EDUCATIONAL SERVICES, INC.</b>
Appropriation Unit: <b>4545-04</b>	Address: <b>PO BOX 15924</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>COLLEGE STATION, TX 77841-5125</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null979/446-0865</b>
	Vendor No.: <b>T27033933A</b>
	NV Business ID: <b>NV20141454399</b>

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Pesticide Product Registration Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2014**

Anticipated BOE meeting date 06/2015

Retroactive? **Yes**

If "Yes", please explain

**The Animal Industry currently has a contract with Ewell Education Svcs for the development of a brands inspection and registration data system, the Plant Industry prematurely began working with this contractor for the development of a system for pesticide registration. Due to Ewell Education Svcs being so efficient and timely in their planning and execution, the process for the new system got ahead of the fiscal and contracting process. This requests an effective date of September 22, 2014.**

3. Termination Date: **10/30/2018**

Contract term: **4 years and 39 days**

4. Type of contract: **Contract**

Contract description: **Pesticide Automation**

5. Purpose of contract:

**This is a new contract to develop and maintain a web-based Pesticide Product Registration data system. This system will increase efficiency, reduce errors, and will improve the ability to collect fees and issue certificates through a web-based system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$182,162.24**

Other basis for payment: 3% of the Pesticide Product Registration fees paid monthly.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The project will streamline and modernize the process of registering and collecting fees for the Pesticide Product Registration program by using a relational database with program and fiscal reporting as well as data mining capabilities. The system will increase efficiency, reduce errors, and will improve the ability to collect fees and issue certificates through a web-based system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Department of Agriculture do not have the programming skills to create this web-based data system, nor maintain it.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the 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 #: 141005**

**Approval Date: 10/14/2014**

c. Why was this contractor chosen in preference to other?

Low cost, web-based and expandable into other divisions within the department.

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: 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	mwhitney	05/05/2015 15:33:48 PM
Division Approval	mwhitney	05/05/2015 15:33:51 PM
Department Approval	mwhitney	05/05/2015 15:33:55 PM
Contract Manager Approval	mwhitney	05/05/2015 15:33:58 PM
DoIT Approval	bbohm	05/07/2015 08:30:28 AM
Budget Analyst Approval	cwatson	05/14/2015 12:07:00 PM
BOE Agenda Approval	cwatson	05/14/2015 12:07:05 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL  
Governor

STATE OF NEVADA

JAMES R. BARBEE  
Director

Las Vegas Office:  
2300 McLeod Street  
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4780 E. Idaho Street  
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(775) 738-8076  
Fax (775) 738-2639

**DEPARTMENT OF AGRICULTURE**

405 South 21<sup>st</sup> Street  
Sparks, Nevada 89431-5557  
Telephone (775) 353-3601 Fax (775) 353-3661  
Website: <http://www.agri.nv.gov>

May 06, 2015

Sherri,

This is a request to retroactively approve the Nevada Department of Agriculture's (NDA) contract with Ewell Education Services to create an online Pesticide Registration System effective September 22, 2014.

The Nevada Department of Agriculture (NDA) is responsible for the registration of pesticides in Nevada. State law requires that all pesticides be registered with NDA prior to being distributed, sold or offered for sale within the state. This includes agricultural, industrial, and homeowner products such as insecticides, herbicides, fungicides, disinfectant, rodenticides, and any other product intended to kill, repel, or mitigate a pest.

The Nevada Department of Agriculture (NDA) has for many years used a manually intensive process in combination with an old legacy Paradox database to process paper applications and checks submitted for pesticide product registrations. This process is labor intensive creating a back log of up to 9 months to process registrations. This has not been done as efficiently as it could be and the manual process has some inherent issues that would be best addressed by automating the Pesticide Registration program.

We wanted to move forward with an online Pesticide Registration system as soon as possible. Since we were in the contracting process with Ewell for the brands inspection and registration program, we went ahead and continued with it and the process of creating a system for pesticides got ahead of the fiscal and contracting processes. However, since the system became available it has resulted in efficiencies that have allowed us to eliminate any backlog and complete nearly all of the registration by mid-February. Responses to a survey sent to the industry after registration indicate the system was viewed as a streamlined, quicker and easier way to submit registration payment.

Thank you,

A handwritten signature in black ink, appearing to read "Dale Hansen".

Dale Hansen  
Fiscal Administrator, NDA

State of Nevada  
 Department of Administration  
 Purchasing Division  
 515 E. Musser Street, Suite 300  
 Carson City, NV 89701



Brian Sandoval  
 Governor  
 Julia Teska  
 Director  
 Greg Smith  
 Administrator

<b>Purchasing Use Only:</b>	
Approval#:	141005

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:	Nevada Department of Agriculture	
	Contact Name and Title	Phone Number	Email Address
	Lynn Hettrick	353-3737	lhhettrick@agri.nv.gov

<b>Vendor Information:</b>	
Identify Vendor:	Ewell Educational Services, Inc.
Contact Name:	Russell Ewell
Address:	PO Box 15924 - College Station, TX 77841
Telephone Number:	979-446-0865
Email Address:	info@judgingcard.com

<b>1c Type of Waiver Requested – Check the appropriate type:</b>	
Sole or Single Source:	<input checked="" type="checkbox"/>
Professional Service Exemption:	<input type="checkbox"/>

<b>Contract Information:</b>					
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Amendment:	#			
	CETS:	#			

<b>1e Term:</b>					
One (1) Time Purchase: <input type="checkbox"/>					
Contract:		Start Date:	10/21/2014	End Date:	10/21/2016

<b>1f Funding:</b>	
State Appropriated:	
Federal Funds:	
Grant Funds:	
Other (Explain):	3% percent of the pesticide registration fees collected through the system – no guarantees

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$30,000

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>Customized programming for web based pesticide registration and allows the state to keep track of pesticides registered in the state.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>No upfront programming costs, NDA owns the code, November 15, 2014 deadline, vendor to provide all data storage within fees, ability to integrate with other IT systems, vendor paid on a percentage of registrations processed through the website, no guaranteed payments or payment amount, modifications and updates included in fees</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>The vendor is fronting all costs for equipment and customized programming because the NDA does not have a software development budget. The vendor will be paid a percentage on registration fees processed through the web based system with no guarantee that payments will go through the system and no guarantee as to fees that will ultimately be paid.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	<i>To meet the 11/15/14 deadline, we evaluated two "canned" registration products. Both would require significant expensive customization. Neither could be tied into a universal database and both were universally panned by agencies in other states that tried to use the canned programs.</i>
	b. <i>If not, why were alternatives not evaluated?</i>

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers must accompany this request.</b> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>		
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>		
	<b>Term</b> <i>Start and End Dates</i>	<b>Value</b>	<b>Short Description</b>
	<i>8/12/14</i> <i>6/30/2018</i>	<i>\$80,000</i>	<i>Online Brand Inspection Certification system for Livestock Inspection program</i>
		<i>\$</i>	

			\$		
			\$		

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>Postponing the 11/15/14 deadline to solicit bids will delay electronic registration until 1/1/16. Electronic registration allows automated EPA cross checking, creates a searchable pesticide database, saves hundreds of man hours, allows for customer convenience through on-line electronic payment and automates the registration renewal process.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>The agreed to price for this product is 3% of processed payments with no upfront money and no guarantee as to payment amount. The vendor is also obligated to provide data storage and to do modifications and/or updates within the 3% fee. We reviewed a survey of agencies in other states.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One.</b>	Yes:		No:	<input checked="" type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

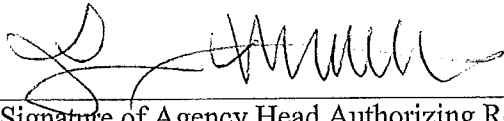
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Lynn Hettrick

Agency Representative Initiating Request

Lynn Hettrick, Deputy Director NDA  
Print Name of Agency Representative Initiating Request

10/8/14  
Date



Signature of Agency Head Authorizing Request

Lynn Hettrick, Deputy Director NDA  
Print Name of Agency Head Authorizing Request

10/8/14  
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:



Administrator, Purchasing Division or Designee

10/09/14  
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: <b>15317</b>	Amendment Number: <b>2</b>
Agency Name: <b>GCB - GAMING CONTROL BOARD</b>	Legal Entity Name: <b>CIBER, INC.</b>
Agency Code: <b>611</b>	Contractor Name: <b>CIBER, INC.</b>
Appropriation Unit: <b>4061-50</b>	Address: <b>STE 1400</b>
Is budget authority available?: <b>Yes</b>	<b>6363 S FIDDLERS GREEN CIR</b>
If "No" please explain: <b>Not Applicable</b>	<b>CITY/STATE/ZIP GREENWOOD VILLAGE, CO 80111-5024</b>
	Contact/Phone: <b>Katie Reed 303/963-2189</b>
	Vendor No.: <b>T81099339</b>
	NV Business ID: <b>NV19991278894</b>

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	<b>100.00 %</b>	Fees	0.00 %
<input type="checkbox"/> Federal Funds	0.00 %	Bonds	0.00 %
<input type="checkbox"/> Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #3081**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2014**Anticipated BOE meeting date **06/2015**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **03/31/2018**Contract term: **4 years and 21 days**4. Type of contract: **Contract**Contract description: **Application Develop**

5. Purpose of contract:

**This is the second amendment to the original contract, which continues ongoing assistance in developing custom applications to replace the current Digital Equipment Corp/Virtual Memory System, which is a Common Business Oriented Language based system. This amendment increases the maximum amount from \$1,924,844 to \$5,300,061 and revises the project rate schedule.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$1,472,147.00
2. Total amount of any previous contract amendments:	\$452,697.00
3. Amount of current contract amendment:	\$3,375,217.00
4. New maximum contract amount:	\$5,300,061.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Board's existing DEC/VMS COBOL based system is out-dated as it was initially developed in 1982. The Board's system is in need of updating to a SQL Server or similar database platform in order to effectively manage the data and applications used by the Board to carry out its functions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board does not have enough staff or resources to undertake a project of this magnitude.

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 #3081, 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: 10/23/2013 Anticipated re-bid date: 10/01/2017

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor is currently under contract with the Gaming Control Board; services are satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkingla	05/05/2015 13:32:57 PM
Division Approval	jkingla	05/05/2015 13:34:13 PM
Department Approval	jkingla	05/05/2015 13:34:16 PM
Contract Manager Approval	jkingla	05/05/2015 13:34:19 PM
Budget Analyst Approval	knielsen	05/08/2015 09:33:45 AM
BOE Agenda Approval	nhovden	05/14/2015 13:35:48 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14637</b>	Amendment Number: <b>1</b>
Agency Name: <b>COLORADO RIVER COMMISSION</b>	Legal Entity Name: <b>SARA A. PRICE, ESQ.</b>
Agency Code: <b>690</b>	Contractor Name: <b>SARA A. PRICE, ESQ.</b>
Appropriation Unit: <b>4490-04</b>	Address: <b>9820 GLENROCK DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89134</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>spricemason@mac.com 702/296-3990</b>
	Vendor No.: <b>T29005016</b>
	NV Business ID: <b>NV20111095278</b>

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 %	<b>X</b> Other funding	<b>100.00 % Water and Power Revenues</b>

Agency Reference #: **RFP MSCP2013**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2017**

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Sara Price**

5. Purpose of contract:

**This is the first amendment to the original contract, which continues ongoing professional services related to the Lower Colorado River Multi-Species Conservation Program (LCRMSCP) and to provide advice and oversight services related to environmental, water and power matters. This amendment increases the maximum amount from \$270,000 to \$580,000 due to increased workload related to unanticipated LCRMSCP issues and increasing workload related to environmental, water and power matters. This amendment also decreases the allowable hourly rate contemplated in the original agreement for years three and four to the rate approved for year two.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$270,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$310,000.00
4. New maximum contract amount:	\$580,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The LCRMSCP is a 50 year program that requires implementation oversight including the development of financial and transactional agreements (land purchases, vendor agreements), committee meetings and involvement, and program document review and legal research to ensure compliance with environmental law and regulations. This program ensures continued water deliveries to southern Nevada and restoration of the Colorado River ecosystem.

8. Explain why State employees in your agency or other State agencies are not able to do this work:



Staff lacks specific historical background and expertise to oversee the program implementation at the transactional level. This contractor has been involved with the MSCP since inception and was part of the group that developed the program; no current staff has this level of experience. Program involvement is not enough to justify an additional staff member, however, there is a significant need for travel, meeting attendance and document review that current staff cannot accommodate.

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 respondent to the RFP. Due to the narrow scope of experience, the agency was unable to specifically identify additional potential vendors with MSCP experience not already under contract with one of the other state/federal/stakeholder participants. The RFP was advertised broadly in anticipation of fielding any possible bidders that have expertise.

d. Last bid date: 04/05/2013 Anticipated re-bid date: 04/05/2017

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:

Current Vendor for the Colorado River Commission and the services have been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbeatty	05/01/2015 14:02:07 PM
Division Approval	dbeatty	05/01/2015 14:02:10 PM
Department Approval	dbeatty	05/01/2015 14:02:13 PM
Contract Manager Approval	jsalo	05/01/2015 14:16:52 PM
Budget Analyst Approval	jborrowm	05/13/2015 10:28:24 AM
BOE Agenda Approval	jborrowm	05/13/2015 10:28:31 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **14627** Amendment Number: **2**

Agency Name: **COLORADO RIVER COMMISSION** Legal Entity Name: **BURNS & MCDONNELL ENGINEERING COMPANY, INC.**

Agency Code: **690** Contractor Name: **BURNS & MCDONNELL ENGINEERING COMPANY, INC.**

Appropriation Unit: **4501-10** Address: **9400 WARD PKWY**

Is budget authority available?: **Yes** City/State/Zip: **KANSAS CITY, MO 64114-3319**

If "No" please explain: **Not Applicable** Contact/Phone: **John E. Olander 816/349-6610**

Vendor No.: **T29015276**

NV Business ID: **NV19781006834**

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 %	<b>X</b> Other funding	<b>100.00 % Power Sales Revenue</b>

Agency Reference #: **RFP # 3041**

## 2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved Termination Date: **06/30/2015**Contract term: **3 years and 322 days**4. Type of contract: **Contract**Contract description: **Burns and McDonnell**

## 5. Purpose of contract:

**This is the second amendment to the original contract, which continues ongoing engineering services for current and future projects. This amendment will allow for completion of phase two of the Boulder City Bypass Project engineering support services, and for the Lower Lake Level Pumping Station, which will require plan development, preliminary engineering work and preparation of designs, specifications and construction documents. This amendment extends the termination date from June 30, 2015 to June 30, 2017, and increases the maximum amount from \$750,000 to \$1,050,000.**

## 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$450,000.00
2. Total amount of any previous contract amendments:	\$300,000.00
3. Amount of current contract amendment:	\$300,000.00
4. New maximum contract amount:	\$1,050,000.00
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?

The agency is responsible for the operation and maintenance of the high voltage power system that provides electrical power to the water purveyors in southern Nevada (SNWA, City of Henderson, Boulder City, etc.) for water treatment and pumping needs. These responsibilities require engineering services of professionally licensed external engineers for technical drawings, review, testing and other services outside the capability of agency personnel. The system must be maintained in excellent condition to ensure adequate and timely water deliveries to allow end users in the Las Vegas valley.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing capacity, technical expertise or resources to fulfill this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3041, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/15/2013 Anticipated re-bid date: 02/15/2015

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:

Past and current contractor for the agency. The contractor has provided satisfactory services and continues to provide satisfactory services with the projects now underway.

13. Is the contractor currently involved in litigation with the State 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	dbeatty	05/01/2015 14:32:27 PM
Division Approval	dbeatty	05/01/2015 14:32:30 PM
Department Approval	dbeatty	05/01/2015 14:32:32 PM
Contract Manager Approval	jsalo	05/01/2015 16:32:35 PM
Budget Analyst Approval	jborrowm	05/12/2015 12:00:58 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16679**

Agency Name: <b>COLORADO RIVER COMMISSION</b>	Legal Entity Name: <b>SCHNEIDER ELECTRIC USA, INC.</b>
Agency Code: <b>690</b>	Contractor Name: <b>SCHNEIDER ELECTRIC USA, INC.</b>
Appropriation Unit: <b>4501-10</b>	Address: <b>PO BOX 730318</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DALLAS, TX 75373</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null(615)280-480</b>
	Vendor No.: <b>T32000261</b>
	NV Business ID: <b>NV20151276086</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2015-2019</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Power Sales Revenue</b>

Agency Reference #: **SA -15-02**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Schneider Electric**

5. Purpose of contract:

**This is a new contract for ongoing system support services for a business enterprise system that allows the Commission and its customers to manage the procurement of electric energy using real-time metering data. The support services include programming, troubleshooting, and modifying software and hardware as required.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$350,000.00**

Other basis for payment: Various per contractors hourly rates.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Colorado River Commission (Commission) owns, operates and maintains a high-voltage transmission system, in order to measure the receipt and delivery of energy through the Commission's high-voltage system, the Commission utilizes ION 8500 energy meters manufactured by Schneider Electric. Schneider developed the system whereby data is extracted from these meters and provided to end-users in a useable format utilizing Schneider's proprietary software ION Enterprise software. The ION 8500 energy meters and the ION Enterprise are proprietary and specifically developed and programmed for the requirements of the Commission's high-voltage system and its end-users - the Commission's power customers and is compatible with the local utility, NV Energy. The ION platform was necessary for seamless integration with NV Energy's system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Proprietary equipment and operating systems. Agency employees and other state employees do not have this expertise and training.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**  
**Approval #: 140902**  
**Approval Date: 09/08/2014**

c. Why was this contractor chosen in preference to other?

The proprietary nature of the meters and software used in the Power Delivery facilities.

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 Commission has received these systems support services in the past, the quality of services provided were satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbenton	05/04/2015 12:20:30 PM
Division Approval	gbenton	05/04/2015 12:20:35 PM
Department Approval	gbenton	05/04/2015 12:20:39 PM
Contract Manager Approval	jsalo	05/04/2015 12:38:21 PM
Budget Analyst Approval	jborrowm	05/12/2015 14:40:49 PM
BOE Agenda Approval	jborrowm	05/12/2015 14:40:55 PM
BOE Final Approval	Pending	

State of Nevada  
Department of Administration

Purchasing Division

513 E. Mower Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

John Testa  
Director

Greg Smith  
Administrator

**Purchasing Use Only:**  
Approval#: 140902

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
State Agency:			
Colorado River Commission of Nevada			
Robert D. Rease		702-682-6972	brease@ccc.nv.gov
Assistant Director of Engineering and Operations			

<b>Vendor Information:</b>	
Identify Vendor:	Schneider Electric/Square D Company
Contact Name:	John Burns
Address:	677 S. Scout Trail, Anaheim, CA 92807
Telephone Number:	(714) 651-7846
Email Address:	john.burns@schneider-electric.com

<b>Type of Waiver Requested - Check the appropriate type:</b>	
Sole or Single Source:	<input checked="" type="checkbox"/>
Professional Service Exemption:	<input type="checkbox"/>

<b>Contract Information:</b>			
Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No
Amendment:			
CETS:	#	n/a	

<b>Term:</b>	
One (1) Time Purchase:	<input type="checkbox"/>
Contract:	Start Date: October 1, 2014 End Date: October 31, 2018

<b>Funding:</b>	
State Appropriated:	
Federal Funds:	
Grant Funds:	
Other (Explain):	100% Power Revenues

1 **Total Estimated Value of this Service Contract, Amendment or Purchase:**  
 \$200,000.00

2 **Provide a description of work/services to be performed or commodity/good to be purchased:**  
 The Colorado River Commission (Commission) owns, operates and maintains a high-voltage transmission and distribution system in Clark County, Nevada. In order to measure the receipt and delivery of energy through the Commission's high-voltage system, the Commission utilizes ION 8500 energy meters manufactured by Schneider Electric/Square D Company (Schneider). Schneider developed the system whereby data is extracted from these meters and provided to end-users in a useable format utilizing Schneider's proprietary software ION Enterprise ® software. The services to be performed by Schneider consist of programming, troubleshooting and modifying software and hardware associated with ION meters and software as required for the routing operation and maintenance of these items. Services may include:

- Programming the software to create read-only VISTA screen pages accessible to designated end-users via the internet.
- Installation of software upgrades on the meter software servers located at the Newport Substation.
- System restoration in the event of software or server failure.

