

POST

*** NOTICE OF PUBLIC MEETING ***

BOARD OF EXAMINERS

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

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

DATE AND TIME: March 10, 2015 at 10:00 a.m.

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

AGENDA

1. PUBLIC COMMENTS
- *2. FOR POSSIBLE ACTION – APPROVAL OF THE FEBRUARY 10, 2015 BOARD OF EXAMINERS’ MEETING MINUTES
- *3. FOR POSSIBLE ACTION – APPROVAL OF PAYMENT FOR THE CASH MANAGEMENT IMPROVEMENT ACT

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

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

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Colorado River Commission	1	\$33,200
Department of Conservation and Natural Resources – Environmental Protection – Bureau of Corrective Actions	1	\$30,372
Department of Conservation and Natural Resources – Environmental Protection – Bureau of Water Pollution Control	1	\$27,622
Department of Corrections	1	\$2,320
Total	4	\$93,514

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

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

A. Department of Transportation (NDOT) – Administration – \$2,403,292.57

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

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

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

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

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

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

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

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

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

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

***9. FOR POSSIBLE ACTION – LEASES ([Attached as Exhibit 1](#))**

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

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

12. INFORMATION ITEM ([Attached as Exhibit 4](#))

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

13. INFORMATION ITEM

A. Department of Motor Vehicles – Complete Streets Program

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

14. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

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

Notice of this meeting was posted in the following locations:

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

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

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

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

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

Capitol Police, Grant Sawyer State Office Building, 555 E. Washington Ave, Las Vegas, NV
Brad Carson bcarson@dps.state.nv.us

Notice of this meeting was posted on the following websites:

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

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

Any questions regarding the agenda or supporting material for the meeting please contact Director Wells at (775) 684-0222 or you can email us at budget@admin.nv.gov. We are pleased to make reasonable accommodations for members of the public who are disabled and would like to attend the meeting. If special arrangements for the meeting are required, please notify the Department of Administration at least one working day before the meeting at (775) 684-0222 or you can fax your request to (775) 684-0260.

LEASES

BOE #	LESSEE	LESSOR	AMOUNT
1.	Board of Cosmetology	Kietzke Office Complex, LLC	\$195,633
	Lease Description: This is an extension of an existing lease to house the Board of Cosmetology. Term of Lease: 05/01/2015 – 04/30/2020 Located in Reno		
2.	Board of Dispensing Opticians	Caughlin Ranch Professional Building, LLC	\$27,600
	Lease Description: This is a relocation lease to house the Board of Dispensing Opticians. Term of Lease: 03/01/2015 – 02/28/2018 Located in Reno		
3.	Board of Occupational Therapy	Stone Valley Drive, LLC	\$120,000
	Lease Description: This is an amendment to the existing lease for the landlords' name change only, from Quail North West, LLC to Stone Valley Drive, LLC. Term of Lease: 08/01/2014 – 07/31/2019 Located in Reno		
4.	Department of Business and Industry – Division of Industrial Relations	Kietzke Office Complex, LLC	\$705,891
	Lease Description: This is an addition to current facilities of an existing lease to house the Department of Business and Industry – Division of Industrial Relations. Term of Lease: 03/16/2015 – 10/31/2018 Located in Reno		
5.	Department of Conservation and Natural Resources – Sagebrush Ecosystem Program	Nevada Public Agency Insurance Pool	\$55,050
	Lease Description: This is an extension of an existing lease to house the Department of Conservation and Natural Resources – Sagebrush Ecosystem Program. Term of Lease: 07/01/2015 – 06/30/2017 Located in Carson City		
6.	Department of Employment, Training and Rehabilitation – Employment Security Division Contributions Section	Rocky Point Properties, LLC	\$2,409,102
	Lease Description: This is a renewal and extension of an existing lease to house the Department of Employment, Training and Rehabilitation – Employment Security Division – Contributions Section. Term of Lease: 04/01/2015 – 03/31/2020 Located in Carson City Savings of: \$34,137.60		
7.	Department of Employment, Training and Rehabilitation – Employment Security Division JobConnect	O'Flaherty Rentals, LLC	\$400,508
	Lease Description: This is a renewal and extension of an existing lease to house the Department of Employment, Training and Rehabilitation Employment Security Division – Contributions Section. Term of Lease: 06/01/2015 – 05/31/2020 Located in Ely		
8.	Department of Health and Human Services – Division of Welfare and Supportive Services	TEG Durango Pointe, LLC	\$3,717,671
	Lease Description: This is a new location to house the Department of Health and Human Services – Division of Welfare and Supportive Services. Term of Lease: 06/01/2015 – 05/31/2025 Located in Las Vegas		
9.	Department of Health and Human Services – Division of Public and Behavioral Health – Rural Community Health Services	Novasel & Schwarte Investments, Inc.	\$280,366
	Lease Description: This is a renewal and extension of an existing lease to house the Department of Health and Human Services – Division of Public and Behavioral Health – Rural Community Health Services. Term of Lease: 04/01/2015 – 03/31/2020 Located in Fernley		

BOE #	LESSEE	LESSOR	AMOUNT
10.	Department of Health and Human Services – Division of Welfare and Supportive Services	O’Flaherty Rentals, LLC	\$167,465
	Lease Description:	This is a renewal and extension of an existing lease to house the Department of Health and Human Services – Division of Welfare and Supportive Services.	
	Term of Lease:	06/01/2015 – 05/31/2020	Located in Ely
11.	Office of the Military – Nevada Army National Guard	Sierra Medical Complex Limited Partnership	\$248,124
	Lease Description:	This is a relocation lease to house the Office of the Military.	
	Term of Lease:	05/01/2015 – 04/30/2021	Located in Carson City
12.	Office of the Military – Nevada Army National Guard	Sierra Medical Complex Limited Partnership	\$983,887
	Lease Description:	This is a relocation lease to house the Office of the Military.	
	Term of Lease:	05/01/2015 – 04/30/2021	Located in Carson City

CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	070	DEPARTMENT OF ADMINISTRATION - DIVISION OF HUMAN RESOURCE MANAGEMENT	COMPSYCH EMPLOYEE ASSISTANCE PROGRAM	OTHER: PERSONNEL ASSESSMENTS	\$349,130	
	Contract Description:	This is a new contract that continues ongoing external vendor model Employee Assistance Program (EAP) services. The goal of the State of Nevada EAP is to reduce significant losses in state employee work time, productivity, and effectiveness by providing employees with assistance to improve their personal and professional lives through confidential, professional assessment and counseling.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16342			
2.	070	DEPARTMENT OF ADMINISTRATION - DIVISION OF HUMAN RESOURCE MANAGEMENT	OASIS CONSULTING SERVICES	OTHER: PERSONNEL ASSESSMENTS	\$250,000	
	Contract Description:	This is a new contract to provide classroom instruction for the Nevada Certified Public Manager Program of Level I through IV and Capstone Project evaluation.				
	Term of Contract:	Upon Approval - 02/28/2019	Contract # 16343			
3.	080	DEPARTMENT OF ADMINISTRATION - BUDGET AND PLANNING	AERIS ENTERPRISES, INC.	GENERAL	\$346,814	SOLE SOURCE
	Contract Description:	This is the second amendment to the original contract, which continues ongoing programming and analysis of enterprise computer applications existing in the Department of Administration. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$422,514 to \$769,328 due to a continued need for these services.				
	Term of Contract:	08/13/2013 - 06/30/2017	Contract # 14769			
4.	080	DEPARTMENT OF ADMINISTRATION - BUDGET AND PLANNING	MOODYS ANALYTICS, INC.	GENERAL	\$53,862	SOLE SOURCE
	Contract Description:	This is the first amendment to the original contract, which continues ongoing national and state economic projections, state sales and giving tax collections forecasts, and residential real estate market analysis. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$157,068 to \$210,930 due to the one-year extension for fiscal year 2016.				
	Term of Contract:	07/01/2012 - 06/30/2016	Contract # 14043			
5.	082	DEPARTMENT OF ADMINISTRATION ADMIN - STATE PUBLIC WORKS DIVISION All Budget Accounts	LUMOS & ASSOCIATES	OTHER: AGENCY FUNDED CIP	\$57,320	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide professional architectural/engineering services to install pavement and lighting at the Stead field maintenance shop 2; Project No. 15-A017; Contract No. 109133.				
	Term of Contract:	Upon Approval - 06/30/2019	Contract # 16353			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - COMPUTER FACILITY	AMERICAN CHILLER SERVICE, INC.	FEE: FACILITY FEES	\$17,878	
		Contract Description: This is the third amendment to the original contract, which provides for repair and maintenance services for the chillers, cooling tower, water pumps, and compressors at the Enterprise Information Technology Services, Computer Facility. This amendment increases the maximum amount from \$48,000 to \$65,878 due to an increased continuing need for existing services and provision for cooling tower repairs.				
		Term of Contract:	07/01/2011 - 06/30/2015	Contract # 12147		
7.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS' HOME ACCOUNT	CRAIG M JORGENSON, MD LTD	OTHER: 50% FEDERAL 50%	\$50,000	
		Contract Description: This is the second amendment to the original contract to provide medical director and medical management services for the Nevada State Veterans Home. This amendment increases the maximum amount from \$55,000 to \$105,000 due to increased need for these services.				
		Term of Contract:	02/12/2013 - 12/31/2016	Contract # 13958		
8.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS' HOME ACCOUNT	FUNCTIONAL PATHWAYS	OTHER: 29% FEDERAL 71%	\$2,500,000	
		Contract Description: This is a new contract to provide physical therapy/rehabilitation services to the residents of the Nevada State Veterans Home under the auspices of Medicare Part A and Part B, and other third party payers.				
		Term of Contract:	04/01/2015 - 03/31/2019	Contract # 16325		
9.	240	DEPARTMENT OF VETERANS SERVICES - THE GIFT ACCOUNT FOR VETERANS-Non-Exec	PAMETTO CONSTRUCTION	OTHER: GIFT FUND FOR VETERANS	\$136,000	
		Contract Description: This is a new contract to remodel the canteen area at the Nevada State Veterans Home. This contract is for the construction phase of the project including demolition of the current rooms and installation of new flooring, cabinetry, a half-wall, new lunchroom area tables, and repainting the entire canteen.				
		Term of Contract:	Upon Approval - 11/30/2016	Contract # 16161		
10.	300	DEPARTMENT OF EDUCATION - INDIVIDUALS WITH DISABILITIES ACT (IDEA)	LIFE TRACK SERVICES INC	FEDERAL	\$79,000	
		Contract Description: This is the second amendment to the original contract to collect Indicator 14 data in order to utilize the data in the State Performance Plan/Annual Performance Reports as well as improve postsecondary outcomes for students with disabilities. This amendment extends the termination date from April 30, 2015 to March 31, 2017 and increases the maximum amount from \$72,000 to \$151,000 due to the continued need for these services.				
		Term of Contract:	03/12/2013 - 03/31/2017	Contract # 14045		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX	DIVISION FOR AGING SERVICES	FEDERAL	\$100,000	
	Contract Description:	This is the first amendment to the original interlocal agreement, which reimburses Aging and Disability Services Division for providing the professional contracted information technology staff to conduct the activities for the Balancing Incentive Payments Program grant. This amendment increases the maximum amount from \$3,799,380.00 to \$3,899,380.00 due to the expanded scope of work which includes the Environmental Accessibility Adaptations through the Assistive Technology for Independent Living Program providing physical adaptations to the private residence of the participant or the participant's family necessary to ensure the health, welfare and safety of the participant.				
	Term of Contract:	12/09/2014 - 03/31/2016	Contract # 16017			
12.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SUBSTANCE ABUSE PREVENTION & TREATMENT AGENCY	OFFICE OF THE ATTORNEY GENERAL	FEDERAL	\$324,000	
	Contract Description:	This is a new interlocal agreement that continues ongoing collection of data and outcomes by the Office of the Attorney General for the enforcement of state tobacco laws governing the sale of tobacco to minors pursuant to the SYNAR amendment (named in honor of the late Congressman Mike Synar) passed by Congress in 1992.				
	Term of Contract:	07/01/2014 - 06/30/2018	Contract # 16329			
13.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES CHILD SUPPORT ENFORCEMENT PROGRAM	CHASE GLOBAL SERVICES	FEDERAL	\$552,750	
	Contract Description:	This is the third amendment to the original contract, which provides a Correspondence Management Solution related to the Medicaid and Child Support Enforcement programs to integrate all varieties of paper and electronic correspondence into a unified customizable solution to improve quality, reliability, accountability, and increase compliance with regulatory requirements. This amendment revises the consideration language, increases the maximum amount from \$2,700,000.00 to \$3,252,750.00, extends the termination date from June 30, 2015 to June 30, 2016, revises Attachment AA - Deliverable Payment Schedule, and incorporates Change Orders 3.1 - 3.8.				
	Term of Contract:	03/11/2014 - 06/30/2016	Contract # 15320			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES CHILD SUPPORT FEDERAL REIMBURSEMENT	CHURCHILL COUNTY	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$1,506,918	
	Contract Description:	This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract, the county District Attorney's offices will receive the approved federal reimbursement for providing services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$1,978,953 to \$3,485,871 due to the continued need for this service.				
	Term of Contract:	07/01/2012 - 06/30/2017	Contract # 13007			
15.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES CHILD SUPPORT FEDERAL REIMBURSEMENT	ELKO COUNTY	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$1,705,529	
	Contract Description:	This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the County District Attorney's offices will receive the approved federal reimbursement for providing services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$2,289,595 to \$3,995,124 due to the continued need for this service.				
	Term of Contract:	07/01/2012 - 06/30/2017	Contract # 13008			
16.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES CHILD SUPPORT FEDERAL REIMBURSEMENT	LYON COUNTY	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$1,373,250	
	Contract Description:	This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$1,854,250 to \$3,227,500 due to continue need for this service.				
	Term of Contract:	07/01/2012 - 06/30/2017	Contract # 12955			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES CHILD SUPPORT FEDERAL REIMBURSEMENT	PERSHING, COUNTY OF	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$354,472	
	Contract Description:	This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the County District Attorney's offices will receive the approved federal reimbursement for providing services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$470,558 to \$825,030 due to the continued need for this service.				
		Term of Contract:	07/01/2012 - 06/30/2017	Contract # 12957		
18.	431	ADJUTANT GENERAL AND NATIONAL GUARD - MILITARY	CAL 1 SERVICES INC, LOCKSMITH	GENERAL 50% FEDERAL 50%	\$99,900	
	Contract Description:	This is a new contract to establish locksmith services for the Nevada National Guard, statewide. Actual work will be on an as-needed basis.				
		Term of Contract:	Upon Approval - 03/10/2019	Contract # 16344		
19.	431	ADJUTANT GENERAL AND NATIONAL GUARD - MILITARY	CAPITAL GLASS, INC.	GENERAL 50% FEDERAL 50%	\$99,900	
	Contract Description:	This is a new contract to establish locksmith services for the Nevada National Guard, statewide. Actual work will be on an as-needed basis.				
		Term of Contract:	Upon Approval - 03/10/2019	Contract # 16345		
20.	702	DEPARTMENT OF WILDLIFE - OPERATIONS	STANDARD AERO	FEE: LICENSE FEES 25% FEDERAL 75%	\$270,000	
	Contract Description:	This is the fourth amendment to the original contract, which provides engine maintenance to two Bell Jet Ranger helicopters. This amendment increases the maximum amount from \$316,950 to \$586,950 for known and pending maintenance events, as well as anticipation of unexpected maintenance events during the remaining contract period.				
		Term of Contract:	02/08/2011 - 02/07/2017	Contract # 11821		
21.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	MCGINLEY & ASSOCIATES, INC.	FEE: 43% OTHER: INTERIM FLUID MANAGEMENT TRUST 50% FEDERAL 7%	\$350,000	
	Contract Description:	This is the first amendment to the original contract, which provides environmental mitigation, assessment, and remediation services on an as needed basis. This amendment increases the maximum amount from \$4,500,000 to \$4,850,000 due to additional funding being made available to support the Abandoned Mine Site Program activities.				
		Term of Contract:	01/01/2015 - 12/30/2018	Contract # 16121		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	810	DEPARTMENT OF MOTOR VEHICLES - VERIFICATION OF INSURANCE	FUTURE COMPUTER SYSTEMS, INC.	OTHER: VARIOUS AGENCY FUNDS	\$482,652	
	Contract Description:	This is the fourth amendment to the original contract, which provides the processing of first class mail and certified letters utilizing electronic means to track and mail letters for the department. This amendment extends the termination date from March 31, 2015 to June 30, 2015 and increases the maximum amount from \$8,362,135 to \$8,844,786.80 due to the need for additional time to allow for the transition to the new contracted vendor Datamatx (RFP 1321), which was approved by the Board of Examiners on October 14, 2014.				
	Term of Contract:	05/12/2009 - 06/30/2015	Contract # CONV6343			
23.	810	DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES	BERES, GINNIE DBA ROADRUNNER JANITORIAL SERVICE	HIGHWAY	\$32,400	
	Contract Description:	This is the first amendment to the original contract, which provides for ongoing janitorial service at the department's facility located in Pahrump. This amendment extends the termination date from March 31, 2015 to March 31, 2017 and increases the maximum amount from \$32,400 to \$64,800 due to the extension of two additional years.				
	Term of Contract:	03/12/2013 - 03/31/2017	Contract # 14070			
24.	920	DEFERRED COMPENSATION COMMITTEE	SEGAL ADVISORS INC DBA SEGAL ROGERCASEY	OTHER: VENDOR REIMBURSEMENTS	\$153,000	
	Contract Description:	This is the second amendment to the original contract, which provides ongoing investment consulting services, quarterly investment performance reviews, capital market research, conduct fund searches and recommendations, education to board members and staff on economic and capital market environment, compliance audit, assistance with plan administration, and development and advice regarding a plan provider request for proposal. This amendment increases the maximum amount from \$258,000 to \$411,000 due to the continued need for these services.				
	Term of Contract:	04/09/2013 - 03/31/2017	Contract # 14100			