3 **What are the unique features/qualifications required for this service or good that are not available from any other vendor:**  
 The ION 8500 energy meters and the ION Enterprise ® software are proprietary and specifically developed and programmed for the requirements of the Commission's high-voltage system and its end-users—the Commission's power customers. To be compatible with the local utility, NV Energy, the ION platform was necessary for a seamless integration with NV Energy's system.

4 **Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**  
 The ION 8500 energy meters and the ION Enterprise ® software are an integral part of the Commission's high-voltage system, are proprietary to Schneider and are compatible with NV Energy's system. The Commission is obligated to remain compatible with NV Energy's system which requires the continued use of the ION 8500 energy meters and the ION Enterprise ® software.

Selecting another vendor would require removing and replacing 100+ meters and the operating software, which is not operationally or economically feasible. That process would require research as to whether there are compatible meters available anywhere; initiate an RFP process using very narrow specifications specific to our power system; if a different vendor is selected, outages all over the valley would have to be taken to accommodate removal, installation and testing of the new equipment in each substation and pumping plant; and a new software platform would have to be installed, tested and learned by hundreds of system operators.

As stated above, it is not economically or operationally feasible and if a different vendor was selected, the Commission's metering and data collection system would no longer be compatible with the local utility, NV Energy.

5 **Were alternative services or commodities evaluated? Check One.**    Yes:     No:   
 a. If yes, what were they and why were they unacceptable? Please be specific with regard to



features, characteristics, requirements, capabilities and compatibility.

b. If not, why were alternatives not evaluated?  
 As noted in #4, replacing the proprietary meters and software is not economically or operationally feasible since the Commission is obligated to remain compatible with NV Energy's use of the ION 8500 energy meters and the ION Enterprise @ software. Even without that condition, the cost for the removal/replacement of 100+ meters and software would be borne by the Commission's funding entities—its power and water pumping customers. The customers would also be required to endure power outages during the removal/replacement process—which is unacceptable to them.


Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.					Yes:	X	No:
a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
Term	Start and End Dates	Value	Short Description	Type of Procurement (RFP, RFQ, Waiver)			
	4/12/11	5/31/14	\$80,000.00	Amendment #3—Extend termination date by 3 years and increase the not-to-exceed contract amount.	n/a		
6	1/29/09	5/31/11	\$125,000.00	Amendment #2—Increase the not-to-exceed contract amount and to approve the change in company ownership from Power Measurement, Inc. to Schneider Electric/Square D Company	n/a		
	2/22/06	5/31/11	\$150,000.00	Amendment #1—Extend the term of the contract and increase the not-to-exceed contract amount.	n/a		
	12/9/03	5/31/06	\$75,000.00	Original Contract for ION 8500 meters & ION Enterprise @ software to match NV Energy software platform	RFP		

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?  
 The Commission's high-voltage transmission and distribution system would be unable to continue to operate and provide the current level of service to its customers. There would be no support for the system during the competitive bidding process, which, in our experience, can take up to six months to complete. The Commission's funding entities, its power and water pumping customers, would experience unscheduled outages—even the possibility of a catastrophic failure with no way of recovering the service and data; they would be unable to retrieve the revenue data they require, and would be responsible financially for the removal/replacement costs if a different vendor was selected. If a different vendor was selected, the Commission's metering and data collection system would no longer be compatible with the local utility, NV Energy.

8	<p>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?</p> <p><i>As stated above, replacing the proprietary meters and software is not economically or operationally feasible since the Commission is obligated to remain compatible with NV Energy's use of the ION 8500 energy meters and the ION Enterprise ® software. Therefore, no investigation was conducted with regard to competition to replace the meters and software.</i></p>
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	<p>Will this purchase obligate the State to this vendor for future purchases? Check One.</p> <table border="1" style="float: right;"> <tr> <td style="width: 20%;">Yes:</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 20%;">No:</td> <td style="width: 10%;"></td> </tr> </table>	Yes:	<input checked="" type="checkbox"/>	No:	
Yes:	<input checked="" type="checkbox"/>	No:			
9	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p><i>Expansion of the Commission's high-voltage transmission and distribution system will require installation of more meters (approximately 60 are anticipated at this time) as well as the need for the continuation of the maintenance of the current metering system. The ION Enterprise software will require updates to keep it current with the NV Energy platform.</i></p>				

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.

  
Agency Representative Initiating Request

Robert D. Reese, Assistant Director of Engineering and Operations  
Print Name of Agency Representative Initiating Request

September 2, 2014  
Date

  
Signature of Agency Head Authorizing Request

Jayne Harkins, Executive Director  
Print Name of Agency Head Authorizing Request

9/3/14  
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:

  
Administrator, Purchasing Division or Designee

9-8-14  
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: **16642**

Agency Name: <b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name: <b>U.S. Geological Survey</b>
Agency Code: <b>705</b>	Contractor Name: <b>U.S. Geological Survey</b>
Appropriation Unit: <b>4171-15</b>	Address: <b>2730 Deer Run Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Steven Berris 775-887-7600</b>
	Vendor No.: <b>T80838030</b>
	NV Business ID: <b>N/A - Govt' Entity</b>

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	<b>57.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>43.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years and 30 days**

4. Type of contract: **Cooperative Agreement**

Contract description: **SF Monitoring**

5. Purpose of contract:

**This is a new cooperative agreement to provide an ongoing monitoring program for the South Fork of the Humboldt River consisting of two stream flow gages and data collection platforms.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,740.00**

Payment for services will be made at the rate of \$5,400.00 per quarter

Other basis for payment: \$43,200 State (\$5,400 per quarter) / \$32,500 USGS (\$4,062.50 per quarter)

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The State Engineer requires the information provided by this program to fulfill the responsibility of protecting existing downstream water rights.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreement with the U.S. Geological Survey under NRS 532.170.

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 Division has executed many agreements with the U.S. Geological Survey that have resulted in products widely used by governmental agencies and the public. The results 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:

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	bkordono	04/23/2015 15:03:14 PM
Division Approval	bkordono	04/23/2015 15:03:18 PM
Department Approval	abrook1	05/04/2015 12:55:40 PM
Contract Manager Approval	bkordono	05/04/2015 13:40:49 PM
Budget Analyst Approval	jrodrig9	05/06/2015 19:50:10 PM
BOE Agenda Approval	cwatson	05/14/2015 07:20:17 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16644**

Agency Name: <b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name: <b>U.S. Geological Survey</b>
Agency Code: <b>705</b>	Contractor Name: <b>U.S. Geological Survey</b>
Appropriation Unit: <b>4171-12</b>	Address: <b>2730 Deer Run Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Steven Berris 775-887-7600</b>
	Vendor No.: <b>T80838030</b>
	NV Business ID: <b>N/A - Gov't Entity</b>

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.

<input checked="" type="checkbox"/> General Funds	<b>53.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>47.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**  
Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Cooperative Agreement**

Contract description: **Base Hydrology JFA**

5. Purpose of contract:

**This is a new cooperative agreement to provide ongoing operation and maintenance of a stream flow network of twenty-two gages and one reservoir gage; groundwater level data collection and data entry services; and annual publication of the data to the internet.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$775,076.00**

Payment for services will be made at the rate of \$50,867.75 per quarter

Other basis for payment: \$203,471 State (\$50,897.75/Quarter) / \$184,067/USGS per year (\$46,0163.75/quarter).

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a program monitoring streamflows and groundwater levels used to assist the State Engineer in the management of the water resources of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

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 Division has executed many agreements with the U.S. Geological Survey that have resulted in products widely used by governmental agencies and the public. The results 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:

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	bkordono	04/24/2015 10:26:16 AM
Division Approval	bkordono	04/24/2015 10:26:19 AM
Department Approval	abrook1	05/04/2015 13:01:36 PM
Contract Manager Approval	bkordono	05/04/2015 13:41:13 PM
Budget Analyst Approval	jrodrig9	05/06/2015 20:07:50 PM
BOE Agenda Approval	cwatson	05/14/2015 07:21:26 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16649**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: Consolidated Municipality of Carson City
Agency Code: <b>706</b>	Contractor Name: <b>Consolidated Municipality of Carson City</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>201 North Carson Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: Not Applicable	Contact/Phone: null775-887-2100
	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 %	<b>X Other funding</b>	<b>100.00 % Carson City Funds</b>

Agency Reference #: NDF16-015

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 06/2015

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: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the municipality will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires 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 Carson City will work closely together to maintain effective wildfire management 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 Carson City 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

Carson City 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:

Carson City 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	04/28/2015 17:24:14 PM
Division Approval	dprather	04/29/2015 08:53:42 AM
Department Approval	dprather	04/29/2015 08:53:45 AM
Contract Manager Approval	ldunn	04/30/2015 06:07:11 AM
Budget Analyst Approval	jrodrig9	05/06/2015 20:32:06 PM
BOE Agenda Approval	cwatson	05/13/2015 08:45:16 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16510**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>DOUGLAS COUNTY EAST FORK FIRE &amp; PARAMEDC DIST</b>
Agency Code: <b>706</b>	Contractor Name: <b>DOUGLAS COUNTY EAST FORK FIRE &amp; PARAMEDC DIST</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>PO BOX 218</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MINDEN, NV 89423-0218</b>
If "No" please explain: Not Applicable	Contact/Phone: null775/782-9048
	Vendor No.: T40174400P
	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 %	<b>X Other funding</b>	<b>100.00 % Fire Protection District Funds</b>

Agency Reference #: NDF16-013

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 06/2015

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: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00**

Payment for services will be made at the rate of \$22,500.00 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 East Fork Fire Protection District will work closely together to maintain effective wildfire management 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

East Fork 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:

East Fork 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	04/13/2015 16:28:10 PM
Division Approval	dprather	04/14/2015 07:10:41 AM
Department Approval	dprather	04/14/2015 07:10:44 AM
Contract Manager Approval	ldunn	04/14/2015 09:17:43 AM
Budget Analyst Approval	jrodrig9	04/20/2015 09:18:31 AM
BOE Agenda Approval	cwatson	05/13/2015 08:47:09 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: **16502**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>NORTH LAKE TAHOE FIRE PROTECTION DISTRICT</b>
Agency Code: <b>706</b>	Contractor Name: <b>NORTH LAKE TAHOE FIRE PROTECTION DISTRICT</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>866 ORIOLE WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>INCLINE VILLAGE, NV 89451-9439</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775/831-0351</b>
	Vendor No.: <b>PUR0000998</b>
	NV Business ID: <b>N/A</b>

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 %	<b>X Other funding</b>	<b>100.00 % Fire Protection District Funds</b>

Agency Reference #: **NDF16-011**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **05/2015**

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: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires 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 North Lake Tahoe Fire Protection District will work closely together to maintain effective wildfire management 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

North Lake Tahoe Fire Protection District is a political subdivision of the State of Nevada.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

North Lake Tahoe 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	04/13/2015 15:48:46 PM
Division Approval	dprather	04/14/2015 07:11:24 AM
Department Approval	dprather	04/14/2015 07:11:27 AM
Contract Manager Approval	ldunn	04/14/2015 09:08:23 AM
Budget Analyst Approval	jrodrig9	04/20/2015 09:08:27 AM
BOE Agenda Approval	cwatson	05/13/2015 08:48:27 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **16528**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>PERSHING COUNTY</b>
Agency Code: <b>706</b>	Contractor Name: <b>PERSHING COUNTY</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>400 MAIN STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LOVELOCK, NV 89419</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null775-273-2342</b>
	Vendor No.:
	NV Business ID: <b>N/A</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2017</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Pershing County Funds</b>

Agency Reference #: **NDF16-014**

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 **06/2015**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 revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$12,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter 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 Pershing County will work closely together to maintain effective wildfire management 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 Pershing 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

Pershing 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:

Pershing County 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	04/13/2015 16:34:45 PM
Division Approval	dprather	04/14/2015 07:10:16 AM
Department Approval	dprather	04/14/2015 07:10:19 AM
Contract Manager Approval	ldunn	04/14/2015 09:21:10 AM
Budget Analyst Approval	jrodrig9	04/20/2015 09:05:07 AM
BOE Agenda Approval	cwatson	05/13/2015 11:19:16 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16650**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>STOREY COUNTY FIRE PROTECTION DISTRICT</b>
Agency Code: <b>706</b>	Contractor Name: <b>STOREY COUNTY FIRE PROTECTION DISTRICT</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>PO BOX 603</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>VIRGINIA CITY, NV 89440</b>
If "No" please explain: Not Applicable	Contact/Phone: null775-847-0968
	Vendor No.: T81074830
	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 %	<b>X Other funding</b>	<b>100.00 % Storey County Fire Protection District Funds</b>

Agency Reference #: NDF16-016

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 06/2015

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: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires 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 Storey County Fire Protection District will work closely together to maintain effective wildfire management 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 Storey County 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

Storey County 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:

Storey County 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	04/28/2015 17:24:39 PM
Division Approval	dprather	04/29/2015 10:07:48 AM
Department Approval	dprather	04/29/2015 10:07:52 AM
Contract Manager Approval	ldunn	04/30/2015 06:07:20 AM
Budget Analyst Approval	jrodrig9	05/06/2015 20:28:51 PM
BOE Agenda Approval	cwatson	05/13/2015 08:43:45 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16662**

Agency Name: <b>DCNR - FORESTRY DIVISION</b> Agency Code: <b>706</b> Appropriation Unit: <b>4194-00</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: Truckee Meadows Fire Protection District Contractor Name: <b>Truckee Meadows Fire Protection District</b> Address: <b>PO Box 11130</b> City/State/Zip: <b>Reno, NV 89520-0027</b> Contact/Phone: null775-326-6000 Vendor No.: NV Business ID: N/A
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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 %	<b>X</b> Other funding	<b>100.00 % Truckee Meadows Fire Protection District Funds</b>

Agency Reference #: NDF16-017

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 06/2015

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: **Wildland Fire Protec**

5. Purpose of contract:

**This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement, the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$360,000.00**

Payment for services will be made at the rate of \$45,000.00 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 Truckee Meadows Fire Protection District will work closely together to maintain effective wildfire management 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 Truckee Meadows 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

Truckee Meadows 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:

Truckee Meadows 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	05/04/2015 11:45:29 AM
Division Approval	dprather	05/04/2015 12:35:34 PM
Department Approval	dprather	05/04/2015 12:35:37 PM
Contract Manager Approval	ldunn	05/05/2015 06:29:08 AM
Budget Analyst Approval	jrodrig9	05/14/2015 10:48:44 AM
BOE Agenda Approval	cwatson	05/14/2015 10:56:05 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16477**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: Nevada Department of Wildlife
Agency Code: <b>706</b>	Contractor Name: <b>Nevada Department of Wildlife</b>
Appropriation Unit: <b>4195-00</b>	Address: <b>1100 Valley Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89512</b>
If "No" please explain: Not Applicable	Contact/Phone: null775-688-1500
	Vendor No.:
	NV Business ID: N/A - Gov't Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2019</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Agency Funds from NDOW - Acutal source of funds varies based on type of mission flown.</b>

Agency Reference #: NDF16-008

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Cost Share Agreement**

5. Purpose of contract:

**This is a new interlocal agreement to share pilots and maintenance personnel between agencies to better accomplish the mission of each state agency.**

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 \$0.00 per NA

Other basis for payment: Payment of actual costs will be made on a quarterly basis upon receipt and approval of detailed invoice from each agency requesting reimbursement.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Wildlife (NDOW) has a limited number of pilots available and mandated flight requirements. In order for NDOW to carry out it's mission it is necessary for the Nevada Division of Forestry's (NDF's) pilot to assist with flying designated operations. NDOW also does not have an aircraft mechanic on staff so NDOW will utilize NDF's aircraft mechanic when available.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is an interlocal agreement between state agencies utilizing state employees 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?

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

Both parties involved in this interlocal agreement are state agencies.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDF and NDOW currently have an agreement for these services which 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	04/13/2015 14:52:32 PM
Division Approval	dprather	04/14/2015 07:19:23 AM
Department Approval	dprather	04/14/2015 07:19:27 AM
Contract Manager Approval	ldunn	04/29/2015 14:48:01 PM
Budget Analyst Approval	jrodrig9	05/14/2015 10:47:57 AM
BOE Agenda Approval	cwatson	05/14/2015 10:53:50 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **16696**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3187-72**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Stoller Newport News Nuclear, Inc.**Contractor Name: **Stoller Newport News Nuclear, Inc.**Address: **105 Technology Dr., Suite 190**City/State/Zip: **Broomfield, CO 80021**Contact/Phone: **Curtis Hull 303-546-4300**

Vendor No.:

NV Business ID: **NV20051218497**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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **15-028**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **06/2015**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/31/2016**Contract term: **1 year**4. Type of contract: **Contract**Contract description: **Rad Waste Mgmt**

5. Purpose of contract:

**This is a new contract to provide data collection, program support, and technical services. The vendor will participate in site visits at the Nevada National Security Site to collect data; provide expert support through review and comments of technical documents related to radioactive waste profiles; and conduct training sessions on current engineering practices for managing radiological waste.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

NDEP has oversight of disposal of radiological contaminated waste material at the Department of Energy's Nevada National Security Site, Area 5 Radioactive Waste Management Site. The purpose of this work is to secure subject-matter expertise to assist NDEP in providing effective risk management of radiologically-contaminated wastes being disposed or stored at the Nevada National Security Site Area 5 Radioactive Waste Management Site.

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 subject matter expertise e.g. health physicist.

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 RFP (#1402) evaluation committee based on scores of the selection criteria.

d. Last bid date: 02/10/2015 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:  
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	sravenel	05/05/2015 14:48:46 PM
Division Approval	abasham	05/05/2015 14:51:59 PM
Department Approval	abasham	05/05/2015 14:52:04 PM
Contract Manager Approval	abasham	05/05/2015 14:52:10 PM
Budget Analyst Approval	jrodrig9	05/07/2015 19:53:29 PM
BOE Agenda Approval	cwatson	05/14/2015 10:44:34 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16695**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>Stoller Newport News Nuclear, Inc.</b>
Agency Code: <b>709</b>	Contractor Name: <b>Stoller Newport News Nuclear, Inc.</b>
Appropriation Unit: <b>3187-82</b>	Address: <b>105 Technology Dr., Suite 190</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Broomfield, CO 80021</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Curtis Hull 303-546-4300</b>
	Vendor No.:
	NV Business ID: <b>NV20051218497</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 15-029

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2016**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Soil Analys/Consult**

5. Purpose of contract:

**This is a new contract to provide training, consultation, and document review services. The vendor will assist the division in identifying sites that may have historical contamination issues and, where historical contamination have been verified, implement proposed corrective actions based on public health and environmental considerations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This work is to provide technical assistance to NDEP for oversight of the Federal Facilities Agreement Consent Order soils activity correction action and site closure program on selected areas of the Nevada National Security Site and adjacent Department of Defense test ranges. The emphasis will be on evaluating radiological risk in soils at certain individual corrective action units and corrective action sites.

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 subject matter expertise e.g. health physicist.

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 RFP (#1401) evaluation committee based on scores of the selection criteria.

d. Last bid date: 02/10/2015 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:  
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	sravenel	05/05/2015 14:47:51 PM
Division Approval	abasham	05/05/2015 14:54:31 PM
Department Approval	abasham	05/05/2015 14:54:35 PM
Contract Manager Approval	abasham	05/05/2015 14:54:38 PM
Budget Analyst Approval	cwatson	05/14/2015 11:13:38 AM
BOE Agenda Approval	cwatson	05/14/2015 11:13:41 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16313**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>MDK LLC DBA</b>
Agency Code: <b>709</b>	Contractor Name: <b>WESTERN ENVIRONMENTAL TESTING LABORATORY (WETLAB)</b>
Appropriation Unit: <b>3187-57</b>	Address: <b>475 E GREG ST #119</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Lance Bell 775-842-2497</b>
	Vendor No.: <b>T81201715</b>
	NV Business ID: <b>NV20021051359</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Hazardous Waste Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP 15-023**

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 **06/2015**

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: **HW Lab Services**

5. Purpose of contract:

**This is a new contract to provide water, soil, and sludge sample testing services to support the bureau's hazardous waste enforcement actions on an as-needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Other basis for payment: **In accordance with price sheet.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Sample analyses are require to determine whether hazardous waste violations have occurred to determine the extent of any potential contamination and to identify unknown chemical hazards.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The state does not have the expertise, staff, or equipment to perform the work.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

State Purchasing conducted this bid for us. We have not yet received their justification for choosing WETLAB. DB 4/29/15.

d. Last bid date: 02/16/2011 Anticipated re-bid date: 02/13/2019

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:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

MDK LLC is the CORP ID

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	sravenel	05/05/2015 08:11:47 AM
Division Approval	jtrent	05/05/2015 09:26:42 AM
Department Approval	rnoack	05/05/2015 10:19:44 AM
Contract Manager Approval	dbenson	05/05/2015 10:24:39 AM
Budget Analyst Approval	jrodrig9	05/07/2015 18:24:22 PM
BOE Agenda Approval	cwatson	05/14/2015 10:53:21 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16645**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>First Southwest Company, LLC</b>
Agency Code: <b>709</b>	Contractor Name: <b>First Southwest Company, LLC</b>
Appropriation Unit: <b>3189 - All Categories</b>	Address: <b>325 North St. Paul Street Suite 800</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Dallas, TX 75201</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Anne Burger Entrekin 214-953-4000</b>
	Vendor No.: <b>T29036324</b>
	NV Business ID: <b>NV20141346769</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP 3178 and DEP 15-027**

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 **06/2015**

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: **Financial Advisement**

5. Purpose of contract:

**This is a new contract to provide financial consulting/management services to the State Revolving Fund to structure bonds for the best interest of the programs, assist staff in forecasting, and advise on financial movements that occur in the markets.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: **As invoiced by the Contractor and approved by the State**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Financial Asvisement is needed to structure bonds for the best interest of the Programs, assist State personnel in forecasting, and advise on financial movements that occur in the markets.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Program requires specialized knowledge in financial markets and federal policy. Outside vendors with years of experience in financial markets, certified credentials, ongoing education, and interstate knowledge provide an invaluable service to our Program.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP#3178, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/04/2015 Anticipated re-bid date: 03/04/2019

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:  
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	sravenel	04/24/2015 11:32:19 AM
Division Approval	abasham	04/24/2015 11:33:58 AM
Department Approval	abasham	04/24/2015 11:34:03 AM
Contract Manager Approval	abasham	04/24/2015 11:34:07 AM
Budget Analyst Approval	jrodrig9	05/06/2015 19:22:57 PM
BOE Agenda Approval	cwatson	05/14/2015 10:23:49 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **16687**

Agency Name:	<b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name:	Board of Regents - UNR
Agency Code:	<b>709</b>	Contractor Name:	<b>Board of Regents - UNR</b>
Appropriation Unit:	<b>3193-12</b>	Address:	<b>UNR Mailstop 385</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89557</b>
If "No" please explain:	Not Applicable	Contact/Phone:	null775-682-6205
		Vendor No.:	
		NV Business ID:	Not Applicable

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: DEP# 16-003

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2019**Contract term: **4 years and 30 days**4. Type of contract: **Interlocal Agreement**Contract description: **Analysis of Water**

5. Purpose of contract:

**This is a new interlocal agreement with the university's Nevada State Public Health Laboratory for the analysis of water, sediment, and biota samples to characterize the chemical, physical, and biological condition of surface waters throughout the state in support of the agency's statewide surface water quality monitoring program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00**

Payment for services will be made at the rate of \$150,000.00 per year

Other basis for payment: monthly invoices

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The federal Clean Water Act Section 106 and 40 Code of Federal Regulations 130.4(a) require states to develop and implement a surface water quality monitoring program to characterize the water quality status of waters of the state. The U.S. Environmental Protection Agency provides federal 106 funding to the Nevada Division of Environmental Protection to carry out the monitoring program.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Nevada Division of Environmental Protection does not have the laboratory facilities necessary to analyze water samples.**

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the 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 Nevada State Public Health Laboratory (NSPHL) is the recognized laboratory for the State of Nevada and has analyzed NDEP's water samples since the water quality monitoring program began in the 1970s.

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 State Public Health Laboratory has provided for the analysis of NDEP's water samples for more than 40 years. Work has always been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	randrews	05/04/2015 16:12:50 PM
Division Approval	ksertic	05/04/2015 16:13:43 PM
Department Approval	ksertic	05/04/2015 16:13:47 PM
Contract Manager Approval	abasham	05/05/2015 08:57:31 AM
Budget Analyst Approval	jrodrig9	05/06/2015 19:10:23 PM
BOE Agenda Approval	cwatson	05/14/2015 10:19:44 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14341</b>	Amendment Number: <b>1</b>
Agency Name: <b>ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>GLOBAL ENVIRONMENTAL CONSULTING, INC.</b>
Agency Code: <b>709</b>	Contractor Name: <b>GLOBAL ENVIRONMENTAL CONSULTING, INC.</b>
Appropriation Unit: <b>3197-04</b>	Address: <b>1500 N MARKDALE UNIT 32</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MESA, AZ 85201-2442</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KATE DAHL 480/827-9827</b>
	Vendor No.: <b>T81087161A</b>
	NV Business ID: <b>NV20111348631</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 14-007**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2013**  
 Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **4 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides ongoing maintenance and support for a web-based data system, data migration assistance, support and training for the Safe Drinking Water Information System, and proprietary add on tools used by the division. This amendment increases the maximum amount from \$162,700 to \$325,400 and extends the termination date from June 30, 2015 to June 30, 2017 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$162,700.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$162,700.00
4. New maximum contract amount:	\$325,400.00
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?



The NDEP is responsible for implementing the Safe Drinking Water Program (SDWIS) to assure that public health is protected and is the primacy agency for the federal program. The Division utilizes the USEPA's SDWIS, which includes a federally mandated data system for reporting to the USEPA used to manage all monitoring, compliance, inspection and operator certification information for approximately 600 regulated water systems. The addition of federal Rules implemented by the Division and web based upgrades that EPA has made to SDWIS, necessitate the Division's license upgrades of database add-on tools for effective program management

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a highly specialized application developed by the USEPA which has add-on proprietary tools developed by the Division through this contractor

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

As per NAC333.150(2)(a)(b)  
Denied as submitted---not required per G. Smith 4/18/13  
SEE: Attached Addl. Info

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The State has received services provided by the contractor since April 2000. The services provided have met the State's expectations.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	04/22/2015 13:55:43 PM
Division Approval	jcarr	04/28/2015 15:40:44 PM

Department Approval	jcarr	04/28/2015 15:40:49 PM
Contract Manager Approval	jpowers	04/29/2015 14:40:34 PM
DoIT Approval	bbohm	04/30/2015 09:17:51 AM
Budget Analyst Approval	jrodrig9	05/06/2015 20:53:33 PM
BOE Agenda Approval	cwatson	05/14/2015 10:31:19 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: **16534**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>WASHOE COUNTY HEALTH DISTRICT</b>
Agency Code: <b>709</b>	Contractor Name: <b>WASHOE COUNTY HEALTH DISTRICT</b>
Appropriation Unit: <b>3197-10</b>	Address: <b>PO BOX 11130</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89520-0027</b>
If "No" please explain: Included in Governor's recommended budget. Funding is contingent upon legislative approval.	Contact/Phone: <b>null775-782-6210</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 16-001**

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 **06/2015**

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: **Water Law/Mgmt Srvcs**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing assistance to the division in applying Nevada laws governing public water systems; conducts and documents sanitary surveys within Washoe County; reviews and updates the Safe Drinking Water Information System with the data collected and analyzed; participates in associated training programs; assists the state in preparing relevant reports; assists the state in implementing the new U.S. Environmental Protection Agency rules that have not yet been adopted at the state level; and maintains forms and applications for the Drinking Water State Revolving Fund Grant Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Invoiced expenses per Quarter not to exceed \$125,000 per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada laws and regulations covering public water systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 445A.925 requires district boards of health to implement Nevada's public water system laws within their jurisdiction. Implementaion at the local level allows the agency to be more responsive to public health issues and emergencies.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor has performed these same services for the Health Division/Bureau of Health Protection Services until July of 2005, and then for NDEP from July 2005 until the present time. Most recent contract services have been performed satisfactorily.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
 Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	04/07/2015 15:47:42 PM
Division Approval	jcarr	04/07/2015 16:15:40 PM
Department Approval	jcarr	04/07/2015 16:15:43 PM
Contract Manager Approval	jpowers	04/21/2015 15:10:28 PM
Budget Analyst Approval	jrodrig9	05/06/2015 20:42:02 PM
BOE Agenda Approval	cwatson	05/14/2015 10:27:17 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **14806** Amendment Number: **1**  
 Agency Name: **B&I - INDUSTRIAL RELATIONS DIV** Legal Entity Name: **PRAESES, LLC**  
 Agency Code: **742** Contractor Name: **PRAESES, LLC**  
 Appropriation Unit: **4682-26** Address: **330 Marshall Street, SUITE 800**  
 Is budget authority available?: **Yes** City/State/Zip: **SHREVEPORT, LA 71101**  
 If "No" please explain: Not Applicable Contact/Phone: Jacques Couvillon 318-424-8125  
 Vendor No.: T29013017  
 NV Business ID: NV20071403374

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 %	<b>X</b> Other funding	<b>100.00 % Worker Compensation and Safety Fund</b>

Agency Reference #: 742

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/10/2013**  
 Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**  
 Contract term: **3 years and 294 days**

4. Type of contract: **Contract**  
 Contract description: **Software System**

5. Purpose of contract:  
**This is the first amendment to the original contract, which continues ongoing services to provide the state access to an internet-based application software known as Jurisdiction Online. The software allows the division to manage the workflow and data of the Mechanical Compliance Unit boiler/elevator inspection and licensing activities mandated by statute. The contractor will also provide ongoing monthly hosting, maintenance, and support. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$231,000 to \$303,000 due to the continued need for maintenance and support.**

**6. CONTRACT AMENDMENT**

1. The maximum amount of the original contract:	\$231,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$72,000.00
4. New maximum contract amount:	\$303,000.00
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?

The Jurisdiction Online is a web-based, hosted suite of software products supporting regulatory code enforcement workflows from permitting and inspection to licensing and regulation. The Division of Industrial Relation (DIR) is seeking to purchase this software product to effectively and efficiently manage the workflows and data of the Nevada OSHA Mechanical Unit boiler/ elevator inspection and licensing activities as mandated by statute.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It would not be in the best economical interest of the State to custom develop a system capable of doing this service. It would not be cost effective and would result in higher maintenance and support fees.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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 #: 121001**

**Approval Date: 10/08/2012**

c. Why was this contractor chosen in preference to other?

It would not be economically in the best interest of the state to issue an RFP to develop an entirely new custom system. The system has been thoroughly tested since initial development in 2001 and enjoys vast use throughout the United States as a thorough streamlined system that is cost effective. there is not another hosted enterprise wide data management system for Elevators, Boilers, and Licensing activities in the marketplace.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	afrantz	05/07/2015 14:16:55 PM
Division Approval	afrantz	05/07/2015 14:16:59 PM

Department Approval	vmilazz1	05/07/2015 14:53:55 PM
Contract Manager Approval	ktoscano	05/07/2015 15:40:54 PM
Budget Analyst Approval	sjohnso9	05/13/2015 07:15:33 AM
BOE Agenda Approval	sbrown	05/14/2015 07:42:57 AM

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.).



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16660**

Agency Name: <b>B&amp;I - ATHLETIC COMMISSION</b>	Legal Entity Name: <b>YEE ADVANCED ORTHOPEDICS &amp; SPORTS MEDICINE, LLC</b>
Agency Code: <b>749</b>	Contractor Name: <b>YEE ADVANCED ORTHOPEDICS &amp; SPORTS MEDICINE, LLC</b>
Appropriation Unit: <b>3952-04</b>	Address: <b>8420 W WARM SPRINGS RD STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89113</b>
If "No" please explain: Not Applicable	Contact/Phone: null702/740-5327
	Vendor No.: T27018898
	NV Business ID: NV20051281372

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP# 3177

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 06/2015

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: **Medical Records Rev**

5. Purpose of contract:

**This is a new contract that continues ongoing services to provide medical records review and research related to unarmed combat.**

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 \$6,250.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.030; NRS 467.100; NAC 467.017; NAC 467.002; NAC 467.027; NAC 467.045 The Nevada Athletic Commission is responsible for reviewing medical records, both pre-fights and post-fights for its licensed unarmed combatants. Some of the medical records come from other states and other countries. The Commission is responsible for developing and implementing medical, health and safety standards for all contests and exhibitions of unarmed combats in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No Commission staff or other State agency employees are qualified. The physician must have experience in medical records, review, consultation and treatment coordination with other physicians and offer advice to the Athletic Commission on any medical issue that may arise for the health and safety of the professional unarmed combatants.

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 #3177, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/05/2015 Anticipated re-bid date: 05/05/2019

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 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 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	bbel1	04/29/2015 11:21:15 AM
Division Approval	bbel1	04/29/2015 11:21:18 AM
Department Approval	vmilazz1	05/05/2015 13:05:21 PM
Contract Manager Approval	vmilazz1	05/05/2015 13:05:24 PM
Budget Analyst Approval	sjohnso9	05/12/2015 10:16:35 AM
BOE Agenda Approval	sbrown	05/14/2015 09:15:01 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16590**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: Clark County School District
Agency Code: <b>901</b>	Contractor Name: <b>Clark County School District</b>
Appropriation Unit: <b>3265-12</b>	Address: <b>5100 West Sahara Avenue</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Las Vegas, NV 89146</b>
If "No" please explain: Work Program is in process	Contact/Phone: null702-799-5471
	Vendor No.: T40231800
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2019</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 1968-19-REHAB

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Rehabilitation Serv.**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing vocational rehabilitation services to students with disabilities who are attending Clark County School District high school. Staff and resources will be combined to provide vocational rehabilitation services through the Job Exploration and Expectation Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,484,179.03**

Other basis for payment: CCDC agrees to provide the services at a cost not to exceed the amount indicated per State Fiscal Year (SFY): SFY16 \$304,829.28; SFY17 \$497,723.44; SFY18 \$742,318.48 abd SFY19 \$939,307.83.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Cooperation and coordination of services between the Vocational Rehabilitation and School Districts is a high priority focus by the Rehabilitation Services Administration, US Department of Education to better serve high school students with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the staff or the funding to perform these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	khawkin1	04/13/2015 16:34:10 PM
Division Approval	shendren	04/13/2015 16:39:43 PM
Department Approval	mcost1	04/15/2015 14:07:56 PM
Contract Manager Approval	kwynands	04/15/2015 16:39:08 PM
Budget Analyst Approval	tgreenam	04/24/2015 12:00:03 PM
BOE Agenda Approval	myoun3	05/04/2015 09:33:29 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16669**

Agency Name: **DETR - REHABILITATION DIVISION**  
Agency Code: **901**  
Appropriation Unit: **3269-26**

Is budget authority available?: **No**

If "No" please explain: Workprogram SFY16 C32433 & CFY17 C32450 is in process to augment authority in Cat 26

Legal Entity Name: **IRON DATA SOLUTIONS, INC.**

Contractor Name: **IRON DATA SOLUTIONS, INC.**  
Address: **PO Box 643845**

City/State/Zip: **Cincinnati, OH 45264-3845**

Contact/Phone: **Karen M Edelen 314/744-7317**

Vendor No.: **T29027255A**  
NV Business ID: **NV20111131791**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Iron Data Support**

5. Purpose of contract:

**This is a new contract to provide ongoing software support services and maintenance for the Social Security Administration Disability Determination System currently installed within the Division.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$261,000.00**

Other basis for payment: \$129,000 paid up-front for FY16, \$132,000 paid up-front for FY17

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Federal Laws & Regulations, Social Security Administration policy**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Iron Data owns the Proprietary software that the Social Security Administration Disability Determination System requires using. Iron Data is the sole source for support and maintenance..**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Vendor's software is mandated by the Federal Social Security Administration

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:

Bureau of Disability Adjudication since July 2010

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

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	khawkin1	05/01/2015 08:55:44 AM
Division Approval	shendren	05/01/2015 09:13:55 AM
Department Approval	mcost1	05/01/2015 16:28:44 PM
Contract Manager Approval	kwynands	05/05/2015 15:55:52 PM
DoIT Approval	bbohm	05/06/2015 14:59:27 PM
Budget Analyst Approval	tgreenam	05/07/2015 15:57:21 PM
BOE Agenda Approval	myoun3	05/12/2015 11:44:51 AM
BOE Final Approval	Pending	

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.).

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>15883</b>	Amendment Number: <b>1</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY DIVISION</b>	Legal Entity Name: <b>THE WORKPLACE, INC.</b>
Agency Code: <b>902</b>	Contractor Name: <b>THE WORKPLACE, INC.</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>350 FAIRFIELD AVE FL 3</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>BRIDGEPORT, CT 06604-6014</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michael J. McCarthy 203/610-8502</b>
	Vendor No.: <b>T29034832</b>
	NV Business ID: <b>NV20141411522</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **PY14-THEWORKPLACEINC**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2014**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **2 years and 49 days**

4. Type of contract: **Contract**

Contract description: **Platform 2Employment**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides the Platform 2 Employment (P2E) program in Nevada. This amendment extends the termination date from June 30, 2015 to September 30, 2016 and increases the maximum amount from \$392,500.00 to \$748,240.13 due to an increase in the number of workshops and P2E participants.**

#### 6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$392,500.00
2.	Total amount of any previous contract amendments:	\$0.00
3.	Amount of current contract amendment:	\$355,740.13
4.	New maximum contract amount:	\$748,240.13
	and/or the termination date of the original contract has changed to:	09/30/2016

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To address Nevada's long-term unemployed, who are not being assisted through currently available means, in returning to the workforce.