MASTER SERVICE AGREEMENTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
MSA 1.	MSA	VARIOUS STATE AGENCIES	HAT LTD PARTNERSHIP DBA MANPOWER TEMPORARY SERVICES	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is the first amendment to the contract which provides temporary employment services as needed by various state agencies. This amendment implements a 1.28% invoice surcharge for incremental costs associated with health care reform. This surcharge will be included in the invoice as a separate line item. This amendment increases the maximum amount from \$6,000,000 to \$14,000,000 based on usage to date and projections for the remainder of the contract term.				
	Term of Contract:	04/01/2013 - 03/31/2017	Contract # 14026			
MSA 2.	MSA	VARIOUS STATE AGENCIES	THOMAS PETROLEUM, LLC	OTHER: VARIOUS	\$20,000,000	
	Contract Description:	This is a new contract that continues ongoing services for a statewide Electronic Fuel Dispensing and Card Lock System, which provides a network of fuel vendors for the State of Nevada. The contract will continue to provide agencies with the ability to monitor and control purchases, and track the use of fuel for state owned vehicles at a discounted rate, less applicable tax exemptions.				
	Term of Contract:	04/01/2015 - 03/31/2019	Contract # 16309			

INFORMATION CONTRACTS

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1	070	DEPARTMENT OF ADMINISTRATION – DIVISION OF HUMAN RESOURCE MANAGEMENT	OASIS CONSULTING SERVICES	OTHER: PERSONNEL ASSESSMENTS	\$14,582	
	Contract Description:	This is a new contract to provide classroom instruction of Level IV and a portion of the Capstone Project for Nevada Certified Public Manager Program. This contract covers a gap of services between the previous contract and a new contract currently under negotiation.				
		Term of Contract:	01/23/2015 – 03/10/2015	Contract # 16318		
2	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION – BUILDINGS AND GROUNDS	AQUA-SERV ENGINEERS, INC.	FEES: BUILDINGS & GROUNDS RENT INCOME FEES	\$10,507	
	Contract Description:	This is the third amendment to the original contract, which continues ongoing water treatment maintenance and services of building mechanical systems for multiple State buildings located in the Las Vegas area. This amendment increases the maximum amount from \$32,855.98 to \$43,362.94 due to the continued need for these services.				
		Term of Contract:	02/13/2015 – 06/30/2015	Contract # 12169		
3	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION	CARPENTER SELLERS ASSOC DBA CARPENTER SELLERS ARCHITECTS	OTHER: 13% UNIV SYS RCPT, 10% TRANS FROM CAP PROJ FND, 55% TRANS FROM TREAS, 22% TRANS - PUB WORKS	\$11,770	
	Contract Description:	This is the fifth amendment to the original contract, which provides professional architectural/engineering services for the University of Las Vegas (UNLV) Hotel College Academic Building; Project No. 13-P05; Contract No. 92114. This amendment increases the maximum amount from \$3,034,463 to \$3,046,233 due to the need to update the system's audiovisual standards. This additional funding will provide needed programming to fully understand the new requirements and the additional work required to meet these new standards.				
		Term of Contract:	02/06/2015 – 06/30/2017	Contract # 15263		
4	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION	HANZLIK, MARK DBA NEVADA GLASS SERVICE	FEES: BUILDINGS & GROUNDS RENT INCOME FEES	\$40,000	
	Contract Description:	This is a new contract that continues ongoing repairs, replacement and new installation of glass and glazing products, to include glass storefronts and conventional door and hardware and related components, on an as needed basis and upon the request and approval of a Buildings & Grounds designee for State buildings in Carson City and Reno.				
		Term of Contract:	02/06/2015 – 12/31/2018	Contract # 16321		
5	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION	PETTY & ASSOCIATES, INC.	BONDS: 83% OTHER: TRANSFER FROM TREASURER 17%	\$39,400	
	Contract Description:	This is a new contract to provide professional architectural/engineering services to replace air handling units - phase 2 at the Lovelock Correctional Center; Project No. 13-M12; Contract No. 109168. The scope of work includes mechanical and electrical engineering services to prepare bid documents and provide construction administration services for the replacement of the air handling units serving Housing Units 3A, 3B, 4A, 4B, 5 and 6 at the Lovelock Correctional Center.				
		Term of Contract:	02/06/2015 – 06/30/2019	Contract # 16354		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES	GARRATT-CALLAHAN COMPANY	FEES: FACILITY FEES	\$6,435	
	Contract Description:	This is the second amendment to the original contract, which provides ongoing preventive maintenance and as-needed repair services for cooling tower and chemical water treatment equipment. This amendment increases the maximum amount from \$20,300 to \$26,735 due to increase in the monthly service charge and extra services.				
		Term of Contract:	01/27/2015 – 06/30/2015	Contract # 12148		
7	240	DEPARTMENT OF VETERANS SERVICES	KAN DI KI DIAGNOSTIC LABORATORIES & RADIOLOGY	FEDERAL: 71% OTHER: 29%	\$49,999	
	Contract Description:	This is a new contract to continue mobile X-ray and ultrasound services for the Nevada State Veterans Home. The vendor will provide mobile X-ray and ultrasound services to residents of the Home as required by doctors' orders.				
		Term of Contract:	02/10/2015 – 01/31/2017	Contract # 16289		
8	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION	AMERICAN SIGN LANGUAGE COMMUNICATION	FEDERAL: 60% OTHER: NEVADA TELEPHONE SURCHARGE 40%	\$14,000	
	Contract Description:	This is the first amendment to the original contract which continues Interpretation Services to the deaf and hard of hearing. This amendment increases the maximum amount from \$8,000 to 22,000 due to the increased need for these services.				
		Term of Contract:	01/23/2015 – 02/29/2016	Contract # 13118		
9	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES	NEVADA PUBLIC HEALTH FOUNDATION, INC.	FEDERAL	\$19,842	
	Contract Description:	This is the second amendment to the original contract, which provides technical education and assistance to professionals, including police, prosecutors, judges, and service providers to increase awareness of statutory rape and to better assist victims. The goals of Nevada's Statutory Rape Program are to support more aggressive enforcement of statutory rape laws in Nevada and to promote prevention of statutory rape; therefore, reducing teen pregnancies, domestic violence, and sexual exploitation of children. This amendment increases the maximum amount from \$487,637 to \$507,479 and revises Attachment EE: Social Work Staff Training.				
		Term of Contract:	01/30/2015 – 06/30/2016	Contract # 13456		
10	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES	SIEGEL, BARBARA A.	FEDERAL	\$10,600	
	Contract Description:	This is the first amendment to the original contract, which provides facilitation of the Child Support Enforcement Program (CSEP) strategic planning process and meeting. CSEP is a performance based program and the annual strategic planning conducted in Las Vegas provides management staff a forum to establish the program direction and set priorities for gaining efficiencies and improving performance. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$9,800 to \$20,400.				
		Term of Contract:	01/30/2015 – 06/30/2017	Contract # 14823		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11	431	OFFICE OF THE MILITARY – ADJUTANT GENERAL & NATIONAL GUARD	D&J HOLDINGS LLC &/OR MCGINLEY & ASSOCIATES, INC. MCGINLEY & ASSOCIATES, INC.	FEDERAL	\$49,999	
	Contract Description:	This is a new contract to provide the installation of three ground water monitoring wells at the Nevada Army National Guard, Army Aviation Support Facility located in Reno.				
		Term of Contract:	02/03/2015 – 03/01/2016	Contract # 16346		
12	440	DEPARTMENT OF CORRECTIONS	AEDGE WATER TECHNOLOGIES	GENERAL	\$13,414	
	Contract Description:	This is a new contract to provide removal and disposal of spent media in the arsenic removal system located at Humboldt Conservation Camp to an approved non-hazardous solid waste landfill.				
		Term of Contract:	01/23/2015 – 06/30/2015	Contract # 16160		
13	440	DEPARTMENT OF CORRECTIONS	EQUITY FOUNDATION DBA YOU GOT THE POWER	FEDERAL	\$45,000	
	Contract Description:	This is a new contract to provide pre-vocational, self-esteem/self-awareness training classes to female offenders who are incarcerated at the Florence McClure Women's Correctional Center and who will reside in the following Southern Nevada counties (Clark, Esmeralda, Nye and Lincoln) upon release. Classes will address emotional management, addiction behavior management and life skills but are not limited or restricted to these areas.				
		Term of Contract:	02/03/2015 – 09/30/2015	Contract # 16279		
14	440	DEPARTMENT OF CORRECTIONS	DESERT BOILERS & CONTROLS, INC.	GENERAL	\$19,137	
	Contract Description:	This is a new contract to provide repair to the heating boiler located at Ely State prison.				
		Term of Contract:	02/11/2015 – 06/30/2015	Contract # 16357		
15	550	DEPARTMENT OF AGRICULTURE	HENDERSON HOSPITALITY LLC DBA HOLIDAY INN EXPRESS	FEDERAL	\$25,590	
	Contract Description:	This is a new contract to provide housing for participants and trainers, and conference facilities for the Pesticide Inspector Regulatory Training (PIRT). This is a national inspector training program to support a well-trained state and tribal inspection force, and facilitates the development of these training courses for future state and tribal inspectors. This course is funded by the federal Environmental Protection Agency (EPA), and is provided to a volunteer state to host the PIRT course to which other state and tribal inspectors are invited.				
		Term of Contract:	02/10/2015 – 03/31/2015	Contract # 16165		
16	550	DEPARTMENT OF AGRICULTURE	NUTRITION FOR THE FUTURE, INC.	FEDERAL	\$12,893	
	Contract Description:	This is a new contract to provide professional training for the new meal patterns in school nutrition, the training will include standardized recipe development, menu planning and crediting of meats and grains.				
		Term of Contract:	01/28/2015 – 03/01/2015	Contract # 16327		
17	611	GAMING CONTROL BOARD	BLUENOTCH CORPORATION	OTHER FUNDING: FEDERAL FORFEITURE	\$25,000	
	Contract Description:	This is a new contract to provide system and network penetration testing services designed to provide the Gaming Control Board with insight into external and internal vulnerabilities associated with agency networks, assets and applications.				
		Term of Contract:	02/05/2015 – 11/30/2018	Contract # 16348		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES	WILLOWSTICK TECHNOLOGIES, LLC	BONDS: 50% OTHER FUNDING: LAND WATER CONSERVATION FUND	\$49,925	
	Contract Description:	This is a new contract to provide a subsurface modeling study of ground water sources to determine best location to drill a well at the Valley of Fire State Park.				
		Term of Contract:	02/06/2015 – 06/30/2015	Contract # 16330		
19	702	DEPARTMENT OF WILDLIFE	HEADMASTER	FEES: SPORTSMAN	\$24,500	
	Contract Description:	This is a new contract for taxidermy services on an as-needed basis. Taxidermy services will include hide preparation and may also include full and shoulder mounts, study skins, fish mounts and any other wildlife species in any mount configuration. The Nevada Department of Wildlife (NDOW) uses the products of taxidermy for wildlife educational purposes, displays and as an article for sale.				
		Term of Contract:	02/02/2015 – 03/31/2018	Contract # 16323		
20	702	DEPARTMENT OF WILDLIFE	WILDLIFE REVOLUTIONS	FEES: SPORTSMAN	\$24,500	
	Contract Description:	This is a new contract for taxidermy services on an as-needed basis. Taxidermy services will include hide preparation and may also include full and shoulder mounts, study skins, fish mounts and any other wildlife species in any mount configuration. The Nevada Department of Wildlife (NDOW) uses the products of taxidermy for wildlife educational purposes, displays and as an article for sale.				
		Term of Contract:	02/02/2015 – 03/31/2018	Contract # 16324		
21	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – FORESTRY DIVISION	CALIFORNIA GENERATOR SERVICE NEVADA	GENERAL	\$11,000	
	Contract Description:	This is the first amendment to the original contract, which provides ongoing service to the Nevada Division of Forestry's emergency backup generators at various locations throughout the state. This amendment increases the maximum amount from \$9,000 to \$20,000 due to unanticipated high cost repairs to the generators.				
		Term of Contract:	02/06/2015 – 01/31/2016	Contract # 14943		
22	810	DEPARTMENT OF MOTOR VEHICLES	QUALITY TRI COUNTY JANITORIAL	HIGHWAY	\$4,800	
	Contract Description:	This is the fifth amendment to the original contract, which provides janitorial service for the Winnemucca facility. This amendment extends the termination date from January 31, 2015 to June 30, 2015 and increases the maximum amount from \$57,675 to \$62,475 to allow for a full service lease to be implemented.				
		Term of Contract:	01/28/2015 – 06/30/2015	Contract # 10852		

DETAILED AGENDA

March 10, 2015

1. PUBLIC COMMENTS

Comments:

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

*3. FOR POSSIBLE ACTION – CASH MANAGEMENT IMPROVEMENT ACT

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

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

*4. FOR POSSIBLE ACTION – STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Colorado River Commission	1	\$33,200
Department of Conservation and Natural Resources – Environmental Protection – Bureau of Corrective Actions	1	\$30,372
Department of Conservation and Natural Resources – Environmental Protection – Bureau of Water Pollution Control	1	\$27,622
Department of Corrections	1	\$2,320
Total	4	\$93,514

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

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

A. Department of Transportation (NDOT) – Administration – \$2,403,292.57

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

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

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

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

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

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

Clerk’s Recommendation: I recommend approval.

Motion By: _____ Secoded By: _____ Vote: _____

Comments:

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

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

Clerk’s Recommendation: I recommend approval.

Motion By: _____ Secoded By: _____ Vote: _____

Comments:

***9. FOR POSSIBLE ACTION – LEASES**

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

Clerk’s Recommendation: I recommend approval.

Motion By: _____ Secoded By: _____ Vote: _____

Comments:

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

Twenty-four independent contracts were submitted to the Board for review and approval.

Clerk’s Recommendation: I recommend approval.

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

Comments:

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

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

12. INFORMATIONAL ITEM

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

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

Comments:

13. INFORMATION ITEM

A. Department of Motor Vehicles – Complete Streets Program

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

Comments:

14. BOARD MEMBERS’ COMMENTS/PUBLIC COMMENTS

Comments:

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

MINUTES

MEETING OF THE BOARD OF EXAMINERS

February 10, 2015

The Board of Examiners met on February 10, 2015, in the Guinn Room on the second floor of the Capitol Building, 101 N. Carson St., Carson City, Nevada, at 10:00 a.m. Present were:

Members:

Governor Brian Sandoval
Attorney General Adam Paul Laxalt
Julia Teska, Clerk

Others Present:

Bryan Nix, Victims of Crime Program
Rebecca Salazar, Victims of Crime Program
Claudia Vecchio, Department of Tourism and Cultural Affairs
Steve Fisher, Department of Health and Human Services, Welfare and Supportive Services
Jim Lawrence, Department of Conservation and Natural Resources
Jennifer Newmark, Department of Conservation and Natural Resources
Colleen Cripps, Department of Conservation and Natural Resources, Environmental Protection
Frank Woodbeck, System of Higher Education
Dennis Perea, Department of Employment, Training and Rehabilitation
Don Doderberg, Department of Employment, Training and Rehabilitation
Dr. Tracey Green, Department of Health and Human Services, Public and Behavioral Health
Julia Peek, Department of Health and Human Services, Public and Behavioral Health,
Informatics and Epidemiology
Chelsea Szklany, Department of Health and Human Services, Public and Behavioral Health
Terri Albertson, Department of Motor Vehicles
Amy McKinney, Department of Motor Vehicles
Jeff Morrow, Department of Health and Human Services, Child and Family Services
Scott Sisco, Department of Corrections
Matthew Dillon, Department of Conservation and Natural Resources, Water Resources

1. PUBLIC COMMENTS

Comments:

Governor: Good morning, ladies and gentlemen. I will call the Board of Examiners meeting to order. The Secretary of State is not able to participate, so it will just be the Attorney General and me. We will commence with Agenda Item No. 1, Public Comment. Is there any member of the public here in Carson City that would like to provide public comment to the Board? Is there anyone present in Las Vegas that would like to provide public comment to the Board? Are you muted there, 'cause we can't hear you?

Unidentified Female Speaker: I don't believe there's anyone here.

Governor: All right. Thank you.

*2. FOR POSSIBLE ACTION – APPROVAL OF THE JANUARY 13, 2015 BOARD OF EXAMINERS' MEETING MINUTES

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General Seconded By: Governor Vote: 2-0

Comments:

Governor: The next Agenda item is No. 2, which is approval of the January 13, 2015 Board of Examiners' Meeting Minutes.

Attorney General: I move to approve.

Governor: All right. The Attorney General has moved to approve the minutes. I will second the motion. Any questions or discussion? All in favor say aye.

Attorney General: Aye.

Governor: Aye. Motion passes 2-0.

*3. FOR POSSIBLE ACTION – STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Division of Public Works – Buildings and Grounds	1	\$3,689
Total	1	\$3,689

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Governor

Vote: 2-0

Comments:

Governor: We will move on to Agenda Item No. 3, State Vehicle Purchase. Ms. Teska, good morning.

Clerk: Thank you, Governor. Item 3 is a -- there's only one vehicle request this month to come before you. It is for the Department of Administration, Division of Public Works, Buildings and Grounds. It's for the purchase of a pickup truck. It's a used vehicle. These are used to do the actual -- as maintenance vehicles. And this was included in our legislatively approved budget.

Governor: I have no questions. Mr. Attorney General?

Attorney General: No questions, Mr. Chairman.

Governor: All right. The Chair will accept a motion for approval.

Attorney General: I move to approve.

Governor: Attorney General has moved to approve Agenda Item No. 3. I will second the motion. Any questions or discussion? All in favor say aye.

Attorney General: Aye.

Governor: Aye. Motion passes 2-0.

***4. FOR POSSIBLE ACTION – VICTIMS OF CRIME FISCAL YEAR 2015
2ND QUARTER REPORT AND FISCAL YEAR 2015 3RD QUARTER
RECOMMENDATION**

A. Department of Administration – Victims of Crime

NRS 217.260 requires the Board of Examiners to estimate available revenue and anticipated claim costs each quarter.

The 2nd Quarter fiscal year 2015 Victims of Crime Program report states all approved claims were resolved totaling \$6,782,707 with \$2,468,368 paid out of the Victims of Crime Program account and \$4,314,339 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$5.3 million to help defray crime victims' medical costs.

Based on the projections the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 3rd quarter of FY 2015.

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Governor

Vote: 2-0

Comments:

Governor: We'll move on to Agenda No. 4, Victims of Crime Fiscal Year 2015 2nd Quarter Report and Fiscal Year 2015 3rd Quarter Recommendation.

Clerk: Thank you, Governor. This is an item that, as the title indicates, is a report that you see quarterly that provides some information on our Victims of Crime program. And I believe there are representatives from the program that are supposed to be here to present. In Las Vegas, it's Mr. Nix.

Governor: Good morning, Mr. Nix.

Bryan Nix: Good morning, Governor, and Mr. Attorney General. With me is Rebecca Salazar. She's a program manager for the Victim of Crime program. And we're happy to answer any questions you may have about this report. As you can see we are in very sound financial position. We're recommending continuing to pay the victim claims at 100 percent for the next quarter. We'll still be in very sound financial condition when we do that.

Governor: All right. I have no questions, except keep up the good work.

Bryan Nix: Thank you, Governor. We're working hard at it.

Governor: I know you are. Mr. Attorney General, any questions?

Attorney General: No questions.

Governor: All right. Thank you very much.

Bryan Nix: Thank you, Governor.

Governor: Do we need a motion to approve that?

Clerk: I believe so.

Governor: Yes, so the Chair will accept a motion to approve the reports that are described in Agenda Item No. 4.

Attorney General: I move to approve.

Governor: Attorney General has moved to approve. I will second the motion. All in favor say aye.

Attorney General: Aye.

Governor: Aye. Motion passes 2-0.

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

A. Department of Health and Human Services – Division of Public and Behavioral Health

The Division of Public and Behavioral Health is requesting Board of Examiners' approval of the Targeted Case Management provider agreement form to enable them to enter into an agreement with providers to provide services for individuals with serious mental illness.

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Governor

Vote: 2-0

Comments:

Governor: We'll move on to Agenda Item No. 5, Authorization to Approve a Provider Agreement. Ms. Teska.

Clerk: Thank you, Governor. Much like you saw last month, we have a request for authorization for a provider agreement. We discussed this, I think, at length what the concept behind these are at last meeting, and indicated that there are a number of these, particularly for the Department of Health and Human Services, as they've got an array of services that they provide to their clients. This one is specifically related to Public and Behavioral Health targeted case management for severely mentally ill patients. And I believe there are -- if there are additional questions, there are representatives from the agency if there are any questions.

Governor: And as you said, this is pretty standard. I have no questions, and, again, in the name of efficiency to allow those services to get to those who need it in the most efficient and quickest way possible, this is a good procedure to follow. Mr. Attorney General, any questions?

Attorney General: Yes, Mr. Chairman. Question is just, this is the same thing we did last meeting, now it's just kind of a different kind of service?

Clerk: Yes.

Attorney General: Okay. No further questions.

Governor: All right. Then the Chair will accept a motion to approve the provider agreement described in Agenda Item 5A.

Attorney General: I move to approve.

Governor: Attorney General has moved to approve. I will second the motion. Any questions on the motion? All in favor say aye.

Attorney General: Aye.

Governor: Aye. Motion passes 2-0.

***6. FOR POSSIBLE ACTION – LEASES**

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

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Governor

Vote: 2-0

Comments:

Governor: We'll move on to Agenda Item No. 6, Leases. Ms. Teska.

Clerk: Thank you, Governor. There are eight leases for consideration by the Board on this month's Agenda. And we can answer any questions if you have any. There's really nothing unusual about this particular lease.

Governor: I have no questions. Mr. Attorney General?

Attorney General: I have no questions, Mr. Chairman.

Governor: The Chair will accept a motion to approve Leases 1 through 8 as described in Agenda Item No. 6.

Attorney General: I move to approve.

Governor: Attorney General has moved to approve. I second the motion. All in favor say aye.

Attorney General: Aye.

Governor: Aye. Motion passes 2-0.

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

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

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Governor

Vote: 2-0

Comments:

Governor: We'll move on to Contracts, Agenda Item No. 7.