8. Explain why State employees in your agency or other State agencies are not able to do this work:



The Department does not have employees who can provide the specialized assistance and support to assist the long-term unemployed.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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 #: 140402**

**Approval Date: 06/30/2014**

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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	04/27/2015 15:42:20 PM
Division Approval	rolso1	04/29/2015 14:50:40 PM
Department Approval	mcost1	05/01/2015 14:30:06 PM
Contract Manager Approval	kwynands	05/05/2015 11:21:14 AM
Budget Analyst Approval	myoun3	05/12/2015 10:54:30 AM
BOE Agenda Approval	myoun3	05/12/2015 10:54:36 AM

FRANCIS W. K. P. L. A. S. I. N. G.  
 Albany, NY  
 5/17/2017

State of Nevada  
 Department of Administration  
 Purchasing Division  
 514 W. Moyer Street, Suite 200  
 Carson City, NV 89701



**REVISED**  
 07/12/2014

Procurement Use Only  
 Approved: 140402.A

Bill Spivey  
 Director  
 Bill Spivey  
 Director  
 Greg Smith  
 Administrator

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

Amendment 1

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a Agency Contact Information - Note: Approved only will be sent to only the contact(s) listed below

State Agency: Department of Employment, Training and Rehabilitation 500 E. Third Street Carson City, NV 89713	Contact Name and Title Grant Nelson Chief Purchases Investment Support Services	Phone Number (775) 684-0304	Email Address gnelson@nvdot.org
---	--	--------------------------------	------------------------------------

1b Vendor Information

Identify Vendor	WorkPlace
Contact Name	Michael J. McQuinn, National Director
Address	350 Parkfield Avenue, Bridgeport CT 06604
Telephone Number	(203) 610-8337
Email Address	mjmcquinn@workplace.org

1c Type of Waiver Requested - Check the appropriate type

Sole or Single Source	<input checked="" type="checkbox"/> Sole Source
Professional Services Exemption	<input type="checkbox"/>

1d Contract Information

Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Amendment #	#			
CBTS #	#			

1e Term

One (1) Time Purchase	<input checked="" type="checkbox"/>
Contract Start Date	6/01/2014
Contract End Date	5/31/2015

1f Funding

State Appropriated	
Federal Funds	722 722
Grant Funds	
Other (Specify)	Chavez Enhancement Program

1g Total Estimated Value of this Service Contract, Amendment or Purchase

FY14-THEWORKPLACE  
 Allocation AA  
 OFDA 17.207

~~\$ 400,000~~ ~~340,800~~ Adding \$ 355,740.13 to Am #3

2 Provide a description of work/services to be performed or commodity/good to be purchased.  
 This is a request to implement the Platform to Employment (P2E) program for use in two pilot projects in the state of Nevada. P2E is a system, developed by WorkPlace for the long-term unemployed, to assess, educate and provide emotional and financial guidance to assist in obtaining employment.

3 What are the unique features/qualifications required for this service or good that are not available from any other vendor?  
 This program provides a five-week series of workshops followed by eight-weeks of subsidized employment. WorkPlace discovered long-term unemployed face social, emotional and skill deficiencies caused by the duration of their unemployment. Only by eliminating employer risk during the hiring process will individuals be evaluated fairly in today's economy. This is a proprietary curriculum that has proven success outcomes.

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source.  
 DEPR has embarked on a plan to provide training, assessments and subsidized employment to Nevada's long-term unemployed workers. The State of Nevada and the federal government acknowledge that P2E is the only nationally recognized and viable tool that will carry value for its recipients. Currently, more than 20 states have successfully used this tool to support, assess and train their long-term unemployed. There is no other program to date that has the same success rate to address the issues of this demographic.

5 Were alternative services or commodities evaluated? Check One: Yes  No  X  
 a. If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.  
 b. If not, why were alternatives not evaluated?  
 Since there is no other viable option, the state would not invest money in other unproven products. Doing so would result in the inability to properly assess and train individuals that would help lead to career pathway success. The state's need for a tool to address this group has been discussed extensively during past legislative sessions.

6 Has the agency purchased this service or commodity in the past? Check One: Yes  No  X  
 Note: If your previous purchase(s) was made via solicitation (award(s)), a copy or copies of ALL previous waivers must accompany this request.  
 a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:  

Form	Value	Short Description	Type of Procurement (RFQ, RFP, Waiver)
Start and End Dates			
8-13-14	\$ 392,500	Original Contract	waiver
	\$		

Solicitation Waiver

Revised: 10/2013

PY14-THEWORKPLACEING  
Attachment AA  
GFDA 17,207

		\$	
		\$	
		\$	

7 What are the potential consequences to the State if the waiver request is denied and the services or good is unacceptably high?  
*Up to this point no other alternatives exist. If the request is denied the problem of serving the long-term unemployed will continue to compound with no resolution in sight.*

8 What efforts were made or conducted to substantiate there is no competition for the services or good and to ensure the price for this purchase is fair and reasonable?  
*Internet research and teleconferences with other states were conducted to analyze and evaluate other options to serve this demographic. Not only was there a shortage of ideas and solutions, but a review of similar, less comprehensive programs determined they would not be sufficient to replicate the services provided by P2E. Nor would alternate programs be able to match the P2E current success rate. To date no other viable or cost effective options exist that combine all the areas that need to be addressed to resolve this issue.*

9 Will this purchase obligate the State to this vendor for future purchases? Check One. Yes  No   
 ii. If yes, please provide details regarding future obligations or needs.

Jun. 27, 2014 1:59PM

No. 6220 P. 5

PY14-THEWORKPLACEING  
Attachment AA  
OFDA 47207

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.

Agency Representative Initiating Request  
Grant Nelson (GN) 4/21/15

Print Name of Agency Representative Initiating Request  
Date

Signature of Agency Head Authorizing Request  
4/20/15

Print Name of Agency Head Authorizing Request  
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 399.159(2)(b)(6), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the supplies or good sought may in fact be procured for in a more effective manner. Pursuant to NRS 394.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (SBE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed: [Signature] (NS)  
Administrator, Purchasing Division of Douglas  
Date: 4-4-14  
7-2-14  
Date: 6/26/14

Solicitation Waiver Nevada 10/2013

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16648**

Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: UNIVERSITY OF OREGON
Agency Code: <b>908</b>	Contractor Name: <b>UNIVERSITY OF OREGON</b>
Appropriation Unit: <b>3273-26</b>	Address: <b>5258 UNIV OF OREGON, CASHIER PO BOX 3237</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>EUGENE, OR 97403</b>
If "No" please explain: Work Program C32540 in process	Contact/Phone: null541/346-3875
	Vendor No.: T27020595
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2016</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 1965-16-R&A

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2016**

Contract term: **1 year**

4. Type of contract: **Interlocal Agreement**

Contract description: **Licensing Agreement**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing licensing for the Career Information System for utilization in the State of Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,425.00**

Other basis for payment: The cost of the contract is \$61,425 for the licensing component, \$20,000 for Delivery Systems Services and is payable to the University of Oregon within 30 days of receipt of an approved invoice. The maximum amount of the contract is not to exceed \$81,425 for the term of the contract.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

A licensing agreement is required to enter into this contract for the Career Information System (CIS) components, inclusive of CIS content, CIS software, and CIS materials.

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 capacity to perform this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Career Information System is a proprietary service offered by the University of Oregon.

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 University of Oregon has been under contract with the Department of Employment, Training and Rehabilitation since 1992 and their performance 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	mchadwic	04/28/2015 13:46:20 PM
Division Approval	mcost1	05/01/2015 14:29:21 PM
Department Approval	mcost1	05/01/2015 14:29:24 PM
Contract Manager Approval	kwynands	05/07/2015 17:19:13 PM
Budget Analyst Approval	myoun3	05/12/2015 11:59:05 AM
BOE Agenda Approval	myoun3	05/12/2015 11:59:09 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: **16468**

Agency Name: <b>PUBLIC EMPLOYEES' BENEFITS</b>	Legal Entity Name: <b>EXTEND HEALTH, INC.</b>
Agency Code: <b>950</b>	Contractor Name: <b>EXTEND HEALTH, INC.</b>
Appropriation Unit: <b>1338-10</b>	Address: <b>2929 CAMPUS DR STE 400</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SAN MATEO, CA 94403-2537</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>null650/292-8701</b>
	Vendor No.: <b>T27028436</b>
	NV Business ID: <b>NV20101643867</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2020</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % 67% State Subsidy/ 33% Premium Revenue</b>

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **5 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Medicare Exchange**

5. Purpose of contract:

**This is a new contract to provide ongoing individual Medicare Exchange and Health Reimbursement Arrangement Administration for eligible Medicare retirees of the program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,023,000.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Since 2011 PEBP has transitioned its retirees who are enrolled in Medicare Parts A and B to an individual Medicare Exchange with and HRA to administer their health plan. Retirees with Medicare Parts A and B are no longer eligible to participate in PEBP sponsored health plans without other eligibility requirements being met and as a result a vendor is needed to manage the retiree enrollment process and administer HRA accounts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

PEBP nor other state agencies are able to serve as brokers and benefit advisors for health plans on the open market.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



This is the incumbent vendor and as a result would have minimum disruption to enrolled retirees. This vendor was chosen by the evaluation committee in accordance with NRS 333 and pursuant to RFP #3124

d. Last bid date: 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:

This vendor is PEBP's current Individual Medicare Exchange and HRA Administrator vendor. PEBP is satisfied with the services provided by Extend Health/ Towers Watson.

13. Is the contractor currently involved in litigation with the State 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	03/16/2015 10:33:47 AM
Division Approval	mstron1	03/16/2015 10:33:51 AM
Department Approval	cglover	05/05/2015 09:06:51 AM
Contract Manager Approval	mstron1	05/05/2015 09:18:00 AM
Budget Analyst Approval	sbarkdul	05/12/2015 14:29:00 PM
BOE Agenda Approval	cwatson	05/14/2015 11:25:00 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>15306</b>	Amendment Number: <b>2</b>
Agency Name: <b>PUBLIC EMPLOYEES' BENEFITS</b>	Legal Entity Name: <b>HOMETOWN HEALTH PROVIDERS</b>
Agency Code: <b>950</b>	Contractor Name: <b>HOMETOWN HEALTH PROVIDERS</b>
Appropriation Unit: <b>1338-10</b>	Address: <b>INSURANCE CO INC - PPO PREMIUM 830 HARVARD WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-2055</b>
If "No" please explain: Not Applicable	Contact/Phone: null775/982-3181
	Vendor No.: T29003541
	NV Business ID: NV19871019956

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % 67% State Subsidy/ 33% Premium Revenue</b>

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 06/2015  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2019**  
 Contract term: **5 years**

4. Type of contract: **Contract**  
 Contract description: **UM/ CM**

5. Purpose of contract:  
**This is the second amendment to the original contract, which provides utilization management and large case management to participants of the Consumer Driven Health Plan. This amendment increases the maximum amount from \$4,000,000 to \$7,960,000 due to adding diabetes care management.**

**6. CONTRACT AMENDMENT**

1. The maximum amount of the original contract:	\$4,000,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$3,960,000.00
4. New maximum contract amount:	\$7,960,000.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Public Employees' Benefits Program (PEBP) oversees the administration of the self-funded medical and dental plans. The medical plan requires a vendor to provide pre-certification for certain medical services/ procedures. Case management provides assistance during large or high dollar claim events.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**State employees are not licensed to provide this service.**

9. Were quotes or proposals solicited? **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 #3084 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: 09/01/2010 Anticipated re-bid date: 09/01/2018

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:

Hometown Health currently provides PEBP's northern Nevada HMO benefit plan and is the PPO network provider for northern Nevada. PEBP is satisfied by the services provided by Hometown Health.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstron1	05/05/2015 10:18:10 AM
Division Approval	mstron1	05/05/2015 10:18:15 AM
Department Approval	cglover	05/05/2015 10:41:40 AM
Contract Manager Approval	mstron1	05/05/2015 11:12:17 AM
Budget Analyst Approval	sbarkdul	05/12/2015 14:18:53 PM
BOE Agenda Approval	cwatson	05/14/2015 11:23:21 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: **16631**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>A/V TRONICS, INC. dba AVTRANZ</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>A/V TRONICS, INC. dba AVTRANZ</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>845 NORTH 3RD AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PHOENIX, AZ 85003</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JASON BARROW 602-263-0885</b>
	Vendor No.: <b>T27022950</b>
	NV Business ID: <b>NV20111116673</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % VARIOUS</b>

Agency Reference #: 2091 - AM

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Transcription Servic**

5. Purpose of contract:

**This is a new contract to provide transcription services of court and/or administrative proceedings or medical recordings for various state agencies on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: For Transcript Pricing - Certified or Un-certified - \$2.90 per page, \$3.90 for Second Day Delivery, \$4.85 for Next Day Delivey with no minimum requirement.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Various State agencies require that meetings be transcribed by a contract transcriptionist for public use or internal use.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Many agencies lack the staff and equipment to handle the volume of transcribing services required.**

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 2091, and in accordance with NRS 333, the selected vendor was one of the top three (3) highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/13/2015 Anticipated re-bid date: 01/15/2019

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:

Department of Administration - Purchasing Division - 2010 - present. They have been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ideloach	04/28/2015 08:21:47 AM
Division Approval	Ideloach	04/28/2015 08:21:51 AM
Department Approval	Ideloach	04/28/2015 08:21:54 AM
Contract Manager Approval	amorfin	05/06/2015 07:54:17 AM
Budget Analyst Approval	sjohnso9	05/06/2015 07:55:54 AM
BOE Agenda Approval	sbrown	05/08/2015 11:02:04 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16690**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>AAction Movers</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>AAction Movers</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>6615 Escondido Drive, Suite E</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89119</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Cliff Meltzer 702-452-0000</b>
	Vendor No.:
	NV Business ID: <b>NV19921047478</b>

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: **RFQ 3174**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **MSA**

Contract description: **Moving Services**

5. Purpose of contract:

**This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**State agencies have occasional need to move large files or relocate offices.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The State does not employ movers or offer moving 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 RFQ 3174, and in accordance with NRS 333, this vendor met all required qualifications and was selected by an independently appointed evaluation committee. This service will be awarded to all vendors who apply and meet the qualifications.

d. Last bid date: 02/24/2015 Anticipated re-bid date: 02/25/2019

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:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	05/05/2015 13:30:41 PM
Division Approval	ldeloach	05/05/2015 13:30:44 PM
Department Approval	ldeloach	05/05/2015 13:30:46 PM
Contract Manager Approval	hmoon	05/05/2015 13:41:54 PM
Budget Analyst Approval	sjohnso9	05/11/2015 10:08:08 AM
BOE Agenda Approval	sbrown	05/14/2015 16:45:18 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: **16632**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>ALWAYS ON TIME LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>ALWAYS ON TIME LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>1516 E TROPICANA AVENUE SUITE 155</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-8316</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JAIME CARIS 800-921-3259</b>
	Vendor No.: <b>T29036311</b>
	NV Business ID: <b>NV20081637627</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % VARIOUS</b>

Agency Reference #: **2091 - AM**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Transcription Servic**

5. Purpose of contract:

**This is a new contract to provide transcription services of court and/or administrative proceedings or medical recordings for various state agencies on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: For Transcript Pricing - Certified or Un-certified - \$2.50 per page, \$2.75 for Second Day Delivery, \$3.00 for Next Day Delivery with no minimum requirement.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Various State agencies require that meetings be transcribed by a contract transcriptionist for public use or internal use.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Many agencies lack the staff and equipment to handle the volume of transcribing services required.**

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 2091, and in accordance with NRS 333, the selected vendor was one of the top three (3) highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/13/2015 Anticipated re-bid date: 01/15/2019

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:

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	ldeloach	04/27/2015 15:30:04 PM
Division Approval	ldeloach	04/27/2015 15:30:06 PM
Department Approval	ldeloach	04/27/2015 15:30:09 PM
Contract Manager Approval	amorfin	04/27/2015 15:45:27 PM
Budget Analyst Approval	sjohnso9	05/06/2015 07:36:48 AM
BOE Agenda Approval	sbrown	05/08/2015 11:02:40 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16591**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>ARC HEALTH AND WELLNESS LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>ARC HEALTH AND WELLNESS LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>82 E GLENDALE AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>PAUL GRANSTROM 775/846-3413</b>
	Vendor No.: <b>T32000878</b>
	NV Business ID: <b>NV20091007892</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: 3148

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Health Services**

5. Purpose of contract:

**This is a new contract that continues the provision of Occupational Health Services to State of Nevada employees. Primary services include: annual physical exams for police officers and firefighters; cardiac, pulmonary, audiology consultations/evaluations; and hepatitis inoculations and screening.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: Upon receipt of invoice for services received by individual State agencies.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Requirements are mandated in NRS 617.455, 457 and NAC 617.010 - 617.100.

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 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 #3148 and in accordance with NRS 333, the selected vendor was one of three highest scoring vendors selected to provide statewide services as determined by an independently appointed evaluation committee.

d. Last bid date: 10/29/2014 Anticipated re-bid date: 10/01/2018

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:

This vendor holds a current MSA contract to provide these services throughout the state. Service provided 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	ldeloach	05/04/2015 11:03:51 AM
Division Approval	ldeloach	05/04/2015 11:03:53 AM
Department Approval	ldeloach	05/04/2015 11:03:56 AM
Contract Manager Approval	mmars1	05/12/2015 08:15:08 AM
Budget Analyst Approval	sjohnso9	05/12/2015 08:21:00 AM
BOE Agenda Approval	sbrown	05/14/2015 07:57:52 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16638**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Ace World Wide Moving &amp; Storage</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Ace World Wide Moving &amp; Storage</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>3010 E. Alexander Road, Suite</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>N. Las Vegas, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Wade Bute 702-454-2222</b>
	Vendor No.: <b>T29027950</b>
	NV Business ID: <b>NV20001477028</b>

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: **RFQ 3174**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **MSA**

Contract description: **Moving Services**

5. Purpose of contract:

**This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**State agencies have occasional need to move large files or relocate offices.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The State does not employ movers or offer moving 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 RFQ #3174 and in accordance with NRS 333, this vendor met all required qualifications and was selected by an independently appointed evaluation committee. This service will be awarded to all vendors who apply and meet the qualifications.

d. Last bid date: 02/24/2015 Anticipated re-bid date: 02/25/2019

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:

Ace World Wide Moving & Storage is a current vendor for moving services and the quality of service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	04/24/2015 10:29:27 AM
Division Approval	kperondi	04/24/2015 10:29:29 AM
Department Approval	kperondi	04/24/2015 10:29:31 AM
Contract Manager Approval	hmoon	04/24/2015 10:44:17 AM
Budget Analyst Approval	sjohnso9	05/11/2015 10:03:26 AM
BOE Agenda Approval	sbrown	05/14/2015 16:40:25 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: **16647**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Berger Transfer &amp; Storage</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Berger Transfer &amp; Storage</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>600 E. Cheyenne Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>N. Las Vegas, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Neil Holder 702-399-9913</b>
	Vendor No.: <b>T32002974</b>
	NV Business ID: <b>NV20141052565</b>

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: **RFQ 3174**

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 **06/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **MSA**

Contract description: **Moving Services**

5. Purpose of contract:

**This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**State agencies have occasional need to move large files or relocate offices.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The State does not employ movers or offer moving 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 RFQ 3174, and in accordance with NRS 333, this vendor met all required qualifications and was selected by an independently appointed evaluation committee. This service will be awarded to all vendors who apply and meet the qualifications.

d. Last bid date: 02/24/2015 Anticipated re-bid date: 02/25/2019

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:

Berger Transfer & Storage is a current vendor under the current State contract 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 registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	04/27/2015 17:46:51 PM
Division Approval	kperondi	04/27/2015 17:46:53 PM
Department Approval	kperondi	04/27/2015 17:46:55 PM
Contract Manager Approval	hmoon	04/28/2015 08:12:08 AM
Budget Analyst Approval	sjohnso9	05/11/2015 10:02:43 AM
BOE Agenda Approval	sbrown	05/14/2015 16:38:15 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16680**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	<b>CORPORATE TRANSLATION SERVICES, INC. DBA CTS LANGUAGE LINK</b>
Agency Code:	<b>MSA</b>	Contractor Name:	<b>CORPORATE TRANSLATION SERVICES, INC. DBA CTS LANGUAGE LINK</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>911 MAIN ST STE 10</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>VANCOUVER, WA 98660</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>LAURA FLORES 360/433-0460</b>
		Vendor No.:	<b>T32000889</b>
		NV Business ID:	<b>NV20101381643</b>

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: RFP 3190

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years and 30 days**

4. Type of contract: **MSA**

Contract description: **Telephone Translatio**

5. Purpose of contract:

**This is a new Participating Addendum to the Western States Contracting Alliance-National Association of State Purchasing Officers contract to provide immediate translation services over the telephone, 24 hours per day, 7 days per week.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

Payment for services will be made at the rate of \$0.62 per minute

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In the course of doing business, it's often necessary to communicate with others who do not understand English.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Users of this contract do not have the knowledge, skills, and abilities to communicate in over 100 different languages, 24 hours per day, 7 days per week.