Clerk: Thank you, Governor. There are 16 contracts for approval on this month's Agenda. Based on feedback from the Board members, the Board would like to hear testimony on Contract No. 1, Commission on Tourism; Contract No. 3, Health and Human Services, Welfare and Supportive Services Division; Contract No. 5, Department of Corrections, Prison Dairy; Contract No. 11, which is Department of Conservation and Natural Resources. Also Contract No. 12 for Department of Conservation and Natural Resources. And Contract No. 15, which is the Department of Employment, Training and Rehabilitation.

Governor: All right. Thank you. Any others that you wanted to hold, Mr. Attorney General?

Attorney General: No, Mr. Chairman. Thank you.

Governor: Contract No. 1, Commission on Tourism. Good morning, Director Vecchio. How are you?

Claudia Vecchio: Governor, I'm well. How are you?

Governor: I'm very well. Thank you. So will you kinda take us through this contract, what its purpose is for, and what the process was to retain this contractor?

Claudia Vecchio: Absolutely. For the record, this is Claudio Vecchio, Director of the Department of Tourism and Cultural Affairs. The Division of Tourism has a major contract with a integrated marketing agency that really is a partner in what we do in terms of developing and executing the advertising, public relations, social media side of our marketing equation.

Two years ago we did a similar process to select an agency. That agency didn't work out particularly well. They didn't exactly meet the needs of the division. So we underwent this process to find a marketing agency partner to help us do those programs. The process is definitely in coordination with State Purchasing, and so just as we do with the State Purchasing process, determined a selection committee of which I was not part. And the selection committee reviewed both the technical and the cost proposals of these eight proposers this time, selected three finalists and then whittled it down to Fahlgren, and they are in partnership with The Abbi Agency, which is a Reno PR and social media company, to provide these services for us.

Governor: Okay. Yeah, there are some that will ask or say why aren't we (inaudible) in-state advertising firm, because this one is based in Ohio I think.

Claudia Vecchio: Yeah, they're based in Columbus, Ohio, but, again, they're in partnership with The Abbi Agency, and I would come back with two remarks about that. The Division of Tourism knows the State of Nevada as well as any agency out there, but 94 percent of our visitors are from out of state, and those are really the ones that are the most valuable. They stay longer.

They spend more money. They provide a greater revenue back to the state. So it's imperative that we partner with a group that knows those feeder markets and knows how to attract people in Los Angeles, and knows how to attract people in Chicago. And this group is arguably one of the best tourism marketing agencies in the country. They've won national awards. They drive tourism for their clients, many of whom I know being this industry. So I'm very confident that they will help us with our knowledge of Nevada, combined with The Abbi Agency's knowledge of Nevada, and their knowledge of our feeder markets to drive tourism. We have a tremendous campaign in the Don't Fence Me In campaign that we have going on now.

Governor: Greatest song ever.

Claudia Vecchio: It's a great song. And so, you know, we believe that they will continue to help us drive that message to these key markets, so that's incredibly important. The second piece really was in the cost. We looked at the cost of the agencies. And this is, you know, provided in their -- on that second cost proposal piece of this, but in a -- I had to write this down 'cause I'm not a numbers person. But the media buy is estimated at \$9.6 million over this two and a half year contract.

Governor: So that's built into this 20 million?

Claudia Vecchio: That's built into the 20 million. That's a big part.

Governor: Because there's some confusion about that, yeah.

Claudia Vecchio: Yes. That is 9.6 million of that is media buy. There is a great proportion of the rest of that that are not direct fees to the agency, but that go out for various projects that we do. For example, a media mission into New York, they pay for all the expenses surrounding that mission. So their fees are not the totality of the rest of this contract. But out of the \$9.6 million, the difference between the cost of Fahlgren Mortine and the other finalists, and this is factoring in a 33 to 1 return on investment which our paid marketing does provide, it's a -- I mean, the cost alone would change the revenue back to Nevada by more than \$9 million. So from a cost standpoint, Fahlgren was highly -- was much under the cost of the other group, and we believe will provide a greater return on investment for the state.

Governor: And speaking of return on investment, our return has increased over the past few years, has it not?

Claudia Vecchio: It has. When we did our budget presentation to the legislative session the last session it was 19 to 1. And then with the new brand and the new campaign, we're now up to 33 to 1. For every dollar that goes into this, \$33 comes back to the state. And that's in our paid media only. So when we look at cost and when we look at the fees that these agencies were proposing, you know, we need to -- we need to look at how that impacts this return on investment. And it was significant with the Fahlgren group.

Governor: Now we have two years of data and the World Within, State Apart is working.

Claudia Vecchio: It is working. It's a tremendous foundational brand. The language around the brand -- it's not only that slogan, but it's the way we convey the personality of the state. It's the way we talk about who we are as Nevadans and how we connect. But we connect in a way that's different from other states, and that's really our key selling point. That's what breaks to the clutter and makes us who we are. So that is working from a tourism standpoint. Don't Fence Me In is resonating people. The song is great. This idea of having personal freedom and coming to Nevada is really resonating too. So we're on a good path. We just need the right partner to help us, you know, go ever further.

Governor: Yeah, and I'll share publically the comment that I told Ms. Vecchio privately is I was in California a while ago on a speaking engagement, and I had an opportunity to meet with somebody who's pretty prominent. And they said, "Please stop playing that commercial because it's killing us, you know, 'cause it's so good." And I thought that was the best validation that we could possibly ask for. And so keep up the good work. Mr. Attorney General, any questions?

Attorney General: Yes, Mr. Chairman. Just one question. So for the media buy, is the savings -- are they just taking less a percentage of the buy? Is that where it comes from?

Claudia Vecchio: Correct. In the RFP we asked them to provide a commission for the media buy. And that's a just straight commission. And the Fahlgren -- am I allowed to say this? The Fahlgren commission was 4 percent, the other finalists were 7 percent or more, so that's a significant savings. And 4 percent is an incredibly low commission rate. Generally it's 15 percent. Obviously all agencies came in wanting our business, but when you look at sheer cost, that's a significant savings.

Attorney General: Great. Thank you.

Claudia Vecchio: Thanks.

Governor: And the Attorney General prompted another question on my part. Given that this is a new vendor, will we be paying to reinvent the wheel on anything that's been done?

Claudia Vecchio: No, absolutely not. They have committed, and we've made this clear, and we made it clear in the RFP, that we are moving forward building on the foundation that we have now. All brands go through evolution, and it's time for us to take a look at this campaign and how we are positioning our brand and our campaign. So they will take it now to phase two, which we have some thoughts about how we can do that, but it really is building on a great foundation. They know that's what they're doing. They're not (inaudible).

Governor: And will they be able to finish the app that I've been hoping for?

Claudia Vecchio: Yes. They will finish that app. And we will do additional types of apps as we move forward in other projects. And so we will say they know that is the priority for this year. We promise you.

Governor: I mean, I know that you recognize that that's what people use these days and to have that Nevada tourism app would be wonderful.

Claudia Vecchio: And a key reason why the old agency isn't with us any longer.

Governor: Yeah. All right. Any further questions?

Attorney General: No, Mr. Chairman. Thank you.

Governor: Thank you.

Claudia Vecchio: Governor.

Governor: Thank you, Ms. Vecchio. Let's move on to Contract No. 3 which is DHHS and Deloitte. Good morning, Mr. Fisher.

Steve Fisher: Good morning, Governor...

Governor: How are you?

Steve Fisher: ...Attorney General Laxalt. I'm good. How are you?

Attorney General: Good morning.

Governor: Good, thank you.

Steve Fisher: For the record, I'm the administrator for the Division of Welfare and Supportive Services. This is an amendment, an \$8 million amendment to the current contract we have Deloitte Consulting. Just to step back a little bit, a little bit of history on this, for the Affordable Care Act we built what's called an eligibility engine. So we took the business rules out of old antiquated system and moved -- the Medicaid rules, and moved them over to an eligibility engine, so we externalized the business rules.

As part of this contract, what we'd like to do is we would like to take our SNAP rules, as well as our TANF rules, and take those out of our old antiquated system and move those over to the eligibility engine so we're leveraging that technology that's already been built.

Governor: And that was the technology that worked, right?

Steve Fisher: Yes, sir. Yes.

Governor: Now, while you're here, February 15th is just around the corner, and I was hoping that you could update us on what's going on with the enrollment through the Silver State Exchange and everything else that has to do with that.

Steve Fisher: Sure. As of last week, there have been just over 56,000 Nevadans who have signed up for an insurance plan. And there's approximately 50,000 of those have actually paid for a plan. So we're sitting around 50,000. On the Medicaid side, we have received since November 15th approximately 65,000 Medicaid applications have come to us. So that just kinda gives you an idea of number of Medicaid applications that have come to us, and then the number of individuals who have enrolled in the insurance exchange.

Governor: Well, it brings a couple thoughts to mind. Let me start with the Medicaid piece first, is that, that seems like it is plateauing compared to what the numbers were last year.

Steve Fisher: Correct. Yes. We were -- yes, absolutely. I think we added almost 300,000 individuals to the Medicaid rolls during that last open enrollment period in that last year.

Governor: And what is the contrast between the enrollments and the paid enrollments versus a year ago?

Steve Fisher: Last year we ended the open enrollment period with approximately 36,000 individual enrolled and paid for a plan last year.

Governor: So you're almost 20,000, or could be 20,000 above that.

Steve Fisher: Correct.

Governor: So do you expect between now and the 15th a big rush of individuals...

Steve Fisher: We do.

Governor: ...seeking to sign up? Are we ready for that?

Steve Fisher: We are. Yes, absolutely. Yeah, we have additional staff that we've put in (inaudible) store fronts where individuals can come in and get assistance to enroll, both in Las Vegas and in Reno. We've added additional staff to those store fronts so that we're prepared from that perspective. And so, yeah, we're ready for the additional enrollees coming in.

Governor: In contrast to last year, I mean, my understanding is experience has been very positive, that the wait times are de minimis and that navigating through the sign-up process has been improved as well.

Steve Fisher: Absolutely, yes. No news is good news. So we have not heard any negative news with regards to enrolling, either through the Medicaid process or through the federal process.

Governor: Good. Mr. Attorney General, any questions?

Attorney General: Yes, Mr. Chairman. Just one question. So is this contract the only Deloitte contract, or is this one of multiple?

Steve Fisher: This is the only Deloitte contract. It's an amendment to the existing Deloitte contract.

Attorney General: No further questions.

Governor: Okay. And speaking of that, you ask a question, it prompts a question. We finished that Deloitte contract in terms of the oversight on what Xerox was doing?

Steve Fisher: We did. We finished the supported state based marketplace transition. Yes, we finished that in November. We do still have a maintenance contract, maintenance and operations contract with Deloitte that goes through September of 2016, so that's still part of this contract. So they're still maintaining, making changes, modifications, any fixes, bug fixes, that kind of stuff.

Governor: Okay. Thank you, Mr. Fisher.

Steve Fisher: Sure.

Governor: Appreciate it. The Attorney General's asked for Contract No. 5. It's one of my favorite contracts. It comes up every year.

Attorney General: My first.

Governor: Yeah.

Unidentified Male Speaker: Thank you. Would you like me to go ahead and summarize the contract?

Governor: Yes.

Unidentified Male Speaker: This particular contract...

Governor: I'm sorry, I didn't hear you.

Unidentified Male Speaker: ...it's about poop. We have lots of it and more than we know what to do with. This particular contract provides for four years' worth of hauling extra horse manure from the wild horse program at Northern Nevada Correctional Center down to a company in Minden that then turns it into biodegradable fuels. We do what we can with the composter that we have there onsite that has a contract with us, but we just have more than we know what to do with. So it's the wild horse program. Currently, just real fast, the numbers, we have about 1705 horses from the BLM (sp?) and about 15 to 30 from the state, Department of Agriculture, that we board.

Governor: And could I ask someone in Las Vegas to mute the microphone. There's a little bit of feedback on this end. Anything further?

Unidentified Male Speaker: Nope, that's pretty much what I have to offer.

Governor: Mr. Attorney General?

Attorney General: Yes, Mr. Chairman. Could you repeat those two numbers for me, 1700 BLM and I missed the second one.

Unidentified Male Speaker: About 1705 horses from the BLM and somewhere between 15 and 30 at any given time that the State Department of Agriculture picks up or other state agencies pick up and need a place for.

Attorney General: And it says that it's 100 percent federal funds. Is the BLM paying for this or...

Unidentified Male Speaker: Yes, we get a per diem rate from the BLM for every horse that we board every day. We get a per diem rate (inaudible) that rate.

Attorney General: Great. No further questions, Mr. Chairman.

Governor: Thank you. No, and I like the idea that we're keeping it in Nevada and it's being put to good use in Douglas County. Who would've thought, you could generate energy from that? All right. We'll move on to Contract No. 11, which is Department of Conservation and Natural Resources and environmental incentives. Good morning.

Jim Lawrence: Good morning.

Governor: So I'd asked -- I guess you could take us a little bit through this contract, but I was even more interested on what's going on with the entire plan and any details that you could provide.

Jim Lawrence: Perfect. I'm happy to do so. So good morning, Governor. For the record, Jim Lawrence. I'm the Special Advisor for the Department of Conservation and Natural Resources. And with me to my right is Jennifer Newmark. She's been the Contract Manager for this, and she's the administrator for the Nevada Natural Heritage Program.

I'm really excited to be able to have this opportunity to talk about this in front of you this morning. It's been -- 2014 was a very busy, challenging and productive year for the program. A lot of great milestones were accomplished. As you know in October the state plan was unanimously adopted by the Sage Brush Ecosystem Council. That state plan is an alternative being evaluated by the Bureau of (inaudible) Management, in their Resource Management Plan EIS update.