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 scored among the highest by the evaluation committee, according to the established and approved evaluation criteria.

d. Last bid date: 10/23/2014 Anticipated re-bid date: 05/04/2018

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:

CTS has been a contracted vendor for these services for at least the past 6 years. Services are satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	05/04/2015 15:17:06 PM
Division Approval	ldeloach	05/04/2015 15:17:08 PM
Department Approval	ldeloach	05/04/2015 15:17:11 PM
Contract Manager Approval	mtroesch	05/04/2015 15:28:26 PM
Budget Analyst Approval	sjohnso9	05/06/2015 08:47:59 AM
BOE Agenda Approval	sbrown	05/14/2015 07:48:04 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16640**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Carson Valley Movers
Agency Code: <b>MSA</b>	Contractor Name: <b>Carson Valley Movers</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>3039 Research Way #102</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89706</b>
If "No" please explain: Not Applicable	Contact/Phone: Karla Jones 775-883-3322
	Vendor No.: PUR0002608
	NV Business ID: NV20101285215

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: RFQ 3174

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **MSA**

Contract description: **Moving Services**

5. Purpose of contract:

**This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have occasional need to move large files or relocate offices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ movers or offer moving 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 RFQ #3174, and in accordance with NRS 333, this vendor met all required qualifications and was selected by an independently appointed evaluation committee. This service will be awarded to all vendors who apply and meet the qualifications.

d. Last bid date: 02/24/2015 Anticipated re-bid date: 02/25/2019

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 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	kperondi	04/24/2015 10:29:54 AM
Division Approval	kperondi	04/24/2015 10:29:56 AM
Department Approval	kperondi	04/24/2015 10:29:57 AM
Contract Manager Approval	hmoon	04/24/2015 10:44:27 AM
Budget Analyst Approval	sjohnso9	05/11/2015 10:05:48 AM
BOE Agenda Approval	sbrown	05/14/2015 16:43:25 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: **16593**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	<b>JAY BETZ, MD CONSULTING CORP DBA NEVADA OCCUPATIONAL HEALTH</b>
Agency Code:	<b>MSA</b>	Contractor Name:	<b>JAY BETZ, MD CONSULTING CORP DBA NEVADA OCCUPATIONAL HEALTH</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>3488 GONI RD STE 141</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CARSON CITY, NV 89706-7970</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jay Betz MD 775/887-5030
		Vendor No.:	T27034136
		NV Business ID:	NV20121311846

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: 3148

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Health Services**

5. Purpose of contract:

**This is a new contract that continues the provision of Occupational Health Services to State of Nevada employees. Primary services include: annual physical exams for police officers and firefighters; cardiac, pulmonary, audiology consultations/evaluations; and hepatitis inoculations and screening.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: Upon receipt of invoices for services received by individual State agencies.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Requirements are mandated in NRS 617.455, 457 and NAC 617.010 - 617.100.

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 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 #3148 and in accordance with NRS 333, the selected vendor is one of the three highest scoring vendors selected to provide statewide services as determined by an independently appointed evaluation committee.

d. Last bid date: 10/29/2014 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?

No If "Yes", specify 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	ldeloach	05/04/2015 11:50:07 AM
Division Approval	ldeloach	05/04/2015 11:50:09 AM
Department Approval	ldeloach	05/04/2015 11:50:10 AM
Contract Manager Approval	mmars1	05/12/2015 08:14:51 AM
Budget Analyst Approval	sjohnso9	05/12/2015 08:30:31 AM
BOE Agenda Approval	sbrown	05/14/2015 07:53:52 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16538**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Laboratory Corporation of America
Agency Code: <b>MSA</b>	Contractor Name: <b>Laboratory Corporation of America</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>358 S Main Street Suite 458</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Burlington, NC 27215-5837</b>
If "No" please explain: Not Applicable	Contact/Phone: Tim Weber 602-453-6258
	Vendor No.: T80994616
	NV Business ID: NV19761002182

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: RFP 3123

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **MSA**

Contract description: **Clinical Lab Testing**

5. Purpose of contract:

**This is a new contract that continues ongoing laboratory tests for client stays at several agency facilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Laboratory testing for client stays at several agency facilities is required.

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 facility, medical staff or the expertise to conduct these tests.

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#3123, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 08/05/2014 Anticipated re-bid date: 08/05/2016

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor is currently under contract with the State. Quality of service provided is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	04/10/2015 10:27:29 AM
Division Approval	sberry	04/10/2015 10:27:32 AM
Department Approval	sberry	04/10/2015 10:27:34 AM
Contract Manager Approval	tsmit2	04/20/2015 09:43:23 AM
Budget Analyst Approval	sjohnso9	04/29/2015 07:39:46 AM
BOE Agenda Approval	sbrown	05/08/2015 11:16:30 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16592**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Occupational Health Centers of the Southwest PA, dba Concentra
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Occupational Health Centers of the Southwest PA, dba Concentra</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>5080 Spectrum Dr. Suite 1200W</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Addison, TX 75001</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Andrew Klein 7024975164
		Vendor No.:	T81102374
		NV Business ID:	NV19941091460

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: 3148

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Health Services**

5. Purpose of contract:

**This is a new contract that continues the provision of Occupational Health Services to State of Nevada employees. Primary services include: annual physical exams for police officers and firefighters; cardiac, pulmonary, audiology consultations/evaluations; and hepatitis inoculations and screening.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: Upon receipt of invoices for services received by individual State agencies.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Requirements are mandated in NRS 617.455, 457 and NAC 617.010 - 617.100.

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 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 3148 and in accordance with NRS 333, the selected vendor was one of three highest scoring proposers as determined by an independently appointed evaluation committee to provide statewide services.

d. Last bid date: 10/29/2014 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:

This vendor holds a current MSA contract to provide these services throughout the state. Services provided have been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	05/07/2015 08:05:42 AM
Division Approval	ldeloach	05/07/2015 08:05:44 AM
Department Approval	ldeloach	05/07/2015 08:05:46 AM
Contract Manager Approval	mmars1	05/12/2015 08:28:57 AM
Budget Analyst Approval	sjohnso9	05/12/2015 08:29:46 AM
BOE Agenda Approval	sbrown	05/14/2015 07:56:00 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16641**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Puliz Moving and Storage
Agency Code: <b>MSA</b>	Contractor Name: <b>Puliz Moving and Storage</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>1095 Standard Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89506</b>
If "No" please explain: Not Applicable	Contact/Phone: Ronda Gentry 775-345-3868
	Vendor No.: T80914937
	NV Business ID: NV19771009093

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: RFQ 3174

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **MSA**

Contract description: **Moving Services**

5. Purpose of contract:

**This is a new contract to provide state agencies with moving services such as packing, storage, and general freight on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have occasional need to move large files or relocate offices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ movers or offer moving 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 RFQ 3174, and in accordance with NRS 333, this vendor met all required qualifications and was selected by an independently appointed evaluation committee. This service will be awarded to all vendors who apply and meet the qualifications.

d. Last bid date: 02/24/2015 Anticipated re-bid date: 02/25/2019

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:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	04/24/2015 10:28:59 AM
Division Approval	kperondi	04/24/2015 10:29:00 AM
Department Approval	kperondi	04/24/2015 10:29:02 AM
Contract Manager Approval	hmoon	04/24/2015 10:44:36 AM
Budget Analyst Approval	sjohnso9	05/11/2015 10:04:58 AM
BOE Agenda Approval	sbrown	05/14/2015 16:41:48 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: **16487**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Quest Diagnostics, Inc
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Quest Diagnostics, Inc</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>4230 Burnham Drive</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89119</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Chris Dreyer 702-521-5939
		Vendor No.:	PUR0000688
		NV Business ID:	NV19661001279

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: RFP 3123

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 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **MSA**Contract description: **Clinical Lab Testing**

5. Purpose of contract:

**This is a new contract that continues ongoing laboratory tests for client stays at several agency facilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Laboratory testing for client stays at several agency facilities is required.

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 facility, medical staff or the expertise to conduct these tests.

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 #3123, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 08/05/2014 Anticipated re-bid date: 08/05/2016

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	04/10/2015 10:36:24 AM
Division Approval	sberry	04/10/2015 10:36:26 AM
Department Approval	sberry	04/10/2015 10:36:29 AM
Contract Manager Approval	tsmit2	04/20/2015 09:33:36 AM
Budget Analyst Approval	sjohnso9	04/29/2015 07:34:05 AM
BOE Agenda Approval	sbrown	05/08/2015 11:17:28 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16665**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	ZYDOC MEDICAL TRANSCRIPTION, LLC
Agency Code:	<b>MSA</b>	Contractor Name:	<b>ZYDOC MEDICAL TRANSCRIPTION, LLC</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>1455 VETERANS MEMORIAL HWY SUITE 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>ISLANDIA, NY 11749</b>
If "No" please explain:	Not Applicable	Contact/Phone:	JAMES MAISEL, MD 631-273-1963
		Vendor No.:	T32003468
		NV Business ID:	NV20151265754

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % VARIOUS</b>

Agency Reference #: 2091 - AM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/14/2015**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **3 years and 352 days**

4. Type of contract: **MSA**

Contract description: **Transcription Servic**

5. Purpose of contract:

**This is a new contract to provide transcription services of court and/or administrative proceedings or medical recordings for various state agencies on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: For Transcript Pricing - Certified or Un-certified - \$2.14 per page, \$2.14 plus mailing and printing costs if applicable for Second Day Delivery, \$2.80 plus mailing and printing costs if applicable for Next Day Delivery, \$4.00 minimum per transcript. Mailed copies charged at USPS priority mail rate plus \$0.10 per printed page.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Various State agencies require that meetings be transcribed by a contract transcriptionist for public use or internal use.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Many agencies lack the staff and equipment to handle the volume of transcribing services required.

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 2091, and in accordance with NRS 333, the selected vendor was one of the top three (3) highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/13/2015 Anticipated re-bid date: 01/15/2019

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **They are registered as a Foreign Limited-Liability Company**

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	05/06/2015 14:45:54 PM
Division Approval	ldeloach	05/06/2015 14:45:56 PM
Department Approval	ldeloach	05/06/2015 14:45:58 PM
Contract Manager Approval	amorfin	05/06/2015 14:58:03 PM
Budget Analyst Approval	sjohnso9	05/12/2015 07:52:14 AM
BOE Agenda Approval	sbrown	05/14/2015 07:43:22 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16681**

Agency Name: **NUCLEAR PROJECTS OFFICE**  
 Agency Code: **012**  
 Appropriation Unit: **1005-14**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **DHHS - Public and Behavioral Health**  
 Contractor Name: **DHHS - Public and Behavioral Health**  
 Address: **675 Fairview Drive Suite 218**  
 City/State/Zip: **Carson City, NV 89701**  
 Contact/Phone: **Karen Beckley 7756877540**  
 Vendor No.:  
 NV Business ID: **NA**

To what State Fiscal Year(s) will the contract be charged? **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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2016**

Contract term: **1 year**

4. Type of contract: **Interlocal Agreement**

Contract description: **RAD - WGA - 2015**

5. Purpose of contract:

**This is a new interlocal agreement that provides federal funds specifically for Nevada Department of Health and Human Services - Public and Behavioral Health, Bureau of Preparedness, Assurance, Inspections and Statistics Radiation Control Program activities required for planning and operations associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico, and from out-of-state locations passing through Nevada. Federal funds for these activities are provided through a grant from the Western Governor's Association.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: reimbursement of actual expenses

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**U.S. Department of Energy plans to transport transuranic waste through Nevada**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The Nevada Division of Public and Behavioral Health is a state agency**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify 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:

Joe Strolin, Contractor Ph: 7756873744

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shughe2	05/04/2015 13:38:50 PM
Division Approval	shughe2	05/04/2015 13:38:53 PM
Department Approval	shughe2	05/04/2015 13:38:58 PM
Contract Manager Approval	shughe2	05/04/2015 13:39:01 PM
Budget Analyst Approval	sbarkdul	05/06/2015 09:27:10 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: **16656**

Agency Name: **ATTORNEY GENERAL'S OFFICE**  
Agency Code: **030**  
Appropriation Unit: **1030-04**  
Is budget authority available?: **Yes**  
If "No" please explain: **Not Applicable**

Legal Entity Name: **LEGAL WINGS INC**  
Contractor Name: **LEGAL WINGS INC**  
Address: **1118 FREMONT ST**  
City/State/Zip: **LAS VEGAS, NV 89101-5406**  
Contact/Phone: **702/384-0305**  
Vendor No.: **T80945612**  
NV Business ID: **nv19841012894**

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.

<input checked="" type="checkbox"/>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon 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: **Contract**

Contract description: **Messenger Services**

5. Purpose of contract:

**This is a new contract to provide ongoing messenger services for legal documents to courts, law offices, etc. and file legal documents in various courts.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Legal Wings, Inc will provide messenger services for legal documents to be delivered to courts and law offices.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees can not perform 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):

**action lv  
jcn courier  
ontrac  
dynamex  
legal wings, inc**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**Legal Wings was the only vendor that submitted their proposal for this area.**

d. Last bid date: 04/01/2015 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Legal Wings, Inc has been contract with the OAG since 2011 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	lgallow1	04/29/2015 08:38:21 AM
Division Approval	clesli1	04/30/2015 12:17:25 PM
Department Approval	chowle	04/30/2015 15:34:39 PM
Contract Manager Approval	Iramire7	05/01/2015 09:08:59 AM
Budget Analyst Approval	knielsen	05/06/2015 08:25:43 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: **16654**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>RENO CARSON MESSENGER SERVICE</b>
Agency Code: <b>030</b>	Contractor Name: <b>RENO CARSON MESSENGER SERVICE</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>INC</b>
Is budget authority available?: <b>Yes</b>	<b>185 MARTIN ST</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89509</b>
	Contact/Phone: <b>775/322-2424</b>
	Vendor No.: <b>T60159830</b>
	NV Business ID: <b>nv19931072732</b>

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.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon 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: **Contract**

Contract description: **Messenger Services**

5. Purpose of contract:

**This is a new contract to provide ongoing messenger services for legal documents to courts, law offices, etc. and file legal documents in the various courts.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Messenger services are required due to the urgency of filing legal documents with the courts.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees are not able to perform the tasks needed of a messenger 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):

**Reno/Carson Messenger  
Dynamex  
Ontrac  
Aerospeed**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**Reno/Carson Messenger Services was awarded the contract because they were the only vendor that submitted a proposal.**

d. Last bid date: 04/01/2015 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Reno/Carson Messenger Services has been a vendor of the OAG since 2011 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	lgallow1	04/28/2015 14:03:18 PM
Division Approval	clesli1	04/29/2015 08:31:30 AM
Department Approval	chowle	04/29/2015 14:23:32 PM
Contract Manager Approval	lramire7	04/29/2015 14:32:15 PM
Budget Analyst Approval	knielsen	05/06/2015 08:51:55 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: **16703**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LUMOS &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>LUMOS &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>9222 Prototype Drive</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Reno , NV 8521</b>
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 the Account 3650, Military; expenditure category 10, civil engineering and construction services.	Contact/Phone: <b>775/827-6111</b>
	Vendor No.: <b>T80912843</b>
	NV Business ID: <b>NV19791006982</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2015-2019</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<input checked="" type="checkbox"/> Other funding <b>100.00 % Agency funded CIP - Federal Army Guard Construction Funds</b>

Agency Reference #: 109412

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/11/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years and 51 days**

4. Type of contract: **Contract**

Contract description: **Arch Eng Serv**

5. Purpose of contract:

**This is a new contract to provide professional civil engineering and construction administration services for the Army Aviation Stead Facility Apron Replacement project: CIP Project No. 15-A011; SPWD Contract No. 109412. Lumos will develop engineering plans / documents in accordance with the Guard's adopted Unified Facilities Criteria and the City of Reno design standards. Lumos will also provide bidding assistance and construction administration services for the project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,700.00**

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:

Dan Daily, project manager Ph: 775-684-4141

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/06/2015 15:25:42 PM
Division Approval	dgrimm	05/06/2015 15:25:45 PM
Department Approval	dgrimm	05/06/2015 15:25:49 PM
Contract Manager Approval	dgrimm	05/06/2015 16:06:39 PM
Budget Analyst Approval	jrodrig9	05/11/2015 21:48:51 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16661**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>KFC BUILDING CONCEPTS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>KFC BUILDING CONCEPTS, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>5635 RIGGINS CT STE 20</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-6561</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/825-5534</b>
	Vendor No.: <b>T29012071</b>
	NV Business ID: <b>NV20071277668</b>

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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Building and Grounds Building Rental Income Fees</b>
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 **05/11/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2019**

Contract term: **4 years and 113 days**

4. Type of contract: **Contract**

Contract description: **General Contract**

5. Purpose of contract:

**This is a new contract that continues ongoing general contracting services for various State buildings in the Reno and Carson City areas, on an as needed basis and at the request and approval of a Building 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?

**Building necessities and emergencies warrant the use of general contractor services as B&G does not have the manpower, expertise beyond journey level or equipment to accomplish the project.**

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):

**JMA Construction  
Central Sierra  
KFC Building Concepts**

b. Solicitation Waiver: **Not Applicable**



c. Why was this contractor chosen in preference to other?

per SAM0338.0 each contractor will be contacted to submit bids on projects. KFC Building Concepts Inc. is a Nevada Public Works Board Contractor and pursuant to NRS 338.13862, Building and Grounds is using a Public Works Board prequalified vendor.

d. Last bid date: 03/01/2015 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:

2007-2015, Buildings and Grounds, service satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

JON VIETTI, FACILITY SUPERVISOR 3 Ph: 775-6841800

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	04/29/2015 13:17:02 PM
Division Approval	csweeney	04/29/2015 13:17:05 PM
Department Approval	csweeney	04/29/2015 13:17:08 PM
Contract Manager Approval	ssands	04/29/2015 13:29:32 PM
Budget Analyst Approval	jrodrig9	05/11/2015 22:47:03 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: **16609**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DAVIS GLASS &amp; MIRROR, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>DAVIS GLASS &amp; MIRROR, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>5135 S VALLEY VIEW BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-1726</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/368-7722</b>
	Vendor No.: <b>T81087951</b>
	NV Business ID: <b>NV19961120126</b>

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Buildings &amp; Grounds Building Rental Fees</b>
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 **05/11/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2019**

Contract term: **3 years and 355 days**

4. Type of contract: **Contract**

Contract description: **Glass service**

5. Purpose of contract:

**This is a new contract that continues ongoing repairs and maintenance of windows, glass and mirrors, on an as needed basis, and upon the request and approval of a Buildings & Grounds designee for State buildings in Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**State buildings need to be maintained in a safe and secure manner. Window replacement requires the expertise that is beyond maintenance and manpower of Buildings & Grounds.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of manpower and expertise.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Nevada Glass Service  
Silver State Glass & Mirror  
Davis Glass & Mirror**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple glass and window repair contractors on file with Buildings & Grounds. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 03/01/2015 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?

No If "Yes", specify 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:

Doug Hartwell, Facility Manager Ph:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	04/29/2015 13:19:23 PM
Division Approval	csweeney	04/29/2015 13:19:25 PM
Department Approval	csweeney	04/29/2015 13:19:28 PM
Contract Manager Approval	ssands	04/29/2015 13:28:04 PM
Budget Analyst Approval	jrodrig9	05/11/2015 22:38:16 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: **16635**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**  
 Agency Code: **082**  
 Appropriation Unit: **1349-12**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **ANTHONY'S GLASS, INC.**  
 Contractor Name: **ANTHONY'S GLASS, INC.**  
 Address: **3955 W. Sunset Rd. Unit 105**  
 City/State/Zip: **LAS VEGAS, NV 89118**  
 Contact/Phone: **Victor Salinas 702-873-4040**  
 Vendor No.: **T27036891**  
 NV Business ID: **NV20011312355**

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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Building and Grounds Building Rental Income Fees</b>
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 **05/11/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **4 years and 51 days**

4. Type of contract: **Contract**

Contract description: **Glass service**

5. Purpose of contract:

**This is a new contract that continues ongoing repairs and maintenance of windows, glass and mirrors for state buildings in Southern Nevada, on an as needed basis, and upon the request of a Buildings & Grounds designee.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**State buildings need to be maintained in a safe and secure manner. Window replacement requires the expertise that is beyond maintenance and manpower of Buildings and Grounds.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of manpower and expertise**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**SILVER STATE GLASS AND MIRROR  
 DAVIS GLASS AND MIRROR  
 ANTHONY'S GLASS INC**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple glass and window repair contractors on file with Building & Grounds. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 03/01/2015 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?

No If "Yes", specify 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:

Ph:

DOUG HARTWELL, FACILITY MANAGER Ph: 702-486-4300

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	04/29/2015 13:51:33 PM
Division Approval	csweeney	04/29/2015 13:51:36 PM
Department Approval	csweeney	04/29/2015 13:51:39 PM
Contract Manager Approval	ssands	04/29/2015 13:58:28 PM
Budget Analyst Approval	jrodrig9	05/11/2015 22:55:27 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: **13890** Amendment Number: **1**

Agency Name: **ADMIN - FLEET SERVICES DIVISION** Legal Entity Name: **WESTERN AUTOWASH SYSTEMS, INC.**

Agency Code: **084** Contractor Name: **WESTERN AUTOWASH SYSTEMS, INC.**

Appropriation Unit: **1354-04** Address: **3810 N JONES BLVD**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89108-5246**

If "No" please explain: **Not Applicable** Contact/Phone: **702/454-3432**

To what State Fiscal Year(s) will the contract be charged? **2013-2017** Vendor No.: **T29024565**

NV Business ID: **NV19981236592**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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	<b>100.00 % Internal Service Fund</b>

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **11/17/2012**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **10/31/2016**

Contract term: **3 years and 348 days**

4. Type of contract: **Contract**  
 Contract description: **Car Wash Repair**

5. Purpose of contract:  
**This is the first amendment to the original contract, which provides quarterly inspections and routine repairs for the automated car wash system in Las Vegas. This amendment increases the maximum amount from \$9,999 to \$14,999 due to an increased 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:	\$5,000.00
4. New maximum contract amount:	\$14,999.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**The car wash in Las Vegas is in need of repairs.**

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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 120607A**

**Approval Date: 04/30/2015**

c. Why was this contractor chosen in preference to other?

[Redacted]

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	csweeney	04/13/2015 09:43:04 AM
Division Approval	csweeney	04/13/2015 09:43:08 AM
Department Approval	csweeney	04/13/2015 09:43:11 AM
Contract Manager Approval	csweeney	04/13/2015 09:43:15 AM
Budget Analyst Approval	jborrowm	05/07/2015 08:19:49 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: **12715** Amendment Number: **4**

Agency Name: **ENTERPRISE IT SERVICES** Legal Entity Name: **Naval Facilities Engineering Command Southwest**

Agency Code: **180** Contractor Name: **Naval Facilities Engineering Command Southwest**

Appropriation Unit: **1388-00** Address: **Real Estate Department**

Is budget authority available?: **Yes** City/State/Zip: **San Diego, CA 92132**

If "No" please explain: **Not Applicable** Contact/Phone: **Lindsey Green 619-532-3027**

Vendor No.:  NV Business ID: **Not Applicable**

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

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	<b>100.00 % Revenue</b>

2. Contract start date:  
a. Effective upon final approval? **No** or b. other effective date **07/01/2011**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **5 years and 1 day**

4. Type of contract: **Revenue Contract**

Contract description: **Rack space rental**

5. Purpose of contract:

**This is the fourth amendment to the original revenue interlocal agreement, which provides for continuing seven rack space rentals at Austin Summit in Lander County. This amendment increases the maximum amount from \$59,969.92 to \$77,969.92 and extends the termination date from June 30, 2015 to June 30, 2016 to continue public safety communications.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$12,926.83
2. Total amount of any previous contract amendments:	\$47,043.09
3. Amount of current contract amendment:	\$18,000.00
4. New maximum contract amount:	\$77,969.92
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?  
**This is a revenue generating contract**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**This is a revenue generating contract**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**



a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not Applicable

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

**III. OTHER INFORMATION**

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Navy has been under a revenue contract with EITS (DoIT) for many years with satisfactory results

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	05/04/2015 10:04:44 AM
Division Approval	capple	05/04/2015 10:23:06 AM
Department Approval	capple	05/04/2015 10:23:10 AM
Contract Manager Approval	bbohm	05/04/2015 14:57:40 PM
Budget Analyst Approval	sewart	05/05/2015 16:18:36 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: **16594**

Agency Name: <b>OFFICE OF VETERANS SERVICES</b>	Legal Entity Name: Medicaid Services of Clark County, LLC
Agency Code: <b>240</b>	Contractor Name: <b>Medicaid Services of Clark County, LLC</b>
Appropriation Unit: <b>2561-04</b>	Address: <b>7501 Gran Paradiso Drive</b>
Is budget authority available? <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89131</b>
If "No" please explain: Not Applicable	Contact/Phone: Bonnie Gallagher 702-324-1177
	Vendor No.:
	NV Business ID: NV20071346290

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 %
<b>X</b> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>50.00 % 50% private funds and 50% Federal funds</b>

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/30/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2017**

Contract term: **2 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Medicaid Services**

5. Purpose of contract:

**This is a new contract to provide Medicaid application processing services due to a higher volume and the inability of administrative staff to keep up with this volume of work.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

Other basis for payment: Payment at a flat rate of \$1500/new application and \$200 for each redetermination.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Work load for processing Medicaid applications by the Home has grown to the point where current staff cannot handle the volume. Vendor to assist in this process selected by RFP.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Not enough State employees available to handle 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):

**Nevada Guardian Services - Las Vegas, NV  
Avysion Healthcare Services - Middletown, PA  
Medicaid Services of Clark County, LLC - Las Vegas, NV**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor chosen scored the highest by evaluation committee for RFP NSVH009.

d. Last bid date: 03/09/2015 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?

No If "Yes", specify 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	agarland	04/20/2015 11:11:00 AM
Division Approval	agarland	04/20/2015 11:11:03 AM
Department Approval	agarland	04/20/2015 11:11:07 AM
Contract Manager Approval	mnobles	04/27/2015 09:33:45 AM
Budget Analyst Approval	nhovden	04/30/2015 13:19:45 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16112**

Agency Name:	<b>DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE</b>	Legal Entity Name:	<b>CASEY NEILON &amp; ASSOCIATES LLC</b>
Agency Code:	<b>400</b>	Contractor Name:	<b>CASEY NEILON &amp; ASSOCIATES LLC</b>
Appropriation Unit:	<b>3195-04</b>	Address:	<b>503 North Division Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City , NV 89703</b>
If "No" please explain:	<b>Not Applicable</b>	Contact/Phone:	<b>Tina Donnels 775-283-5555</b>
		Vendor No.:	<b>T29010569</b>
		NV Business ID:	<b>NV20061293367</b>

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.

<input checked="" type="checkbox"/>	General Funds	<b>20.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>60.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>20.00 % Tobacco Settlement</b>

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: **Contract**

Contract description: **Grantee Reviews**

5. Purpose of contract:

**This is a new contract that continues ongoing fiscal reviews of Grants Management Unit grantees. These outside reviews provide assistance to the agency with the requirement that all grantees are reviewed once every two years.**

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 \$1,250.00 per fiscal review.

Other basis for payment: Plus associated travel expenses at the then state-approved rate for pre-approved travel to the grantee review site.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Grants Management Unit receives funds from seven (7) different funding sources. Each funding source should have all grantees reviewed at least once during a two (2) year period. Contracting for fiscal review of selected grantees will allow the agency to meet this requirement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current workload would require an additional FTE to perform the required reviews.

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):

Kohn & Company LLP  
Eide Bailly LLP  
Ellsworth & Stout, LLC  
Bradshaw, Smith & Company Services, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts awarded.

d. Last bid date: 04/01/2015 Anticipated re-bid date: 06/30/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Agency 030 - Attorney General's Office - SFY 13 - verified satisfactory quality of service.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

Connie Ronning, Auditor II Ph: 775-684-4017

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mweyland	04/15/2015 13:39:15 PM
Division Approval	bvale1	04/30/2015 17:45:17 PM
Department Approval	ecreceli	05/06/2015 11:34:51 AM
Contract Manager Approval	mweyland	05/06/2015 13:08:20 PM
Budget Analyst Approval	nhovden	05/21/2015 18:34:36 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: **16603**

Agency Name: <b>DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE</b>	Legal Entity Name: <b>Ellsworth &amp; Stout, LLC</b>
Agency Code: <b>400</b>	Contractor Name: <b>Ellsworth &amp; Stout, LLC</b>
Appropriation Unit: <b>3195-04</b>	Address: <b>7881 West Charleston Boulevard Suite 155</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89117</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jeff Stout 702-871-2727</b>
	Vendor No.: <b>T27023771</b>
	NV Business ID: <b>NV20071346385</b>

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.

<input checked="" type="checkbox"/> General Funds	<b>20.00 %</b>	Fees	<b>0.00 %</b>
<input checked="" type="checkbox"/> Federal Funds	<b>60.00 %</b>	Bonds	<b>0.00 %</b>
Highway Funds	<b>0.00 %</b>	<input checked="" type="checkbox"/> Other funding	<b>20.00 % Tobacco Settlement</b>

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: **Contract**

Contract description: **Grantee Reviews**

5. Purpose of contract:

**This is a new contract that continues ongoing fiscal reviews of Grants Management Unit grantees. These outside reviews provide assistance to the agency with the requirement that all grantees are reviewed once every two years.**

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 \$1,250.00 per fiscal review.

Other basis for payment: Plus associated travel expenses at the then state-approved rate for pre-approved travel to the grantee review site.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Grants Management Unit receives funds from seven (7) different funding sources. Each funding source should have all grantees reviewed at least once during a two (2) year period. Contracting for fiscal review of selected grantees will allow the agency to meet this requirement.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Current workload would require an additional FTE to perform the required reviews.**

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):

Kohn & Company LLP  
Eide Bailly LLP  
Casey Neilon, Inc.  
Bradshaw, Smith & Company Services, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Multiple contracts awarded.

d. Last bid date: 04/01/2015 Anticipated re-bid date: 06/30/2017

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Agency 400 - Department of Health and Human Services Director's Office - verified as satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

Connie Ronning, Auditor II Ph: 775-684-4017

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	04/30/2015 17:44:50 PM
Division Approval	bvale1	04/30/2015 17:44:53 PM
Department Approval	ecreceli	05/06/2015 11:32:39 AM
Contract Manager Approval	mweyland	05/06/2015 13:07:41 PM
Budget Analyst Approval	nhovden	05/08/2015 13:16:38 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: **14688** Amendment Number: **1**  
 Agency Name: **DHHS - PUBLIC HEALTH** Legal Entity Name: **WHITE PINE COUNTY**  
 Agency Code: **406** Contractor Name: **WHITE PINE COUNTY**  
 Appropriation Unit: **3224-00** Address: **801 CLARK ST**  
 Is budget authority available?: **Yes** City/State/Zip: **ELY, NV 89301**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775/289-4783**  
 Vendor No.: **T40262600**  
 NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **C14013**

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **07/01/2013**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **3 years**

4. Type of contract: **Revenue Contract**  
 Contract description: **Family Health**

5. Purpose of contract:  
**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$51,866.00 to \$86,799.00 due to the continued need for these services.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$57,866.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$28,933.00
4. New maximum contract amount:	\$86,799.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Nevada State Health Division, Public Health and Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**State employees are providing these services to 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:

The county has been under a constant agreement with the Community Health Nursing Program, to provide family health services in the county. The county has consistently paid as agreed for services provided.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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	04/23/2015 15:49:43 PM
Division Approval	alaw1	04/23/2015 15:49:47 PM
Department Approval	ecreceli	04/24/2015 16:34:59 PM
Contract Manager Approval	rmorse	04/29/2015 15:23:29 PM
Budget Analyst Approval	bberry	05/08/2015 14:47:05 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **14691** Amendment Number: **1**  
 Agency Name: **DHHS - PUBLIC HEALTH** Legal Entity Name: **LANDER, COUNTY OF**  
 Agency Code: **406** Contractor Name: **LANDER, COUNTY OF**  
 Appropriation Unit: **3224-00** Address: **LANDER COUNTY FINANCE**  
 Is budget authority available?: **Yes** City/State/Zip: **BATTLE MOUNTAIN, NV 89820**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775/635-2573**  
 Vendor No.: **T40262000E**  
 NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **C14006**

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **07/01/2013**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **3 years**

4. Type of contract: **Revenue Contract**  
 Contract description: **Family Health**

5. Purpose of contract:  
**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$96,060.00 to \$144,090.00 due to the continued need for these services.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$96,060.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$48,030.00
4. New maximum contract amount:	\$144,090.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Nevada State Health Division, Public Health and Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**State employees are providing these services to 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:

The county has been under a constant agreement with the Community Health Nursing Program, to provide family health services in the county. The county has consistently paid as agreed for services provided.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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	04/23/2015 15:28:56 PM
Division Approval	alaw1	04/23/2015 15:28:59 PM
Department Approval	ecreceli	04/24/2015 16:13:21 PM
Contract Manager Approval	rmorse	04/29/2015 16:06:07 PM
Budget Analyst Approval	bberry	05/08/2015 14:40:48 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **14632** Amendment Number: **1**  
 Agency Name: **HEALTH DIVISION** Legal Entity Name: **MINERAL, COUNTY OF**  
 Agency Code: **406** Contractor Name: **MINERAL, COUNTY OF**  
 Address: **MINERAL COUNTY SOCIAL SERVICES**  
 PO BOX 1450  
 Appropriation Unit: **3224-00** City/State/Zip: **HAWTHORNE, NV 89415**  
 Is budget authority available?: **Yes** Contact/Phone: **775/945-2446**  
 Vendor No.: **T40291300J**  
 If "No" please explain: **Not Applicable** NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **HD 14010**

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **07/01/2013**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2016**  
 Termination Date:  
 Contract term: **3 years**

4. Type of contract: **Revenue Contract**  
 Contract description: **Family Health**

5. Purpose of contract:  
**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$51,984.00 to \$77,976.00 due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

1. The maximum amount of the original contract:	\$51,984.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$25,992.00
4. New maximum contract amount:	\$77,976.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Nevada State Health Division, Public Health and Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**State employees are providing these services to 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?

No If "Yes", specify 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	alaw1	04/23/2015 15:47:21 PM
Division Approval	alaw1	04/23/2015 15:47:23 PM
Department Approval	ecrecoli	04/24/2015 16:33:27 PM
Contract Manager Approval	rmorse	04/29/2015 15:22:15 PM
Budget Analyst Approval	bberry	05/08/2015 14:44:47 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: **14634** Amendment Number: **1**  
 Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Esmeralda County**  
 Agency Code: **406** Contractor Name: **Esmeralda County**  
 Appropriation Unit: **3224-00** Address: **233 Crook Street**  
 Is budget authority available?: **Yes** City/State/Zip: **Goldfield, NV 89013**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775-485-3406**  
 Vendor No.: **T40277800**  
 NV Business ID: **Government Entity**  
 To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **HD 14003**

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **07/01/2013**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2016**  
 Contract term: **3 years**

4. Type of contract: **Revenue Contract**  
 Contract description: **Family Health**

5. Purpose of contract:  
**This is the first amendment to the original revenue interlocal agreement, which provides ongoing state community health nurse services including testing, screening and treatment of tuberculosis and sexually transmitted diseases, as necessary. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$11,544.00 to \$17,331.00 due to the continued need for these services.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$11,554.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$5,777.00
4. New maximum contract amount:	\$17,331.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**The Nevada State Health Division, Public Health and Clinical Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**State employees are providing these services to 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?

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?

No If "Yes", specify 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	alaw1	04/23/2015 15:18:33 PM
Division Approval	alaw1	04/23/2015 15:18:36 PM
Department Approval	ecreceli	04/24/2015 16:07:48 PM
Contract Manager Approval	rmorse	04/29/2015 15:20:39 PM
Budget Analyst Approval	bberry	05/08/2015 12:33:49 PM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16578**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Network Interpreting Service, Inc.</b>
Agency Code: <b>406</b>	Contractor Name: <b>Network Interpreting Service, Inc.</b>
Appropriation Unit: <b>3162-04</b>	Address: <b>4201 Mount Voss Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>San Diego, CA 92117</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Cody R. Firks 800-284-1043</b>
	Vendor No.: <b>T81106736</b>
	NV Business ID: <b>NV20101886492</b>

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 14847**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **11/10/2014**

Retroactive? **Yes**

If "Yes", please explain

**Contract authority was exceeded on an all-agency contract. This contract provides clients of Northern Nevada Adult Mental Health Services with American Sign Language services which are not covered under the State of Nevada mandatory interpreting contract.**

3. Termination Date: **12/31/2018**

Contract term: **4 years and 52 days**

4. Type of contract: **Contract**

Contract description: **Interpreter Services**

5. Purpose of contract:

**This is a new contract that continues ongoing interpreter services as needed for Northern Nevada Adult Mental Health Services (NNAMHS) in Reno, Nevada. The contractor is an expert in the field of American Sign Language (ASL) and will use their knowledge to aid NNAMHS staff in assisting consumers and/or their families who are hearing impaired.**

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?

**Per NRS Statute 433.482 Personal Rights 6. To have reasonable access to an interpreter if the consumer does not speak English or is hearing impaired.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Northern Nevada Adult Mental Health Services does not have a qualified staff member expert in the field of American Sign Language (ASL) to do this.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



Debbie D. Helms, CI/CT  
Sign Language Team  
Network Interpreting Service, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was not chosen in preference to others. This vendor was available at the time needed. Vendors listed on the state purchasing list were contacted but did not offer American Sign Language services.

d. Last bid date: 10/15/2014 Anticipated re-bid date: 10/15/2018

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 provided services to the Division of Public and Behavioral Health on numerous occasions 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:

Shelley Houghtaling, PO I Ph: 775-688-2031

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	04/09/2015 13:44:24 PM
Division Approval	alaw1	04/09/2015 13:44:27 PM
Department Approval	ecrecli	04/15/2015 13:59:23 PM
Contract Manager Approval	rmorse	04/16/2015 13:50:48 PM
Budget Analyst Approval	bberry	04/30/2015 12:07:19 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: **16185**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>SOUTHLAND INDUSTRIES DBA</b>
Agency Code: <b>406</b>	Contractor Name: <b>SOUTHLAND INDUSTRIES DBA</b>
Appropriation Unit: <b>3161-07</b>	Address: <b>IBS SYSTEMS 4749 POST RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-3927</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/228-4575</b>
	Vendor No.: <b>PUR0002995B</b>
	NV Business ID: <b>NV20031357903</b>

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	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **406**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/12/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2017**

Contract term: **2 years and 50 days**

4. Type of contract: **Contract**

Contract description: **System Tech Support**

5. Purpose of contract:

**This is a new contract that continues ongoing maintenance and service to the Delta Controls and Invensys Network 8000 Building Automation Systems. These systems control the energy efficiency of all the Southern Nevada Adult Mental Health Services campus buildings and the Rawson Neal Psychiatric Hospital.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,200.00**

Payment for services will be made at the rate of \$1,175.00 per month

Other basis for payment: \$5,000.00 contingency for unexpected or unforeseen occurrences.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

To protect the health and welfare of consumers at the facility, these systems need continuous maintenance and support to control the energy efficiency of all the buildings that encompass the Southern Nevada Adult Mental Health Services buildings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

IBS Systems, Inc. has a proprietary license for the equipment that was installed in the Rawson Neal Psychiatric Hospital. They have been doing the work under the original manufacturers warranty. They are also capable of servicing all the equipment at the SNAMHS campus. There are currently no available employees who have the experience or know how to service this 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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

SAM0326.8 Vendor holds a proprietary license for the Delta Controls and Invensys Network 8000 Systems. This contract continues ongoing maintenance and support.