Part of the state plan, and a real cutting edge component of it, is the Conservation Credit System. And that Conservation Credit System was also unanimously adopted by the council after a two-day workshop in December with all of the stakeholders regarding the Credit System. And that was unanimously adopted, and this is a copy of it here. It's a manual, and the last half of it is all of the scientific basis for the development of the Credit System. So this is a scientifically based system, and it's very exciting.

When we started out on this, two concerns regarding mitigation programs were constantly explained to us. One concern was that traditional mitigation programs aren't necessarily consistent and transparent. When you have somebody that's a project proponent wanting to do a project, that sometimes developing the mitigation and coming up with mitigation measures takes a long time, and certainly industry needs certainty.

The flipside is we heard a lot of criticisms in some ways that traditional mitigation programs do not direct mitigation to the most appropriate areas to gain conservation. So this system is kind of taking the mitigation system one step further. It is a system based on science and has a habitat quantification tool that evaluates the habitat on functional acres. So what that does is it creates this market-based system so that when conservation projects are being proposed, they will be directed to the most important areas for habitat gain, because those are going to be rewarded with the highest level of credits, which are then available to be transferred or purchased to offset mitigation projects. So the flipside is, is the mitigation projects using the habitat quantification tool provide strong incentives to do habitat disturbances in those areas that are the most able to absorb those things. So the most critical habitat will have the highest debit ratio, and the less critical habitat will have the lower debit ratios. So that will kind of provide the incentives to disturb the least important areas, but then on the conservation side, the conservation projects will go to the most important habitat areas in order to generate the highest credits.

It is very exciting. It's been kind of a long road in some areas, but we are getting buy-in from all of the federal agencies on the system. And it is starting to be recognized at a national level on being the next step in mitigation programs. So it's very exciting. The current contract is just about wrapping up. We spent a lot of work getting buy-in from the federal agencies and from stakeholders. And that's been done. What we want to do now with this contract amendment is move into implementation. So the next step in the contract is going to focus on getting pilot projects. We've been working with mining community, ranchers on identifying actual projects out on the landscape to basically test out the system, because this is scientifically based. It is relatively new, and so we want to do pilot projects to test it out. And then it's going to be an adaptive management type of component that we will then kind of adjust as we move forward.

The contract that we have before you would go through the next year. We want to do pilot projects. We also want to develop handbooks and tools so that folks in our conservation districts, for example, can work one-on-one directly with landowners to get them kind of excited about the system and to kind of reward the good land stewardship that the Nevadans have been doing all these years. So I could go on forever.

Governor: No, I'm sure you could.

Jim Lawrence: I'm sorry.

Governor: That's all right, Mr. Lawrence. I like your enthusiasm. Ms. Newmark, anything you wanted to add?

Jennifer Newmark: No, but I would like to second that the -- to me, from the resource side, I think it's really key that this is based on that scientific HQT and that it is based in functional acres, so it is new and very innovative. And I think it's going to set itself up for very good success because it's based on that functional acreage. So it has been -- like Mr. Lawrence said, it's been a road, and it's been a good one, and we're really looking forward to now moving into implementing it.

Governor: Because it is, as you've identified, a catch 22 because this is new, it's innovative, and my humble opinion, will prove out to be a national model in years to come, but as you say, it doesn't provide that certainty that typically the federal government relies upon. And so that's been part of the discussion with the federal government, is they're like, "Well, Nevada, this is a great plan, but we don't really have any history to be able to get behind this." But at the same time I think the harder we work, they're starting to recognize that this truly could work and is in the best interest of the bird, and the environment. I mean, I think the other thing that -- for those that aren't real familiar with the process, the Sage Brush Ecosystem Council is about as diverse a group as you can get. And to achieve unanimity on that council to support this plan was a huge achievement.

And so, you know, we're gonna continue to push forward. You know, I'll continue to have my conversations with Fish and Wildlife and BLM and the Department of Interior and all the interested parties to continue to show that this is truly going to be a national model. As you said, I think we're starting to hear some encouraging words associated with that. Because we all -- we want to protect the environment, but we also want to balance the business interests and avoid that listing. And putting all this together I think is going to allow us to accomplish all those things. So I really appreciate your hard work and getting this going and then moving to the next step. Mr. Attorney General, any questions?

Attorney General: No questions, thank you.

Governor: All right. Thank you, Mr. Lawrence.

Jim Lawrence: Thank you.

Governor: It's good to see you off the trail.

Jim Lawrence: Yeah, I know. Good seeing you.

Governor: All right. The next contract is No. 12, the Department of Conservation and Natural Resources and Broadbent & Associates.

Colleen Cripps: Good morning, Governor.

Governor: Good morning.

Colleen Cripps: Good morning, Mr. Attorney General.

Attorney General: Good morning.

Colleen Cripps: My name is Colleen Cripps. I'm the Administrator of the Division of Environmental Protection. The amendment you have before you is to amend our existing environmental mitigation assessment and response contract at \$350,000 of funding that we're getting from the U.S. Environmental Protection Agency. That funding is to support the identification and environmental evaluation of Legacy abandoned mine lands. The current contract is one that's shared between Broadbent & Associates and McGinley & Associates. What you have before you today is actually only one of the contracts that we had put forward. The second one will probably be -- you'll probably see it at the next meeting, but basically we have two contractors sharing the same contract.

We do that because this contract provides for the mitigation and cleanup of environmental contamination of all different kinds, and we want to make sure we have adequate resources and expertise for the different projects that we cleanup under this fund. So with that I'll be happy to answer any questions.

Governor: Okay. Mr. Attorney General?

Attorney General: No further questions, Mr. Chairman. Thank you.

Governor: Thank you. That's it. All right. We'll move on to 15, which is DETR and the Board of Regents.

Frank Woodbeck: Good morning, Governor, Attorney General.

Governor: Good morning, Mr. Woodbeck.

Attorney General: Good morning.

Frank Woodbeck: And the...

Dennis Perea: Good morning, Governor. Good morning, Mr. Attorney General. For the record, Dennis Perea, Deputy Director for the Department of Employment, Training and Rehabilitation. We could give you a rundown of the system or we can answer any questions you might have.

Governor: Let's begin with the rundown, please. I think it's a great program, so we need to hear about it.

Dennis Perea: Yes, Governor. At DETR we're excited about this. It'll completely change the way that we deliver services through our JobConnect office and from our workforce investment partners. You know, in essence, this is a unique agreement between NSHE and DETR where we're partnering together to get the data that we need and the service modules to service the Nevadans the best we can.

For DETR the big change is this focused career part of the platform and it hasn't been discussed a lot up to this point. But what it does, it allows our folks in our JobConnect offices to better assist clients. It has a self-service module where people can go in and search jobs in our database, upload resumes, and it has a resume crawling ability to match those individuals with those jobs. It also gives our folks in the JobConnects the ability to search many websites instead of a website at a time. Right now if somebody comes and let's say that they're a dealer or cocktail server, our folks will have to go to each and every casino website to see what's out there, to see if they can find a place to place this individual. With this system they can go into one system and it'll crawl 40,000 websites and bring back all of the results all at once so that we can better match those individuals up with those jobs.

It also has -- and this is, I believe, where NSHE really starts to lick their chops, it really focuses on Careers rather than jobs. If somebody comes in and looks at a job, they can actually upload their resume and the system will tell them that it appears that they're missing something and be able to tell them where they can go and get that training. So it'll assist them in doing that.

The career focused platform, I know this is dear to your heart, Governor, it also does the MOS SOC (sp?) crosswalks for veterans coming out of the service. So they will be able to bring in their military service information. And Burning Glass actually goes a step further than other systems where it will say, you know, these are where it matches up cleanly, but this is where -- other areas where you would likely make a good fit in the job market, and refer those veterans out to those services.

It has a employer self-service piece as well. Employers will be able to go in and list jobs with us and actually be able to search databases, set up an account to where they can actually receive information back from the system on an ongoing basis for a talent that it sitting out there that they may be able to hire.

One of the things that I'd like to mention is that this system hooks up to our one-stop operating system, our case management system for DETR. The beauty of this particular system is it is known as the best system in the country, and also it is hooked up to our consortium partners. We belong to a consortium of three other states, Kentucky, New Jersey and New York, who have already hooked up to this system. So when we actually went out to Burning Glass, they agreed not to charge us an installation fee on this one because down the road as people leave this consortium, we're going to be forced to move to a different system, so they're charging us one installation fee instead of two. So we were able to save a lot of money.

And through some tough negotiations with Frank over there, we convinced Burning Glass -- they wanted to charge us to licensing fees, one for NSHE and one for DETR. And since we showed them that we're essentially in business to do the same thing, the state would pay once, not twice, so we were able to go with one licensing fee. With that I'd pass it to Frank.

Governor: Mr. Woodbeck.

Frank Woodbeck: For the record, Frank Woodbeck from the System of Higher Education. We negotiated this, as Dennis alluded to, as a joint agreement for statewide license. And did it through NSHE because part of -- about of our base cost for the system is being paid for by a tack grant that we got from Department of Labor for the four community colleges. So about three-quarters of a million dollars of it is being paid via that tack grant. So we actually put the agreement through NSHE and did an inner local with DETR.

As far as NSHE's concerned, we will be using this system for a number of different things, including the expansion of our veteran's resource centers at all four community colleges and also curriculum development to match skillset demand. And that would yield to a demand driven workforce over at (inaudible) quite frankly. And we'll be able to use this particular system in that respect. So it's a -- in a joint deal with DETR, we couldn't have done any better than this.

Governor: So a couple questions, Mr. Perea, is one way to think about this, to simply it, is it's kind of like a Travelocity for job search, because it searches all those websites and brings it all into one place?

Dennis Perea: Yes, sir. Yes, Governor. That's the big part of it. It has a matching engine that goes out and matches for employers as well as job seekers what is out there and makes those matches. It uses the big term "big data," but it uses lots of data points and whatnot to get that. It also uses pretty sophisticated technology to make sure that the people don't get duplicates and whatnot, and remains clean.

You know, one of the big complaints that we would have with the JobConnect is people would come. They would wait their turn in line, and then they would meet with one of our folks. We'd help them brush up their resumes and get them some job leads. And then they would leave the facility and never hear from us again. With this system we'll be able to stay tethered to them so that we can continually try to assist them after they leave our offices as well.

One of the pieces that we haven't talked about is the labor insight piece, the ability to get real-time data. As an anecdotal example, when I was looking at the system a year or so ago, they brought up software engineers in the State of Nevada, and it said that Ely had a high demand for software engineers. And I being from Ely, you know, cried foul. And it turns out that the mines were actually hiring software engineers at the time. So it gives us that real-time data that we can't see otherwise, and obviously the value to NSHE on that is huge as well.

Governor: Yeah, and a follow-up, and first that was no endorsement for Travelocity, but just using that as an example. But secondly, you know, you had -- your office had briefed me on this, but one of the items about this program that really made an impression on me was that when, as

you mentioned, somebody comes in and you send them off and you don't hear from them again, whereas with this new program, it'll identify who is hiring people with that skillset, and it will show them the exact location so you'll be able to provide them with a list of employers where they can go interview at that moment and, as you say, still have the follow-up as well.

Dennis Perea: Yes, Governor.

Governor: And that's something we can't do right now?

Dennis Perea: No. Right now, especially as you know in the height of the Great Recession, no follow-up is even remotely possible with the staffing levels that we have with our federal funding. Having this system, you know, being able to get their information and continually reapply that against the data and give them the job leads and whatnot necessary is huge. It will be able to keep people in touch with the system without actually walking into our facilities. And that goes for employers as well.

As a side note, we actually had been Burning Glass in the State of Nevada briefly in the north where the local board up north actually contracted with it for a while. And it was a success, but the problem was from the Department of Labor standpoint is it was a duplication with the state system, so they decided to shut it down and wait for us to go statewide with this. But as a side note, the biggest outcry when they shut that down was actually the employers that were starting to see the value in being able to go in and do big searches off of our data in our job system, so it has a huge employer component as well.

Governor: And last question, when do you expect this to go online?

Dennis Perea: We're having our initial conversations in March to talk about the governance and structure of it. We'll have our IT folks there and their IT folks to talk about. Part of the system, the labor insight piece, the labor data, is a flip of the switch. They're turning that on now and getting people set up to go in and get that data. But actually it'll take a little bit of time to hook the system up to our database so that we can do those job searches and crawls.

Just as soon as I say this, I'll regret it later. I don't believe it's going to take a great deal of time for our IT folks to hook this up because it's been done three times before with the same system. But I'm hoping to have that up quickly after we have those initial conversations.

Governor: Okay. I'm going to hold you to that. And, Mr. Woodbeck, I mean, we have our clients at Nevada JobConnect, but this will be just as beneficial to the students at the community colleges as well, correct?

Frank Woodbeck: Exactly, exactly. And it will finally actually give us a tool to be in the placement business also for the community colleges. So there are a lot of attributes that we're not even identifying as yet until we get into the workings of the system, but it's going to be great.

Governor: Thank you.

Frank Woodbeck: This is the first of its kind by the way in terms of workforce development and education anywhere else in the nation really, Burning Glass has told us at least. It's the first time they've ever done it.

Governor: So we're leading the nation.

Frank Woodbeck: Leading the nation.

Governor: All right. I'm sorry, I didn't hear you.

Frank Woodbeck: We are leading the nation, yes.

Governor: No, thank you, Mr. Woodbeck. Mr. Attorney General, any questions?

Attorney General: No, Mr. Chairman. Thank you.

Governor: Thank you, Mr. Woodbeck. Thank you, Mr. Perea. All right. Before I take a motion, any further questions with regard to Agenda Item No. 7, Contracts 1 through 16?

Attorney General: No, Mr. Chairman. I move to approve.

Governor: Attorney General has moved to approve Contracts 1 through 16 as described in Agenda Item No. 7. I second the motion. All in favor say aye.

Attorney General: Aye.

Governor: Aye. Motion passes 2-0.

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

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

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Governor

Vote: 2-0

Comments:

Governor: We'll move on to Agenda Item No. 8, Master Service Agreements.

Clerk: Thank you, Governor. There are six Master Service Agreements for approval today. And we discussed these also at our last meeting, that these are essentially statewide contracts that any agency can utilize for these services. And there's a representative from State Purchasing if there are any specific questions.

Governor: I have none. Mr. Attorney General?

Attorney General: I have no questions.

Governor: The Chair will accept a motion to approve the Master Service Agreements 1 through 6 as described in Agenda No. 8.

Attorney General: I move to approve.

Governor: Attorney General has moved for approval. I second the motion. All in favor say aye.

Attorney General: Aye.

Governor: Aye. Motion passes 2-0.

9. INFORMATIONAL ITEM

Pursuant to AB 41 of the 2013 Legislative Session, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from December 23, 2014 through January 20, 2015.

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

Comments:

Governor: Agenda Item No. 9, Information Items. Ms. Teska.

Clerk: Thank you, Governor. The items that fall under No. 9 are contracts that are approved that exceed \$10,000 and are less than \$50,000. This goes back prior to when the threshold for approval by this body was increased to \$50,000. I think there are a couple of these items that we wanted to hear just some additional information on. Items No. 18 and 19, just for information, they are both with the Department of Health and Human Services, Public and Behavioral Health.

Governor: Yes. I understand that Dr. Green is here. Good morning, Dr. Green.

Dr. Tracey Green: Good morning.

Governor: I don't have any questions really with regard to the contracts themselves, but I saw Contract 18 as an opportunity to update us on with what's going with measles and communicable diseases. And then with regard to Contract 19, what is happening out there with Rawson-Neal.

Dr. Tracey Green: Absolutely. So for the record, Dr. Tracey Green. I serve as your Chief Medical Officer for the Division of Public and Behavioral Health. With me today is Julia Peek.

She's the Manager of the Office of Public Health Informatics and Epidemiology. And Chelsea Szklany who is the Deputy Administrator of our Clinical Services. And so I'll ask each of them to assist me in the presentations and then I'd be happy to answer questions.

Governor: Thank you.

Julia Peek: So I'll start with a little background on Office of Public Health Informatics and Epi because it's a long title. So what we do, we do a few things. So from the epidemiology side, that's where the measles fits in. We do everything from get the initial reports, investigate, ideally prevent the spread of infection further. With the measles what we're doing is we get word from the physician that we potentially have a measles case. We're able to link that immediately to the immunization record to see what's going on. We can also look more broadly at the community and see what the immunization rate is in the community to know if we have a potential risk of further spread.

In regard to this, we are responsible for collecting all the data statewide and then sending it to the Centers of Disease Control and Prevention. Because of the high tech act, the federal act, we have electronic lab reporting and electronic health records much more available to us. So what this contact is going to do, it's going to allow us to connect with those EHR and ELR vendors to get that information electronically. Right now it's all faxed to us. So that takes another human turning it and faxing it to the local health department before investigation can occur and we can mitigate that situation.

The Public Health Informatics part of it, that title, we also look at other data sources. Right now we're focusing a lot on behavioral health. Some of the projects we're working on is getting criminal justice (inaudible) and linking it to look at the frequent utilizers. We also are getting ER data to look at how many are using ER, welfare, potential homeless services, so we're able to link that and tell the big story of what that looks like. So we do everything from infectious disease to chronic disease to behavioral health. This particular contract, if supported, it's going to help us establish electronic lab reporting with the state public health lab, and they're the ones who are doing the measles testing right now.

Governor: Thank you. Very thorough. Dr. Green, any observations about the current situation in the state?

Dr. Tracey Green: For the record, Dr. Tracey Green. Yeah, so first I want to say that we are at 91 percent rate of immunization for measles, mumps and rubella, 95 percent for the first dose, and we exceed 95 percent for the second dose. So we do have a very high vaccination rate for measles. Where I think you're seeing some of these gaps are travelers coming to our state from out of the country are predominately where we're seeing it, or in unvaccinated children. In our state we only have a religious and medical exemption, so we do not have a large population unvaccinated children. It is a requirement to both report to our data system as well as to have a completed or up to date vaccination schedule for school entry. So currently we have two positives that are confirmed. They're both in Southern Nevada. We have addressed the schools in which those children are. We are protecting other children that are unvaccinated. And we have started a public service campaign to really address those that are unvaccinated.

You know, I'm happy to say that we are doing well with not only addressing the unvaccinated children by getting our children vaccinated, and I really would like to just state finally to please get your children vaccinated.

Governor: Thank you, Dr. Green.

Chelsea Szklany: Good morning, Governor and Attorney General. For the record, I'm Chelsea Szklany, Deputy Administrator with the Division of Public and Behavioral Services. The contract that is specifically for two temporary trailers on the West Charleston campus. It's Southern Nevada Developmental Health Services. And the two trailers are providing dietary services while the drain and the pipes in the kitchen are being repaired on the campus. And that kitchen serves all the hospital buildings on the West Charleston campus. A functional kitchen is necessary for both our certification by the Centers for Medicare and Medicaid services and for our accreditation by the Joint Commission.

And then if I may, Governor, I'd like to share some news with the Board and yourself. In January Southern Nevada Developmental Health Services was surveyed by the Joint Commission. The process is such that we won't get our letter of accreditation decision until 45 to 60 days, but I'm optimistically -- I'm cautiously optimistic that that decision will be favorable. The surveyors at the exit survey acknowledged many improvements within our organization. They acknowledged and complimented our medical staff for their engagement and leadership at all levels throughout the agency. Thanks to the Governor and the support of Behavioral Health, we've seen many improvements in the care and treatment for Nevadans with mental health needs.

If I may I'd like to just identify a couple of those. With Medicaid expansion and an increase in paid reimbursement, this has led to an increase in the development of more in-patient psychiatric beds in Southern Nevada, including at our agency. It's also led to more services and community expansion of those services for Nevadans with mental health needs in Southern Nevada. So at this time I'd like to thank the Governor, his office and his staff for all your support of our agency, the division and Nevadans with mental health needs.

Governor: No, I appreciate your saying so, but you're the one that deserves the credit, and Dr. Green, for persevering through all this. I mean, you were there and you responded and stayed strong and made sure that all the improvement that were recommended were accomplished. And so I -- you know, this is a day of showing you appreciation and thanks, both of you, for what you've done out there. And at the end of the day, you know, it has benefited the individual, the patients, that you describe and the quality of care there has -- you know, if we indeed receive this accreditation, it will close the door, if I'm correct, on that chapter of what happened out there with Rawson-Neal; is that correct?

Dr. Tracey Green: That is correct.

Chelsea Szklany: That is correct.

Governor: And when do we hope to receive that?

Chelsea Szklany: We should receive it in about 45 to 50 days.

Governor: Okay. Well, we'll be waiting for that. And what's the census like out there now, because I know we've added a lot of private beds in the community? Has that had a positive effect as well?

Chelsea Szklany: It's had a positive effect in that the emergency room numbers are lower. We've had a high of around 160 to now I think this morning it was 51, if I looked at it this morning. So it was very good. Our hospital beds, of course, are still full.

Governor: But in terms of how many patients are in the emergency rooms, that's as low as it's been historically before any of this happened, so we've...

Chelsea Szklany: Exactly.

Governor: ...hopefully gotten back to some degree of normalcy when it comes to the waiting in the emergency rooms and the response.

Dr. Tracey Green: Absolutely. I think -- for the record, Dr. Tracey Green. I think what we've seen is an increased capacity for the community to provide the services. I think this is going to continue to the trend to reduce numbers even further, and start moving clients out of Rawson-Neal into private sector. We're seeing more hospitals interested in expanding their units. Medicaid has now provided a reimbursement for managed care beds in hospitals that are freestanding psychiatric hospitals. So we're going to see this shift, and ultimately this will affect our census as well in Rawson-Neal.

And I did want to add that this was one of the first times when Joint Commission exited our facility that they were not as focused on the issues, but more on complimenting us and Chelsea and her staff on the improvements that they had seen, and that's why, again, we'd like to say we're consciously optimistic, but we've had nothing but positives moving forward. And we've also had some beginning accreditation, so we were given the accreditation for our behavioral health services, and this is the incremental way in which we'll receive our complete accreditation. And we are cautiously optimistic, but optimistic.

Governor: Yeah, well, we don't want to jinx anything.

Dr. Tracey Green: Right. We believe. Right.

Governor: All right. I have no further questions, but, again, thank you very much for your hard work and commitment. Mr. Attorney General?

Attorney General: No further questions, Mr. Chairman.

Governor: Thank you. All right. This just is an information item. Any other of the contracts you wanted to hold out of there?

Attorney General: No, Mr. Chairman.

Governor: All right. Then we'll move on...

Attorney General: I move to approve.

Governor: We don't -- it's information.

Attorney General: Oops, sorry about that.

Governor: The Director, my understanding, has approved these already.

Clerk: Absolutely.

Governor: All right.

10. INFORMATION ITEM

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

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, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the fiscal quarter ending December 31, 2014.

- **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 \$5,698 in proceeds for the Nevada Land Bank.

Comments:

Governor: Then let's move on to Agenda Item No. 10, which is another Information Item. Ms. Teska.

Clerk: Thank you, Governor. There are actually three items here. I would take each of them a little bit -- take them each separately. The first one is a quarterly report from Department of Conservation and Natural Resources, State Lands regarding activity conducted related to the Tahoe Basin Act Program. There's not been a lot of activity there, but there's a representative here from State Lands if there are any questions since this is the first report.

B. Department of Motor Vehicles – Complete Streets Program

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

Comments:

Governor: Go ahead and proceed, please.

Clerk: Okay. The second item is a new item from the Department of Motor Vehicles for the Complete Streets program. And I asked them actually to be here today because this is the first time we're receiving this report, so that they could talk about the program and then what these funds are for.

Governor: All right. Is there a representative from DMV? Good morning.

Terri Albertson: Good morning, Governor, Mr. Attorney General. For the record, I'm Terri Albertson, Administrator of the Management Services and Programs Division for the Department of Motor Vehicles. And to my right with me today is Amy McKinney who is our Chief of Administrative Services.

So the Complete Streets program actually came about as a result of AB145 at the 2013 legislative session. So what we agreed to do was to offer individuals who live in counties where there are Complete Streets programs to give a voluntary nonrefundable \$2 contribution each time they renew a vehicle for the first time or they complete a first-time registration through our MyDMV portal and through our web services, and eventually we will add this to our kiosks as well. So we have identified three counties that currently have a Complete Streets program in effect. They are Clark, Washoe and Carson City. So those are the three counties under which if your vehicle is based on those vehicles, then you have the option to give a \$2 nonrefundable contribution that then goes to their agencies. And, again, in statute it's very specific what they can use these funds for. It has to be to include services for pedestrians, bicyclists, persons with a disability, person who use public transportation and motorists.

So, again, that's -- we provide the money -- I mean, we collect the money on behalf of these agencies. And Amy can give you some further details as far as what we've collected so far.

Amy McKinney: For the record, Amy McKinney, Chief of Administration for the Department of Motor Vehicles. For the month of December we actually began collections of this revenue on December 15th, collected \$3,006 during the month of December. The department maintains one percent of that for the cost to us for collecting that. And we distributed \$2,975.94 to Carson City County, Clark County and Washoe County.

Governor: Do you know what kind of projects they're using the money for?

Terri Albertson: The Department of Motor Vehicles has no oversight for that, other than, again, it's very specific in statute what they can use those funds for. But we don't have any oversight over, you know.

Governor: But in future meetings we can get an update of where that money's being programmed, I'd be interested in that. Pedestrian safety is a priority for me.

Terri Albertson: That information would have to come from those counties, either their regional transportation commissions or their Complete Streets program individuals. Again, our purpose is to simply collect the money and pass it on to those counties. So this will be coming to you on a monthly basis. It's required in statute that we submit the financial reports to the Board of Examiners on a monthly basis.

Governor: Is that \$3,000 about what you expected for half a month?

Terri Albertson: That is much more than -- we didn't think we would get that in a year.

Governor: Wow. Really?

Terri Albertson: Yes. It has absolutely exceeded our expectations as far as what we thought people would contribute, again, because this is on a limited scope at this time, because you have to do your renewal or your vehicle registration on the web or the MyDMV portal. And we will be adding this to our kiosks I'm hoping within the next two to three months. So there will be an expansion of this.

Governor: Can you determine what the math is on the percentage of people that are expecting to voluntarily contribute that money?

Terri Albertson: We could do that, yes. We could provide you with that information if you'd like that in your next monthly report. We can let you know the total number of renewals or first-time registrations and then what percentage actually contributed in those counties which the program is available.

Governor: And do you expect that other counties will begin to participate?

Terri Albertson: We reached out to everybody in the state prior to implementing the system to ask them if they had created their Complete Streets program and what they needed to do if they

hadn't. We've not received any feedback yet from the other counties as far as any interest in adding this to their programs.

Governor: And do you break up proportionately the amount of money that, for example, comes to Clark, Washoe and Carson City and distribute the money accordingly?