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:

Edwin Medrano, Facilities Supervisor Ph: 702-486-6069

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	04/03/2015 13:19:12 PM
Division Approval	alaw1	04/03/2015 13:19:14 PM
Department Approval	ecrecli	04/15/2015 08:29:21 AM
Contract Manager Approval	rfine	04/16/2015 13:59:03 PM
Budget Analyst Approval	bberry	05/12/2015 08:35:20 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: **16423**

Agency Name: <b>DHHS - WELFARE AND SUPPORT SERVICES</b>	Legal Entity Name: <b>RENO CARSON MESSENGER SERVICE</b>
Agency Code: <b>407</b>	Contractor Name: <b>RENO CARSON MESSENGER SERVICE</b>
Appropriation Unit: <b>3238-04</b>	Address: <b>INC</b>
Is budget authority available?: <b>Yes</b>	<b>185 MARTIN ST</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89509</b>
	Contact/Phone: <b>775/322-2424</b>
	Vendor No.: <b>T60159830</b>
	NV Business ID: <b>NV19931072732</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>66.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % State Share of Collections</b>

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: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Courier Services**

5. Purpose of contract:

**This is a new contract to provide ongoing courier services for legal documents in Northern Nevada and rural areas for the Child Support Enforcement Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,560.00**

Payment for services will be made at the rate of \$470.00 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Child Support Enforcement Program requires timely delivery of legal documents to the various Public Assistance Offices and District Attorney Offices in Northern Nevada. These documents, which expedite child support payments, medical benefits and other financial assistance to custodial parents and their children are important for enforcement of the regulations of the Child Support Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Child Support Enforcement Program staff do not have the resources to travel to the various Public Assistance Offices, Law Offices and Judicial Courts on an ongoing daily basis.

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):

Aero Speed  
Reno Carson Messenger Service  
Silver State Couriers

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was selected as the lowest responsible vendor.

d. Last bid date: 11/19/2014 Anticipated re-bid date: 11/19/2018

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 DWSS and providing satisfactory service.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	04/22/2015 16:44:43 PM
Division Approval	bvale1	04/22/2015 16:44:46 PM
Department Approval	bvale1	04/22/2015 16:44:48 PM
Contract Manager Approval	bvale1	04/22/2015 16:44:50 PM
Budget Analyst Approval	nhovden	04/30/2015 13:49:22 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: **16646**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>TELEDATA CONTRACTORS INC</b>
Agency Code: <b>409</b>	Contractor Name: <b>TELEDATA CONTRACTORS INC</b>
Appropriation Unit: <b>3143-26</b>	Address: <b>Teledata Technologies 5160 South Valley View Ste 00 Las Vegas, NV 89118</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ted Harrison 702-933-7600</b>
	Vendor No.: <b>T29036116</b>
	NV Business ID: <b>NV20021250516</b>

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	<b>51.50 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>48.50 %</b>	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 **05/12/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2015**

Contract term: **49 days**

4. Type of contract: **Contract**

Contract description: **Video Conf. Install**

5. Purpose of contract:

**This is a new contract to provide services to install Lifesize video conferencing equipment including servers, video system infrastructure and nineteen individual units at various division locations statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,779.94**

Other basis for payment: \$9,999 for video system infrastructure and \$24,780.94 (\$1,304.26 each) for nineteen individual units

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Purchase of new video conferencing equipment systems from Lifesize that need to be installed.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**In order to maintain the warranty, the video conferencing system must be installed by a Lifesize Certified Technician. No State employee has this certification or expertise.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 150405**

**Approval Date: 04/30/2015**

c. Why was this contractor chosen in preference to other?

Certified Technician for Lifesize products.

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: 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:

Paul Bowen, IT Manager III Ph: 775-687-9026

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	05/01/2015 10:43:00 AM
Division Approval	pcolegro	05/01/2015 10:43:15 AM
Department Approval	ecreceli	05/06/2015 14:40:13 PM
Contract Manager Approval	mcar2	05/07/2015 08:37:53 AM
DoIT Approval	bbohm	05/11/2015 11:30:50 AM
Budget Analyst Approval	knielsen	05/12/2015 12:19:17 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16620**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>ALARMCO INC</b>
Agency Code: <b>409</b>	Contractor Name: <b>ALARMCO INC</b>
Appropriation Unit: <b>3646-07</b>	Address: <b>2007 LAS VEGAS BLVD S</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89104-2555</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-382-5000</b>
	Vendor No.: <b>PUR0004868</b>
	NV Business ID: <b>NV19641000258</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2019</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>43.50 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>54.10 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>2.40 % Rents, client chgs</b>

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: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **24hr Alarm Monitor**

5. Purpose of contract:

**This is a new contract that continues ongoing 24 hour monitoring of alarm systems located at 6171 West Charleston Boulevard and State leased property located at 4518 Craig Road in Las Vegas, NV. Monitoring services include monthly alarm testing and replacement materials, labor and parts.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,520.00**

Payment for services will be made at the rate of \$865.00 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Continual alarm monitoring of burglar and smoke detection is necessary to ensure the health and safety of our clients, families, visitors and staff.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**No employee 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 150308**

**Approval Date: 03/30/2015**



c. Why was this contractor chosen in preference to other?

Sole Source

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, currently under contract with this Division and service is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

James Kolar, Facility Supervisor II Ph: 702-994-4301

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	04/21/2015 14:55:09 PM
Division Approval	pcolegro	04/21/2015 14:55:12 PM
Department Approval	ecrecli	04/24/2015 15:54:34 PM
Contract Manager Approval	mcar2	04/24/2015 16:40:22 PM
Budget Analyst Approval	knielsen	05/07/2015 09:03:39 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: **16622**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>HIGH DESERT SURFACE PREP.</b>
Agency Code: <b>431</b>	Contractor Name: <b>HIGH DESERT SURFACE PREP.</b>
Appropriation Unit: <b>3651-20</b>	Address: <b>PO BOX 17182</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>GREG JOHNSON 775-338-3000</b>
	Vendor No.: <b>T29036197</b>
	NV Business ID: <b>20141298661</b>

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	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NMD# 022-15-S**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/27/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2015**

Contract term: **34 days**

4. Type of contract: **Contract**

Contract description: **Carlin floor service**

5. Purpose of contract:

**This is a new contract to remove the existing flooring, make minor repairs to the concrete as needed, and polish with top-coat for all carpet and adhesive tile flooring in the cafeteria and serving areas in the Carlin Armory dining hall.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,750.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The floors in the cafeteria and serving areas have deteriorated, requiring removal of worn carpet and tile.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Agency personnel do not have the time or equipment to provide service of this size.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**NEVADA CONCRETE POLISHING  
INDUSTRIAL RESTORATION & COATINGS  
HIGH DESERT SURFACE PREP INC**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the lowest bidder for the 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	vradford	04/21/2015 16:43:27 PM
Division Approval	ctyle1	04/22/2015 09:02:02 AM
Department Approval	ctyle1	04/22/2015 09:02:04 AM
Contract Manager Approval	vradford	04/22/2015 10:18:11 AM
Budget Analyst Approval	jborrowm	04/27/2015 09:31:52 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: **16706**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>FRED SHOEMAKER</b>
Agency Code: <b>431</b>	Contractor Name: <b>FRED SHOEMAKER</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>SIERRA FLOOR COVERING 4601 GONI RD STE B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89706</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>FRED SHOEMAKER 775-883-3010</b>
	Vendor No.: <b>T81003012</b>
	NV Business ID: <b>19901030383</b>

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	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 **05/08/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2015**

Contract term: **53 days**

4. Type of contract: **Contract**

Contract description: **Drill Hall Floor-Fal**

5. Purpose of contract:

**This is a new contract to install flooring in the drill hall located at the Fallon Armory.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,370.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**New floor tile needs to be installed at the Fallon Armory in the Drill Hall.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not possess the necessary skills to perform this service.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**This vendor was the only vendor to submit a 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	05/07/2015 11:42:46 AM
Division Approval	ctyle1	05/07/2015 13:30:41 PM
Department Approval	ctyle1	05/07/2015 13:30:42 PM
Contract Manager Approval	vradford	05/07/2015 13:37:30 PM
Budget Analyst Approval	jborrowm	05/08/2015 15:18:38 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: **16651**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>TOM DAVIS</b>
Agency Code: <b>431</b>	Contractor Name: <b>TOM DAVIS</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>ADVANCE INSTALLATIONS, INC. PO BOX 2163</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89432</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>TOM DAVIS 775-359-1468</b>
	Vendor No.: <b>T80879880</b>
	NV Business ID: <b>19781008206</b>

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	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 **05/04/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2015**

Contract term: **57 days**

4. Type of contract: **Contract**

Contract description: **Asbestos rmvl Fallon**

5. Purpose of contract:

**This is a new contract to remove and dispose of approximately 4,950 square feet of floor tiles containing asbestos located at the Fallon Armory.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,062.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The floor tiles at the Fallon Armory require replacement due to the presence of asbestos.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**No state employees possess the required certification and skills to 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):

**SAFEGUARD RESTORATION  
WISE CONSULTING  
E.I.C.S.  
ADVANCE INSTALLATIONS INC  
JM ENVIRONMENTAL**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only one to provide a bid on this job.

d. Last bid date: Anticipated re-bid date: No

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor has provided satisfactory services to the Office of the Military in the past.

13. Is the contractor currently involved in litigation with the State 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	04/28/2015 11:40:36 AM
Division Approval	vradford	04/28/2015 13:40:46 PM
Department Approval	vradford	04/28/2015 13:40:49 PM
Contract Manager Approval	vradford	04/28/2015 13:40:51 PM
Budget Analyst Approval	jborrowm	05/04/2015 15:24:42 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: **16653**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>FRED SHOEMAKER</b>
Agency Code: <b>431</b>	Contractor Name: <b>FRED SHOEMAKER</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>SIERRA FLOOR COVERING 4601 GONI RD STE B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89706</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>FRED SHOEMAKER 775-883-3010</b>
	Vendor No.: <b>T81003012</b>
	NV Business ID: <b>19901030383</b>

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	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 **05/04/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2015**

Contract term: **57 days**

4. Type of contract: **Contract**

Contract description: **Firing replcmnt OTAG**

5. Purpose of contract:

**This is a new contract to remove and replace the carpet in the auditorium at the Office of the Adjutant General in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,577.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The carpet in the auditorium has become worn and is in need of replacement due to areas that have become a safety hazard.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**No state employees have the required time and possess the skills and tools to provide this extensive 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):

**CONTRACT FLOORING  
SIERRA FLOOR COVERING  
GCD**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**This vendor was the only bidder on this job.**



d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory service to the Office of the Military in the past.

13. Is the contractor currently involved in litigation with the State 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	04/28/2015 11:36:41 AM
Division Approval	vradford	04/28/2015 13:41:03 PM
Department Approval	vradford	04/28/2015 13:41:06 PM
Contract Manager Approval	vradford	04/28/2015 13:41:08 PM
Budget Analyst Approval	jborrowm	05/04/2015 14:53:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16627**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>SOUTHLAND INDUSTRIES DBA ABS</b>
Agency Code: <b>431</b>	Contractor Name: <b>ABS SYSTEMS</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>4749 POST RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>GAVIN LASTRAPES 702-228-4575</b>
	Vendor No.: <b>PUR0002995</b>
	NV Business ID: <b>19621000518</b>

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	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NMD# 013-15-S**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/04/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **3 years and 58 days**

4. Type of contract: **Contract**

Contract description: **Delta controls-LV**

5. Purpose of contract:

**This is a new contract to ensure proper operation and care of the Delta Controls Energy Management Systems equipment in southern Nevada. Services will include installation, repair, service, inspections, testing, and updates.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Delta Controls Energy Management Systems equipment requires exclusive authorization to supply, install, and service Delta Controls products. The locations in Henderson and Las Vegas have Delta Controls and service and updates are required.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the necessary skills, equipment, or certifications to 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):

**ABS SYSTEMS  
CLIMATE CONTROL EXPERTS  
PARADISE AIR**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is the only authorized Delta Controls representative in southern Nevada.

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?

No b. If "No", please explain:

Legal entity is Southland Industries, doing business as ABS Systems.

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	04/23/2015 17:20:19 PM
Division Approval	ctyle1	04/24/2015 08:44:42 AM
Department Approval	ctyle1	04/24/2015 08:44:45 AM
Contract Manager Approval	vradford	04/24/2015 09:14:54 AM
Budget Analyst Approval	jborrowm	05/04/2015 14:36:31 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: **16599**

Agency Name: **DEPARTMENT OF CORRECTIONS**  
 Agency Code: **440**  
 Appropriation Unit: **3763-55**  
 Is budget authority available?: **Yes**  
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Hites Enterprises, Inc.**  
 Contractor Name: **Hites Enterprises, Inc.**  
 Address: **DBA Hites Funeral Home  
 438 W. Sunset Rd.  
 Henderson, NV 89011**  
 City/State/Zip: **Henderson, NV 89011**  
 Contact/Phone: **Eric Lee 702/568-1747**  
 Vendor No.: **T29011891**  
 NV Business ID: **NV19971132472**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Inmate Welfare Fund</b>

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: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Inmate Cremation**

5. Purpose of contract:

**This is a new contract that continues ongoing cremation services for inmates incarcerated at the following correctional facilities located in Southern Nevada: Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Pioche Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. In the event the family of a deceased inmate declines to claim the body, the department is required to pay for cremation costs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,564.00**

Other basis for payment: Upon completion of service and submission of invoice.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Public Health and NRS require proper disposition of deceased inmates. To ensure the Nevada Department of Corrections is in compliance with NRS 451.400 which requires the unclaimed body of a deceased person be buried at public expense and Administrative Regulation 420 relating to the proper disposition, handling and cremation of deceased inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Historically, the department has outsourced this service to a vendor with the equipment and required license to perform cremation of a deceased person. No other State agency offers cremation 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):

Serenity & Company  
Desert Memorial  
Neptune Society  
Hites Funeral Home

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Hites Enterprises, Inc. DBA Hites Funeral Home and Crematory was the only respondent to Solicitation 201509. They have provided satisfactory service to the department for the past eight (8) years.

d. Last bid date: 03/20/2015 Anticipated re-bid date: 03/20/2019

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:

FY08 to current with the Nevada Department of Corrections. Service has been verified as satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbec2	04/20/2015 15:56:19 PM
Division Approval	dmartine	04/21/2015 11:59:27 AM
Department Approval	drosenbe	04/21/2015 16:16:29 PM
Contract Manager Approval	jhardy	05/12/2015 16:22:05 PM
Budget Analyst Approval	cmurph3	05/14/2015 10:00:45 AM

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **16633**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>B&amp;L Backflow Testing Specialists LLC</b>
Agency Code: <b>440</b>	Contractor Name: <b>B&amp;L Backflow Testing Specialists LLC</b>
Appropriation Unit: <b>3716-09</b>	Address: <b>472 Winding Way/PO Box 4867</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Incline Village, NV 89450</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Linda Buxton 775/831-0123</b>
	Vendor No.: <b>T80999361</b>
	NV Business ID: <b>NV20021021494</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
<input type="checkbox"/> Federal Funds	0.00 %	Bonds	0.00 %
<input type="checkbox"/> Highway Funds	0.00 %	Other funding	0.00 %

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: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Backflow Testing**

5. Purpose of contract:

**This is a new contract that continues ongoing annual back flow inspection, testing, and certification of back flow devices at Warm Springs Correctional Center, Nevada State Prison, Northern Nevada Correctional Center, Stewart Conservation Camp, and Lovelock Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,420.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NDOC is required to have all back flow devices inspected and certified annually per the Nevada Administrative Code 445A - Water Controls.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Historically, the Department has outsourced back flow testing and certification services to a vendor with the qualifications and required licenses from the American Water Works Association (AWWA). No other State agency offers this service.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**FDI Backflow Specialists  
Delta Fire Systems  
B&L Backflow Testing Specialists  
ABC Fire Extinguisher Co., Inc.  
SimplexGrinnell**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to Solicitation #201504 the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/23/2015 Anticipated re-bid date: 03/22/2019

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:

Department of Administration, Public Works Division, Building and Grounds Section. Service was 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	dbretche	05/01/2015 09:00:44 AM
Division Approval	dmartine	05/04/2015 09:44:28 AM
Department Approval	drosenbe	05/04/2015 11:05:27 AM
Contract Manager Approval	jhardy	05/04/2015 12:45:33 PM
Budget Analyst Approval	cmurph3	05/05/2015 15:44:06 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16676**

Agency Name: **DEPARTMENT OF CORRECTIONS**

Agency Code: **440**

Appropriation Unit: **3710-26**

Is budget authority available?: **No**

If "No" please explain: **Emergency funds approved 5/1/15 to be paid out of B/A 4889 CAT 10**

Legal Entity Name: **NNE Construction, Inc.**

Contractor Name: **NNE Construction, Inc.**

Address: **163 Osino Unit 5**

City/State/Zip: **Elko, NV 89801**

Contact/Phone: **Ida C Craner, Treasurer 775/738-8745**

Vendor No.: **T27020691**

NV Business ID: **NV20001345027**

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	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/13/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2015**

Contract term: **110 days**

4. Type of contract: **Contract**

Contract description: **Install Radio System**

5. Purpose of contract:

**This is a new contract to provide labor and installation, alignment and configuration of the Department of Corrections Microwave Internet Radio System between Ely State Prison and Enterprise Information Technology Services Radio Closet located on Squaw Peak.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,650.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This is an emergency contract for the replacement of the failed radio at the Department's Ely State Prison. The only resolution given the Department by Enterprise Information Technology Service (EITS) was to purchase a new radio (under separate PO) and prepare an emergency contract for the labor and installation services with a vendor other than EITS. Without this radio installation, ESP will not have network access which means they will not have access to the Nevada Offender Tracking Information System (NOTIS), internet or email with the rest of the Department.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Historically this service has been performed by EITS but they no longer provide this service for state agencies. No other state agency performs 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 contract was declared an emergency and approved by the Board of Examiners on May 1, 2015 to be paid for out of Budget Account 4889 - BOE Emergency Fund.

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:

EITS; Service has been verified as satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssergent	05/04/2015 14:02:31 PM
Division Approval	dmartine	05/04/2015 15:50:17 PM
Department Approval	drosenbe	05/04/2015 16:31:34 PM
Contract Manager Approval	jhardy	05/12/2015 16:22:55 PM
DoIT Approval	bbohbm	05/13/2015 07:52:11 AM
Budget Analyst Approval	cmurph3	05/13/2015 12:58:35 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16435**

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: **Hospitality International, LLC**

Contractor Name: **Hospitality International, LLC**

Address: **590 E Sahara**

City/State/Zip: **Las Vegas, NV 89104**

Contact/Phone: **Lonnie Wright, Manager 702/656-7764**

Vendor No.: **T29033205**

NV Business ID: **NV19981010978**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/08/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2015**

Contract term: **145 days**

4. Type of contract: **Contract**

Contract description: **Re-Entry Programs**

5. Purpose of contract:

**This is a new contract to provide job and occupational skills training for prep/line cook for incarcerated offenders located at Florence McClure Women's Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,192.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Many female 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. The prep/line cook training class, being offered to female offenders scheduled to be released soon from NDOC custody, will help female offenders to obtain skills beneficiary in securing and maintaining employment.**

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? **No**

Was the solicitation (RFP) done by the 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 #: 150302**

**Approval Date: 03/10/2015**

c. Why was this contractor chosen in preference to other?

Grant funds were received from Workforce Connections thru Department of Employment, Training and Rehabilitation (DETR) - Workforce Investment Act of 1998 (WIA) Adult and Dislocated Workers Program. The provider has been qualified through DETR's Workforce Connections and is on the Eligible Training Provider List (ETPL) pursuant to Reciprocal Agreement Between the States of Nevada and Arizona to Increase Customer Access to Training Offered by WIA Eligible Training Providers. This is the only provider on the ETPL that provides the training services in this contract.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify 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	dbec2	05/05/2015 16:39:31 PM
Division Approval	dmartine	05/06/2015 08:02:38 AM
Department Approval	drosenbe	05/06/2015 13:22:12 PM
Contract Manager Approval	jhardy	05/06/2015 14:15:49 PM
Budget Analyst Approval	cmurph3	05/08/2015 10:26:54 AM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Julia Teska  
Director

Greg Smith  
Administrator

<b>Purchasing Use Only:</b>	
Approval#:	150302

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency: <i>Nevada Department of Corrections (NDOC)</i>		
	Contact Name and Title		Phone Number
	Trinette Burton/Re-entry Program Officer II		702-668-7294
Janet Hardy, NDOC Contracts Manager		775-887-3333	Email Address
			<i>tburton@doc.nv.gov</i>
			<i>jahardy@doc.nv.gov</i>

<b>Vendor Information:</b>	
1b	Identify Vendor: <i>Hospitality International, LLC</i>
	Contact Name: <i>Lonnie Wright</i>
	Address: <i>590 E Sahara, Las Vegas, NV 89104</i>
	Telephone Number: <i>(702) 656-7764</i>
	Email Address: <i>wright_lonnie@hotmail.com</i>

<b>Type of Waiver Requested – Check the appropriate type:</b>	
1c	Sole or Single Source: <input checked="" type="checkbox"/> X
	Professional Service Exemption: <input type="checkbox"/>

<b>Contract Information:</b>			
1d	Is this a new Contract?	Yes <input checked="" type="checkbox"/> X	No <input type="checkbox"/>
	Amendment:	#	
	CETS:	#	

<b>Term:</b>			
1e	One (1) Time Purchase:		
	Contract: <input checked="" type="checkbox"/> X	Start Date: <i>Approval</i>	End Date: <i>09/30/15</i>

<b>Funding:</b>		
1f	State Appropriated:	
	Federal Funds:	
	Grant Funds:	<i>Received from Workforce Connections (WFC) thru Department of Employment, Training and Rehabilitation (DETR) – Workforce Investment Act of 1998 (WIA) Adult and Dislocated Workers Program</i>
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$285,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Job and occupational skills training for Prep/Line Cook.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>This provider has been qualified through DETR's Workforce Connections (WFC) and is on the Eligible Training Provider List (ETPL) pursuant to Reciprocal Agreement Between the States of Nevada and Arizona to Increase Customer Access to Training Offered by WIA Eligible Training Providers. The NDOC has received Sub-Grant Funds from Workforce Connections through (WIA Audit and Dislocated Worker Program) for the purpose of inmate vocational training. The revenue contract between Workforce Connections and NDOC mandates that we use a provider from this list if the training we are looking for is available. NDOC has verified with Workforce Connections that no other provider on the ETPL offers this training.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The Grants funds awarded NDOC mandates that we use a provider from WFC ETPL when a provider is available for the training we have selected for offenders to participate for the purpose of training eligible adults and dislocated workers who qualify for Workforce Investment Act (WIA) Title I-B Individual Training. Attached is the Reciprocal Agreement Between the States of Nevada and Arizona to Increase Customer Access to Training Offered by WIA Eligible Training Providers. This provider is the only provider on the Eligible Training Provider List that offers prep/line cook training and is approved to contract with NDOC for this offender training.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>It is mandatory the Grant Funds, Workforce Connections awarded NDOC through contract #16107, be used to contract with a provider from the ETPL. WFC verified that Hospitality International, LLC is the only provider on the ETPL that provides this training.</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: <i>If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.</i>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				

	Term		Value	Short Description	Type of Procurement (RFP, RFQ, Waiver)
	Start	End Dates			
			\$		
			\$		
			\$		
			\$		
			\$		

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?  
*NDOC only has until September 30, 2015 to use the Grant Funds to provide much needed training to offenders that will be released soon and the skills provided through this training will help them in seeking employment upon release.*

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?  
*Workforce Connections verified to NDOC that no other provider on the ETPL offers this training.*

9 Will this purchase obligate the State to this vendor for future purchases? Check One. Yes:  No:  X  
 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.

 3/10/15  
Agency Representative Initiating Request

Janet L. Hardy, NDOC Contracts Manager  
Print Name of Agency Representative Initiating Request 03/10/15  
Date

Scott K Sisco by Betty Farris 3-10-15  
Signature of Agency Head Authorizing Request

Scott K. Sisco, Deputy Director Support Services by Betty Farris, Chief of Fiscal Services  
Print Name of Agency Head Authorizing Request 03/10/15  
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.

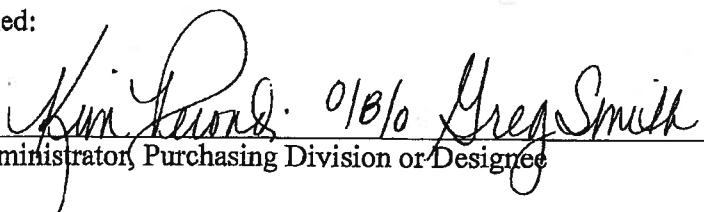
N/A  
Name of agency or entity who provided information or review:

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:  01/10/ Greg Smith 3-10-2015  
Administrator, Purchasing Division or Designee Date

**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **14064** Amendment Number: **2**  
 Agency Name: **WILDLIFE** Legal Entity Name: **TORELL, TIMOTHY LEE**  
 Agency Code: **702** Contractor Name: **TORELL, TIMOTHY LEE**  
 Appropriation Unit: **4462-11** Address: **DBA TIMS TURQUOISE & GEMS**  
 Is budget authority available?: **Yes** City/State/Zip: **SUN VALLEY, NV 89433-7211**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775/673-5234**  
 Vendor No.: **T29023261**  
 NV Business ID: **NV20041273848**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % licensing fees</b>

Agency Reference #: 13-16

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **02/13/2013**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/30/2016**  
 Contract term: **4 years and 1 day**

4. Type of contract: **Contract**  
 Contract description: **Photography**

5. Purpose of contract:  
**This is the second amendment to the original contract which provides existing photos and video of wildlife and custom photo/video services for use in books, brochures, pamphlets, maps, reports and other documents for consumer use published by the Nevada Department of Wildlife. This amendment increases the maximum amount and extends the termination date from August 31, 2016 to February 13, 2017 and increases the maximum amount from \$23,699 to \$43,699.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$9,999.00
2. Total amount of any previous contract amendments:	\$13,700.00
3. Amount of current contract amendment:	\$20,000.00
4. New maximum contract amount:	\$43,699.00
and/or the termination date of the original contract has changed to:	02/13/2017

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
 The Nevada Department of Wildlife produces over 65 regulation books, brochures, pamphlets, maps, reports and other documents for consumer use. Photographs are necessary for aesthetics and to motivate participation in wildlife-associated recreation, which supports 97% of the Department's budget. Photographs will also be used in NDOT's public website, which averages over 272,200 page views and 37,800 unique visitors each month. The Department is also putting an emphasis on video for its social media outlets (Facebook, Youtube, etc.). High quality wildlife video will be essential to reach our audience.

8. Explain why State employees in your agency or other State agencies are not able to do this work:



Wildlife photography and video requires not only a tremendous amount of expertise but also time. NDOW field personnel have neither the expertise nor the time to capture the photographs or video necessary.

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):

Tim Torell  
Ernie Ross  
Jon Hill

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The department received three responses to an informal solicitation to bid. The responses were reviewed by our publications coordinator based on quality, availability, and price, and NDOW selected this vendor.

d. Last bid date: 01/13/2013 Anticipated re-bid date: 12/01/2016

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Photography for the Nevada Department of Wildlife since December, 2009. 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:  
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	04/22/2015 14:57:53 PM
Division Approval	kdailey	04/22/2015 14:57:56 PM
Department Approval	eobrien	04/23/2015 08:35:51 AM
Contract Manager Approval	kdailey	04/23/2015 13:21:13 PM
Budget Analyst Approval	sbarkdul	05/04/2015 14:46:24 PM

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: **16636**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>MCELHANEY STRUCTURAL ENGINEERS</b>
Agency Code: <b>702</b>	Contractor Name: <b>MCELHANEY STRUCTURAL ENGINEERS</b>
Appropriation Unit: <b>1511-91</b>	Address: <b>LLC</b>
Is budget authority available?: <b>Yes</b>	<b>527 LANDER ST ST 101A</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89509-1500</b>
	Contact/Phone: <b>775/853-5525</b>
	Vendor No.: <b>T29025577</b>
	NV Business ID: <b>NV20061769944</b>

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **15-41**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/04/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/20/2016**

Contract term: **352 days**

4. Type of contract: **Contract**

Contract description: **Fallon Office Eng Sv**

5. Purpose of contract:

**This is a new contract for professional services to investigate structural damage and design in order to begin structural repairs at the Fallon Nevada Department of Wildlife Office.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,152.50**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Structural building materials is deteriorating, which is putting the building at risk of further damage and failure, as well as risk to employees occupying building.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Department Staff do not have structural engineering expertise.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

\_\_\_\_\_

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	04/23/2015 10:52:03 AM
Division Approval	kdailey	04/23/2015 10:52:06 AM
Department Approval	eobrien	04/23/2015 13:11:32 PM
Contract Manager Approval	kdailey	04/23/2015 13:20:40 PM
Budget Analyst 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: **16672**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>DUBE GROUP INC, DBA - DUBE GROUP ARCHITECTURE</b>
Agency Code: <b>704</b>	Contractor Name: <b>DUBE GROUP INC, DBA - DUBE GROUP ARCHITECTURE</b>
Appropriation Unit: <b>4170-10</b>	Address: <b>458 COURT ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89501-1709</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/323-1001</b>
	Vendor No.: <b>T81026981</b>
	NV Business ID: <b>NV19991421705</b>

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 %
<b>X</b> Federal Funds	<b>90.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>10.00 % Gifts Funds</b>

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/11/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2015**

Contract term: **142 days**

4. Type of contract: **Contract**

Contract description: **Site Plan Red House**

5. Purpose of contract:

**This is a new contract to provide professional engineering and architectural services for the Red House Stabilization Project. The vendor will provide a site plan and construction administration associated with the stabilization of Red House structure located in the Spooner Backcountry of the Lake Tahoe Nevada State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,500.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The historic structure is failing.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Limited internal resources; contractor has previous knowledge and experience with this site and structure.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

**Because of the consultants expertise in historic preservations.**

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:

Dube Group was under contract with Nevada State Parks through 12/31/2014 with satisfactory performance.

13. Is the contractor currently involved in litigation with the State 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:  
Dana Dapolito, Ph: 775-684-2740

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/01/2015 13:23:25 PM
Division Approval	sdecrona	05/01/2015 13:23:28 PM
Department Approval	sdecrona	05/01/2015 13:31:24 PM
Contract Manager Approval	sdecrona	05/05/2015 09:06:46 AM
Budget Analyst Approval	jrodrig9	05/11/2015 22:29:07 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: **16535**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>David Stefan Real Estate Appraiser and Consultant</b>
Agency Code: <b>748</b>	Contractor Name: <b>David Stefan Real Estate Appraiser and Consultant</b>
Appropriation Unit: <b>3823-16</b>	Address: <b>1281 Terminal Way, Suite 205</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-323-6400</b>
	Vendor No.:
	NV Business ID: <b>NV20121148978</b>
To what State Fiscal Year(s) will the contract be charged? <b>2015-2016</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/05/2015**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2016**

Contract term: **1 year and 57 days**

4. Type of contract: **Contract**

Contract description: **Appraisal Review**

5. Purpose of contract:

**This is a new contract to provide appraisal review services, in compliance with the Uniform Standards of Professional Appraisal Practice, to assist the division with completing investigations within the twelve month federal guideline for case AP14.035.S.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$2,500.00 per Review

Other basis for payment: \$200 per hour for expert testimony if required by the Division

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**To comply with Title XI (The Financial Institutions Recovery Reform and Enforcement Act of 1989) which requires state appraiser regulatory agencies to process complaints of appraiser misconduct or wrongdoing within a twelve month period. Funds were appropriated by the 2001 Legislature, pursuant to SB307, for the purpose of this contract.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**In order to conduct an appraisal review in compliance with the Uniform Standards of Professional Appraisal Practice, Standard Rule 3, (adopted pursuant to NAC 645C.400) a certified appraiser is required. Employees of the division may not hold an active license while employed by the Division as it would be a conflict of interest.**

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):

William Kimmel  
Daniel Leck  
Anthony Wren  
John Wright

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor has experience in performing this type of appraisal in the geographical location that is under review in relation to Case AP14.035.N

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:

Real Estate division 2013

13. Is the contractor currently involved in litigation with the State 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:

Brenda Kindred-Kipling, Appraisal Officer Ph: 775-687-4280 X312

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vleigh	04/27/2015 12:00:42 PM
Division Approval	vleigh	04/27/2015 12:11:34 PM
Department Approval	vmilazz1	04/30/2015 13:25:16 PM
Contract Manager Approval	vleigh	05/05/2015 08:36:13 AM
Budget Analyst Approval	sjohnso9	05/05/2015 08:37:36 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: **14047** Amendment Number: **2**  
 Agency Name: **REHABILITATION DIVISION** Legal Entity Name: **Las Vegas Window Tinting LLC**  
 Agency Code: **901** Contractor Name: **Las Vegas Window Tinting LLC**  
 Appropriation Unit: **3253-10** Address: **5615 South Cameron Street #2**  
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89118**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Frank Friedlander 702/222-1710**  
 Vendor No.: **T29017056**  
 NV Business ID: **NV20111789715**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Business Enterprise Set Aside</b>

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **12/20/2012**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2016**  
 Contract term: **3 years and 284 days**

4. Type of contract: **Contract**  
 Contract description: **Window Tinting**

5. Purpose of contract:  
**This is the second amendment to the original contract which provides on-going services for the maintenance, repair and/or removal, cleaning and replacement of graffiti film and/or bronze tint film at the High Scaler Cafeteria and the Hoover Dam Store. This amendment increases the maximum amount from \$15,000.00 to \$45,000.00 due to the 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:	\$5,500.00
3. Amount of current contract amendment:	\$30,000.00
4. New maximum contract amount:	\$45,000.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
This is a requirement of the Department of the Interior/Bureau of Reclamation because of heat temperatures reaching 120 degrees through these windows.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
State employees are not trained and do not have the expertise to perform these services.

9. Were quotes or proposals solicited? **Yes**  
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



Tint Pros  
Nevada Tint  
Las Vegas Window Tinting LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided a better product for comparable value and out of the 3 vendors that submitted proposals, it was determined to be in the best interest of the State to award this contract to Las Vegas Window Tinting.

d. Last bid date: 10/17/2012 Anticipated re-bid date: 10/17/2016

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Employment, Training and Rehabilitation, Rehabilitation Division, BSBVI, BEN Program, September 2010, services provided were satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	khawkin1	04/01/2015 10:39:12 AM
Division Approval	shendren	04/06/2015 08:37:34 AM
Department Approval	mcost1	04/10/2015 13:41:09 PM
Contract Manager Approval	kwynands	04/13/2015 09:22:37 AM
Budget Analyst Approval	tgreenam	04/21/2015 14:20:29 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: **14402** Amendment Number: **1**  
 Agency Name: **EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **CASHMAN EQUIPMENT COMPANY**  
 Agency Code: **902** Contractor Name: **CASHMAN EQUIPMENT COMPANY**  
 Appropriation Unit: **4771-07** Address: **600 GLENDALE AVE**  
 Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431**  
 If "No" please explain: **Not Applicable** Contact/Phone: **775/358-5111**  
 Vendor No.: **PUR0000249A**  
 NV Business ID: **NV19601000406**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % ESD Special Fund</b>

Agency Reference #: **1833-15-DETR**

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **05/23/2013**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/22/2017**  
 Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **Generator Maintenanc**

5. Purpose of contract:  
**This is the first amendment to the original contract, which provides new maintenance services on the newly installed generator at the facility located at 500 E. Third Street, Carson City, NV. This amendment extends the termination date from May 31, 2015 to May 22, 2017 and increases the maximum amount from \$6,500 to \$16,000 due to continued need for service.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$6,500.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$9,500.00
4. New maximum contract amount:	\$16,000.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
Scheduled maintenance and servicing is required by manufacturer.

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):

Cashman Power Solutions  
Cummins Rocky Mountain  
California Generator

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bid.

d. Last bid date: 04/05/2013 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:

Cashman Equipment has been under contract with the Department of Employment, Training and Rehabilitation since 2009 and service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	04/07/2015 10:08:29 AM
Division Approval	rolso1	04/16/2015 10:40:11 AM
Department Approval	mcost1	04/17/2015 14:37:52 PM
Contract Manager Approval	btaylo7	04/17/2015 14:57:12 PM
Budget Analyst Approval	tgreenam	04/21/2015 15:40:35 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: <b>14578</b>	Amendment Number: <b>1</b>
Agency Name: <b>EMPLOYMENT SECURITY DIVISION</b>	Legal Entity Name: <b>DEPARTMENT OF ADMINISTRATION</b>
Agency Code: <b>902</b>	Contractor Name: <b>DEPARTMENT OF ADMINISTRATION</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>HEARINGS DIVISION</b>
Is budget authority available?: <b>Yes</b>	<b>2200 S RANCHO DR STE 220</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>LAS VEGAS, NV 89102</b>
	Contact/Phone: <b>702/486-2527</b>
	Vendor No.: <b>D08000001</b>
	NV Business ID: <b>Government Entity</b>

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	<b>1.90 %</b>	Fees	<b>0.00 %</b>
<input checked="" type="checkbox"/> Federal Funds	<b>69.00 %</b>	Bonds	<b>0.00 %</b>
Highway Funds	<b>0.00 %</b>	<input checked="" type="checkbox"/> Other funding	<b>29.10 %</b>

**BEN, ESD Special Fund, Career Enhancement Program**

Agency Reference #: **1841-15-DETR**

2. Contract start date:  
 a. Effective upon final approval? **No** or b. other effective date **06/25/2013**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/24/2017**  
 Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**  
 Contract description: **Hearing Officers**

5. Purpose of contract:  
**This is the first amendment to the original interlocal agreement, which provides for neutral, knowledgeable, and experienced hearing officers for hearings as requested; issuance of timely written decisions; assignment of fair hearings in a timely manner to the appropriate hearing officer; taking and preserving a record of the fair hearing proceedings including audio recordings; preparation of a record of the proceedings as needed and transmission to the applicable court of jurisdiction within the timeframe established by NRS 233B.131 (1), or other timeframe established by law; and promptly forwarding any request for certified court reporter to the agency. This amendment extends the termination date from June 30, 2015 to June 24, 2017 and increases the maximum amount from \$7,500 to \$10,000 due to continued need for service.**

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	<b>\$7,500.00</b>
2. Total amount of any previous contract amendments:	<b>\$0.00</b>
3. Amount of current contract amendment:	<b>\$2,500.00</b>
4. New maximum contract amount:	<b>\$10,000.00</b>

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
**In carrying out its statutorily and designated duties, DETR is required, under certain defined circumstances, to conduct administrative hearings with neutral, knowledgeable, and experienced hearing officers.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DETR is statutorily required to provide neutral, knowledgeable, and experienced attorney hearing officers for hearings as requested. DETR employees are not qualified to provide this service.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal Agreement with another state agency.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	04/08/2015 15:20:04 PM
Division Approval	mcost1	04/24/2015 10:40:06 AM
Department Approval	mcost1	04/24/2015 10:40:10 AM
Contract Manager Approval	kwynands	04/28/2015 09:55:34 AM
Budget Analyst Approval	tgreenam	05/26/2015 08:27:41 AM