Terri Albertson: Correct. It's all based on where your vehicle is based in. So if your vehicle base is in Clark County, then 100 percent of the money would then go to Clark County for those that donated there, and also for Washoe and Carson.

Governor: All right. Any questions, Mr. Attorney General?

Attorney General: Yes, Mr. Chairman. Just general question of you listed what the statute says you can spend it on, but what's the overall program? Is it safety or -- I didn't hear what the...

Terri Albertson: Again, that information, Mr. Attorney General, would have to come from the respective counties and their Complete Street representatives. Again, there's no jurisdiction -- the Department of Motor Vehicles has no jurisdiction over that, other than I can say that statute is very specific about what they can expend those funds for. They can't purchase equipment with it. But, again, it's pretty wide open as far as pedestrian safety, persons with disabilities, so it would be up to those county representatives then to follow those statutory requirements for spending their funds.

Attorney General: When people go to contribute to this, what's the disclaimer? What's it saying people are contributing to?

Terri Albertson: I can show you from what we proposed to put on to our kiosk screen. And, again, the way that the bill was drafted or the law is written, is we had to give people the option to opt in for the \$2 donation or not. And so it's a yes, no question. So this one would be what we would show on the kiosk. It says, "Complete Streets Donation. Would you like to contribute \$2 to the Complete Streets program in the county in which your vehicle is based? The Complete Streets program promotes the retrofitting of roads to benefit pedestrian, bicyclists, disabled persons and motorists. Your contribution is voluntary, nonrefundable and is in addition to any other applicable registration fees." So this would be verbiage that is also similar on our kiosk -- excuse me, on the web and the portal transaction, so then the customer says yes or no.

Attorney General: Great. Thank you.

Amy McKinney: For the record, Amy McKinney. I'd like to add further clarification. The initial report that you received states that these funds are distributed to the counties on a quarterly basis. They are in fact distributed on a monthly basis. So we're making the distribution this week for the month of January.

Governor: I guess you have to follow the statute, but I saw that the administrative is \$30. Wouldn't we just go ahead and contribute all of it to make sure that it...

Terri Albertson: The one percent commission to the department?

Governor: Yes.

Amy McKinney: We're maintaining the one percent.

Terri Albertson: Yeah, we're maintaining the one percent.

Governor: All right. I have no further questions. Thank you very much.

Amy McKinney: Thank you.

C. Department of Administration – Budget Division – Update on the Fiscal Year 2015 projected ending fund balance

Pursuant to subsection 1 of section 67 of Assembly Bill 507 of the 2013 legislative session: if projections of the ending balance of the State General Fund fall below the amount estimated by the 2013 legislature for fiscal year 2015, the Director of the Department of Administration shall report this information to the State Board of Examiners.

A report was presented to the Board of Examiners at the December 9, 2014 meeting. This item provides an update to the December 9, 2014 report based on the solutions being presented to the 2015 legislative session.

Comments:

Governor: All right, Ms. Teska, Agenda Item 10C.

Clerk: Thank you, Governor. And I'm hoping this is the last time I have to talk about this particular item since it's been twice at IFC and now twice at Board of Examiners. Back in December we presented the report on the state status of the 2015 projected ending fund balance for the General Fund. And the Board made a determination that absent any corrective action we were going to be below the \$80 million, and so we have brought forward our corrective action. This was presented to the Interim Finance Committee on January 22nd. Just as a little history, in the handout that's provided, there's three basic causes for these shortfall that we have in the General Fund in 2015. Gaming revenue is coming in below forecast. That's about \$50 million. The net proceeds of minerals, the mining taxes, also coming in below forecast. That's a pretty significant amount. That's about \$141 million. And then increased enrollment in the Distributive School account, both actual increase in enrollment as well as a significant increase in the Hold Harmless enrollment that we're paying for there. And that total's about \$90 million.

Governor: So what's the all-in number for those shortages?

Clerk: Well, if you take everything that's on this page, we're very close to \$300 million.

Governor: Right.

Clerk: Which fortunately we have had -- we started with a higher than was projected beginning balance to start the biennium. And we have had some of our revenues outperform their projections. Notably I believe the insurance premium tax has done very well. That's related to the information Mr. Fisher gave you earlier.

Governor: And that being the new signups through the portal and the Medicaid signups?

Clerk: Yes. And the sales tax has also been fairly strong.

Governor: But essentially all those gains were offset by these shortages.

Clerk: Yes, yes. The next page, Page 3, shows you where, absent any corrective action, where we land for 2015. And prior to our correct action, we're currently projecting based on the December economic forum numbers as well as the required supplemental appropriations that were included in the Governor's recommended budget. We're projecting to have about \$12.5 million at the end of the biennium. To meet our 5 percent ending fund balance requirement, we should have \$169 million, almost 170. That leaves us \$157.1 million short. We do have \$28 million in the Rainy Day Fund currently. We are submitting a bill for consideration by the legislature to transfer those funds to the General Fund, which would leave us with \$40.6 million.

The next page talks about how we further close this gap. We don't get quite to -- currently we do not get quite to the 5 percent. We get to about 4 and a half percent, but that is significantly better than we had originally projected. We're proposing to get there by having two rate holidays for the active employee group insurance. That is actually funds that have been paid by state agencies into a fund. They're not actually -- they have not been drawn by the health program. They've just been paid by the state agency budget into this aegis fund. And that fund has an excess balance right now that we could go two months without paying those premiums without negatively impacting the program. That will save us around \$20 million.

We also have had favorable claims experience in our unemployment insurance. We've actually just turned that rate off for the remainder of this fiscal year. Both of these changes were contemplated when the budget was prepared, so where this leaves our reserves in these accounts, we're taking into account when the rates for '16 and '17 were set. There's also some increased billings from Department of Health and Human Services. Taxation has been working on some cleanup in some of their accounts. They've identified some overpayments that were unclaimed that under statute can revert to -- are supposed to revert to the General Fund.

System of Higher Education has agreed to not request their salary adjustment funds this year. That does not negatively impact them. Those funds were approved to bridge the gap between what was approved in the legislatively approved budget versus what was proposed in the Governor's recommended budget. They have agreed to not draw those funds. Those would've been in addition to what they were appropriated during the last legislative session.

And the single largest contributor is almost \$80 million of what we've been referring to as reserve sweeps or reserve transfers. These are funds that agencies have in largely non-General Fund budgets that while they may have had other plans to expend, they can forego these reserves and transfer them to the General Fund upon approval of the legislature. And that is a preferable course of action then to make General Fund operating reductions at this point in time.

Taking all of those into account, we get to a revised ending fund balance of \$154.5 million, which is about \$15 million short of our target. I will tell you that the folks in my office have not stopped looking. We're still shaking all of the couch cushions, et cetera, looking for the additional \$15 million to get us to the 5 percent, but 4.5 percent is a much better starting point for us than we were looking at back in December.

Governor: So will you go into a little bit of what the alternative is or what the consequences are if we weren't to do this?

Clerk: We have tomorrow (inaudible) call, and this is going to be a big topic of conversation there as far as how we have addressed this, not only solving our problem in 2015, because they're looking for us to maintain 5 percent balance, but also how we have addressed this in '16 and '17, which we have really taken a hard look at the factors that led us to where we are not. And we feel that we have addressed those going forward so that the '16 and '17 budget puts us in a much better position. And you never want to make an absolute, but I would say it significantly reduces the likelihood that we find ourselves in this position again.

Governor: And why does it do that?

Clerk: We actually did several things. The shortfall in the net proceeds of minerals is really -- I mean, that really could be identified as almost the single cause of this. We're \$150 million short. That revenue was \$141 million short on its own. That was a combination of sort of a perfect storm, is when the budgets were approved in 2013, gold prices were over \$1800 an ounce, they might've been at 19 or they were at record highs. And so gold drives a lot of our net proceeds. It's not the only thing we do in mining, but it is certainly the one that has the biggest dollars associated with it.

And so the revenue forecast, and this is one of the ones that's done by the Technical Advisory Committee through the economic forum. So we had -- not only did we have high gold prices at the time we approved the revenues, we have been doing for the last six years the prepayment of those taxes. And so essentially the mining companies are paying a year in advance. They're paying for the year before it's complete. When gold prices then drop in the middle of the recession -- I mean, in the middle of the biennium, then it has a multilayered effect. They've overpaid because their taxes due are going to be less because of the drop in gold prices. So their gross is going to be less because of what they're selling the ore for. There's also a reduction in the rate based on their net, which when your gross goes down, typically your net goes down because their costs are fairly static. And so we had lower taxes due, they'd already overpaid, so there were built up credits that had to be applied, and that's when we saw such a precipitous drop all at once.

Governor: And their production dropped.

Clerk: Exactly. And so what we have proposed in the budget is to extend the prepayment only through June 30th of 2016. So we will in this coming biennium, the way we've constructed budget, the prepayment of the net proceeds will end before the end of the biennium and should -- and you combine that with the fact that gold prices are at a much lower level when we're doing the revenue projections right now, and we also are aware of what those credit amounts are, those have all been factored into the revenue projections for 2016, '17. So that big component by itself should be addressed the way we've built the budget.

And the other biggest contributor to this was the increase in enrollment. And coming out of the -- during the recession we went from having significant enrollment growth to having a flattening, and actually in one year I believe we had a dip in enrollment on the K12 side. Now that economy is doing much better, we have jobs, the job growth has been great for the state's economy, but it also means that we're getting more people, and the increase in the population then drives increases in enrollment. Last biennium we used projections for enrollments that had come in in a report that the districts submit to the Department of Education, which projected less than 1 percent growth in each year. It was actually just slightly plus or minus a half a percent in each year. We ended up with 1.4 percent in the current year, and 1.3 percent I think last year. When we received that same report this year, it still showed only, like, .6 percent, .7 percent growth going forward. We did not use that for the growth percentages that are included.

Governor: But make those little percentages real. How many students is that?

Clerk: Well, the...

Governor: I know it says right here, but what's the total?

Clerk: Right, the difference -- you're talking about a potential difference of \$50 million a year if you go from a .6 percent to closer to the 1.4.

Governor: But that's about -- was it 10,000 more students than we thought?

Clerk: It's about 9500, yes. And as our overall student enrollment grows, the percentages generate even larger numbers. So we have done -- we've factored in 1 and a quarter percent growth when we did the trend line analysis, that looked like about the right number based on the informant we had for '16 and '17. So we should have -- we should be much closer to getting the enrollment numbers in the distributive school account reflecting what actually comes in this coming biennium.

And I'll tell you one of the things that we presented on Friday for my own department was adding an economist to our resources. We have one economist right now, and that person has their plate very full just tracking revenues. One of the things we want our new economist to be involved in is working with the Department of Education on refining enrollment projects so that

we get -- we realize that this is an area of significant vulnerability to the state. It's the single largest line item we have in the budget. And getting more accurate projections for that account is critical to budgeting accurately going forward. So we've actually put a lot of work into trying to make sure that we don't end up where we are right now again.

Governor: Yeah. And perhaps you said this, but back to the prepayment of mining, when you remove that in the second half to the biennium, you have to make it up with real revenue, correct?

Clerk: That is correct. The other piece of this is that it's very clear, and anyone who saw my budget presentations has heard this already, the last several years have made it very clear that there's a disconnect between our current economy and our current revenue structure. There's a proposal, obviously, in the budget that brings those two into better alignment. So we believe that the budget that we submitted is very sound, it has good methodology behind, and should put the state in good footing going forward.

Governor: All right. Thank you. And I'll stop leading the witness.

Clerk: The last two pages of the presentation are just some account of what we call the supplemental appropriations. Those are -- and one shot's for 2015. This is what makes up the shortfall as far as -- or helps contribute to the shortfall in terms of additional appropriations that are necessary to get through 2015. These are over and above the amounts that were budgeted. And then the last page is a summary by department of the almost \$80 million worth of reserve transfers. And I would say thank you to the Attorney General for the contributions from his office from some settlement funds that they had available.

Governor: Big hug on the record. That was a big help. And I guess just to be complete, Ms. Teska, and I don't mean to be flip about, because these budget issues are real, and is the gaming piece, is that we're below forecast on gaming, and that is another stream of revenue that is diminishing given the nature of the gaming industry today.

Clerk: Yes, sir. And as far as...

Governor: For diversification of the gaming industry, I should say.

Clerk: Yes. And I think what we're seeing is, and you hear this routinely from the folks at the Gaming Control Board, is that when folks come -- people are coming to Nevada still. The visitor volume is reaching all-time highs, but they're spending less on the traditional gaming, and they're spending more on other forms of entertainment.

Governor: I think my last report was that the gaming component of their total gross is only 38 percent.

Clerk: Yes, it was.

Governor: So it's been going down. And when you see those charts, you see that precipitous dip. So in any event, that's another contingency that we have to consider when we budget. All right. Anything else, Ms. Teska?

Clerk: No, I just wanted to -- we'd said in December that we would bring back an update as to the solutions that we proposed, and I wanted to make sure that we did that.

Governor: Yeah. No, and in all seriousness, my thanks to the Attorney General's Office and all the state agencies that contributed to closing this gap. And it was a very real problem, and by doing this, it allowed us not to have to go into General Fund and make some, I wouldn't say devastating, but some serious cuts to respective state departments. So that was truly a worthwhile effort, and, again, all those who contributed, you know, helped the state maintain its good credit status, et cetera. Any questions, Mr. Attorney General?

Attorney General: No, Mr. Chairman. Thank you.

Governor: All right. That completes Agenda Item No. 10.

11. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

Comments:

Governor: We'll move to Agenda Item No. 11, Board Member comments. And I probably should've done this at the beginning of the meeting while the room was full, but this will be Ms. Teska's last meeting. And she is moving on and moving to the great state of Colorado and has a great opportunity to work there and also join her family. I cannot say how much I appreciate your hard work and your commitment to the people in Nevada, not only in this capacity, but in your other capacities during your service to Nevada. You're going to be greatly missed. And I cannot tell you how much respect and appreciation I have for you and your tenacity and your commitment and your loyalty and your love and passion for this great state of ours. So, Ms. Teska, on behalf of the people of the great State of Nevada, thank you for your service.

Clerk: Thank you. Thank you, sir. It's been a privilege to serve in your administration. And just to make it perfectly clear, this transition for me is difficult. It is entirely about my family. And I've loved the time that I have served here in Nevada and the work that I have been able to do here. In particular, the last several years have been really meaningful to me. And I appreciate having that opportunity and I will remember the time I spent here in Nevada for the rest of my life.

Governor: Thank you very much. All right. Any other comments?

Attorney General: No, Mr. Chairman.

Governor: Okay. Is there any public comment from here in Carson City? Any public comment from Las Vegas?

Unidentified Female Speaker: No, no one's left here.

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

Clerk's Recommendation: I recommend approval.

Motion By: Attorney General

Seconded By: Governor

Vote: 2-0

Comments:

Governor: The Chair will accept a motion for adjournment.

Attorney General: I move to adjourn.

Governor: Second the motion. All in favor.

Attorney General: Aye.

Governor: Aye. Motion passes. This meeting's adjourned. Thank you, ladies and gentlemen.

Respectfully submitted,

JAMES R. WELLS, CLERK

APPROVED:

GOVERNOR BRIAN SANDOVAL, CHAIRMAN

ATTORNEY GENERAL ADAM PAUL LAXALT

Brian Sandoval
Governor




Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
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Budget Division

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

Date: February 6, 2015
To: Julia Teska, Clerk of the Board
Department of Administration
From: Tiffany Greenameyer, Budget Analyst 
Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

OFFICE OF THE STATE CONTROLLER

Agenda Item Write-up:

CASH MANAGEMENT IMPROVEMENT ACT

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

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

Additional Information:

Section 63, Chapter 371 of the 2011 Legislative Session, (AB 580-General Fund Appropriation Act) states that "If the State of Nevada is required to make payment to the United States Treasury under the provisions of Public Law 101-453, the Cash Management Improvement Act of 1990, the State Controller, upon approval of the State Board of Examiners, may make such payments from the interest earnings of the State General Fund or interest earnings in other funds when interest on federal money has been deposited in those funds."

A schedule showing the highest liability payable for FY 2014, and a copy of the State's annual report to the U.S. Treasury, are attached to this memorandum.

REVIEWED: <u>4myg</u>
ACTION ITEM: _____

RON KNECHT,
MS, JD, PE (CA)
State Controller

STATE OF NEVADA

DEBORAH L. COOK, CPM
Chief Deputy Controller

JAMES W. SMACK
Assistant Controller




OFFICE OF THE
STATE CONTROLLER

RECEIVED
FEB 05 2015

MEMORANDUM

To: State Board of Examiners

From: State Controller Ronald L. Knecht 

Date: 5 February 2015

Subject: FY 2014 Interest Liability under the Cash Management Improvement Act

The purpose of the Cash Management Improvement Act (P.L. 101-453) is to ensure greater efficiency, effectiveness and equity in the exchange of funds between the Federal Government and the States. The State incurs an interest liability when Federal funds are deposited in a State account prior to the day the State pays out funds for program purposes. Conversely, the Federal Government may incur an interest liability when the State pays out its own funds for program purposes.

If there is a net State interest liability, Chapter 570, Section 59 of the 2001 Statutes of Nevada (General Appropriations Act) authorizes the Controller, upon approval of the State Board of Examiners, to make such payments from the interest earnings of the State General Fund, or interest earnings from other funds when interest on Federal money has been deposited into those funds.

I am hereby requesting the approval of payment to the U.S. Treasury in the amount of **\$14,053** from the General Fund. This is the highest possible payable liability for 2014. That amount will be paid only if all Federal interest and State calculation costs are denied. The U.S. Treasury is reviewing the report and should have a final liability figure by March 16th. Payment to the U.S. Treasury is required by March 31st. The Federal government paid the State a net liability of \$5,166.00 for fiscal year 2013. If the 2014 calculations are accepted, the Federal government will owe the State \$3,495.00.

A schedule showing the highest liability payable for FY 2014, and a copy of the State's annual report to the U.S. Treasury, are attached to this memorandum.

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

www.controller.nv.gov

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

State of Nevada

CMIA 2014

Liability by CFDA Number

CFDA #	Total Expenditures	State Liability	Federal Liability	Net Liability	Reportable State Liability	Reportable Federal Liability	Reportable Net Liability	Comments
10.551	532,382,176	0	0	0	0	0	0	FY 2014 Annual Interest Rate = .05%
10.555	88,764,696	149	2,163	(2,014)	149	2,163	(2,014)	
10.557	47,324,435	2,077	1,992	85	2,077	1,992	85	
17.225S	38,258,102	0	219	(219)	0	219	(219)	
17.225F	See above	211	0	211	211	0	211	Based on info provided by DETR
20.205	324,506,082	0	0	0	0	0	0	
84.010	101,316,762	220	418	(198)	220	418	(198)	
84.027	74,199,465	89	311	(222)	89	311	(222)	
93.558	51,293,588	1,524	36	1,488	1,524	36	1,488	
93.563	34,806,068	636	5	631	636	5	631	
93.658	37,550,702	457	106	351	457	106	351	
93.778	1,459,097,668	8,690	1,540	7,149	8,690	1,540	7,150	
	2,789,499,745	14,052	6,790	7,263	14,053	6,790	7,263	

Net Interest Liability	7,263
Direct Costs	10,758
Amount due	<u>(3,495)</u>

**Cash Management Improvement Act - 2014 Annual Report
State of Nevada**

Annualized Interest Rate: 0.05%

Nevada State Contact

Karen Jaquez
515 East Musser Street
Suite 200
Carson City, NV 89701
775-684-5652
kjaquez@controller.state.nv.us

Annual Report Claims

Current State Interest Liability	\$14,053
State Interest Adjustment	\$0
Interest Calculation Costs	\$10,758
Current Federal Interest Liability	\$6,790
Federal Interest Adjustment	\$0
Net Federal Interest Liability	\$3,495

Certification

"I certify to the best of my knowledge that all information in this report, including the interest claims and interest calculation costs claim, is true and accurate in all respects and that all calculations have been made in accordance with 31 CFR Part 205 and the Treasury State Agreement."

Signature of Authorized State Official: Deborah L. Cook
Name of Authorized State Official: Deborah L. Cook
Title of Authorized State Official: Chief Deputy Controller
Date Signed: 12/30/14

**Cash Management Improvement Act - 2014 Annual Report
State of Nevada - Interest Claims Report**

CFOA	Program Name	INTEREST CLAIMED				
		Current State Liability	State Adjustment	Current Federal Liability	Federal Adjustment	Net State Liability
10.551	Supplemental Nutrition Assistance Program	0	0	0	0	0
10.555	National School Lunch Program	149	0	2,163	0	-2,014
10.557	Special Supplemental Nutrition Program for Women, Infants, and Children	2,077	0	1,992	0	85
17.225F	Unemployment Insurance -- Federal Benefit Account and Administrative Costs	211	0	0	0	211
17.225S	Unemployment Insurance -- State Benefit Account	0	0	219	0	-219
20.205	Highway Planning and Construction	0	0	0	0	0
84.010	Title I Grants to Local Educational Agencies	220	0	418	0	-198
84.027	Special Education -- Grants to States	89	0	311	0	-222
93.558	Temporary Assistance for Needy Families	1,524	0	36	0	1,488
93.563	Child Support Enforcement	636	0	5	0	631
93.658	Foster Care -- Title IV-E	457	0	106	0	351
93.778	Medical Assistance Program	8,690	0	1,540	0	7,150
Total Liability		14,053	0	6,790	0	7,263

**Cash Management Improvement Act - 2014 Annual Report
State of Nevada - Interest Calculation Costs Certification**

I. State Costs - Internal

Clearance Pattern Development and Maintenance		Interest Calculation	
State Personnel Cost:	5,555	State Personnel Cost:	5,203
State Non-Personnel Cost:	0	State Non-Personnel Cost:	0
Other Costs:	0	Other Costs:	0

II. State Costs - External

Clearance Pattern Development and Maintenance		Interest Calculation	
Personnel Cost:	0	Personnel Cost:	0
Non-Personnel Cost:	0	Non-Personnel Cost:	0
Other Costs:	0	Other Costs:	0

III. Adjusted Interest Calculation Costs

Interest calculation costs incurred prior to the current state fiscal year are not eligible for reimbursement pursuant to 31 CFR 205.27(d)(3). In the event that interest calculation costs reimbursed in a prior state fiscal year are disallowed as the result of a subsequent audit, the disallowed amount must be included in this section.

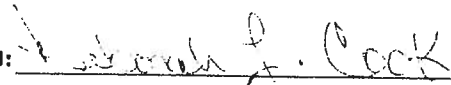
Adjusted Interest Calculation Costs: 0

IV. Total Interest Calculation Costs

Total Interest Calculation Costs: 10,758

V. Certification

"I hereby certify that this Interest Calculation Costs Claim Report is accurate to the best of my knowledge. Interest calculation costs recovered via this mechanism shall not be included in our State's cost allocation plan as described in OMB Circular A-87. The State shall maintain documentation to substantiate this cost claim and make this information available upon request."

Signature of Authorized State Official: 
 Name of Authorized State Official: Deborah L. Cook
 Title of Authorized State Official: Chief Deputy Controller
 Date Signed: 12/30/14

[Home](#) [FAQ](#) [Help](#) [Feedback](#) [Privacy Policy](#) [Logoff](#)

Modify Interest Calculation Costs

Interest Claims

**denotes required field*

Interest Calculation Cost

[Click for Instructions](#)

[Print TCC Certificate](#)

[Submit & Print Annual Report](#)

[Treasury State Agreements](#)

I. State Costs - Internal

Clearance Pattern Development and Maintenance

*State Personnel Cost:

*State Non-Personnel Cost:

*Other Costs:

Interest Calculation

*State Personnel Cost:

*State Non-Personnel Cost:

*Other Costs:

II. State Costs - External

Clearance Pattern Development and Maintenance

*Personnel Cost:

*Non-Personnel Cost:

*Other Costs:

Interest Calculation

*Personnel Cost:

*Non-Personnel Cost:

*Other Costs:

III. Adjusted Interest Calculation Costs

Interest calculation costs incurred prior to the current state fiscal year are not eligible for reimbursement pursuant to 31 CFR 205.27(d)(3). In the event that interest calculation costs reimbursed in a prior state fiscal year are disallowed as the result of a subsequent audit, the disallowed amount must be included in this section.

*Adjusted Interest Calculation Costs:

IV. Total Interest Calculation Costs

Please provide an explanation for total costs in excess of \$50,000.

Total Interest Calculation Costs: 10,758

V. Authorized State Official Certification

"I hereby certify that this Interest Calculation Costs Report is accurate to the best of my knowledge. Interest calculation costs recovered via this mechanism shall not be included in our State's cost allocation plan as described in OMB Circular A-87. The State shall maintain documentation to substantiate this report and make this information available upon request."

*Name: Deborah L. Cook

*Title: Chief Deputy Controller

Save Cancel

STATE OF NEVADA
CASH MANAGEMENT IMPROVEMENT ACT
FY 14 SCHEDULE OF DIRECT COSTS OF IMPLEMENTATION
FY 13 clearance pattern calculations for FY 14
and interest liability calculations for FY 14

Development and Maintenance of Clearance Patterns:		
Statewide Clearance Patterns:		
Welfare (type WF)		347.19
Payroll (type PR)		347.19
Accounts Payable (type AD & EF)		347.19
NDOT (type AD2)		347.19
Set-up		347.19
Total costs to calculate statewide clearance patterns		1,735.96
Program Specific Clearance Patterns:		
10.555 - National School Lunch Program		347.19
10.557 - Special Supplemental Nutrition Program for Women, Infants, and Children		347.19
17.225 - Unemployment Insurance		347.19
84.010 - Title I Grants to Local Educational Agencies		347.19
84.027 - Special Education - Grants to States		347.19
93.558 - Temporary Assistance for Needy Families (TANF)		347.19
93.563 - Child Support Enforcement (Districts Attorney component)		347.19
93.596 - Child Care Mandatory and Matching Funds		347.19
93.658 - Foster Care Title IV-E		347.19
93.767 - State Children's Insurance Program		347.19
93.778 - Medical Assistance Program		347.19
Total costs to calculate program specific clearance patterns		3,819.11
Calculation of Interest Liabilities:		
10.551 - Food Stamps		104.07
10.555 - National School Lunch Program		520.33
10.557 - Special Supplemental Food Program for Women, Infants, and Children (WIC)		520.33
17.225 - Unemployment Insurance		312.20
20.205 - Highway Planning and Construction		208.13
84.010 - Title I Grants to Local Educational Agencies		520.33
84.027 - Special Education - Grants to States		520.33
93.558 - Temporary Aid to Needy Families		520.33
93.563 - Child Support Enforcement		520.33
93.658 - Foster Care Title IV-E		520.33
93.778 - Medical Assistance Program		520.33
N/A - Set-up		208.13
N/A - Preparation of Direct Costs and Annual Report		208.13
Total costs to calculate interest liabilities		5,203.29
Total Direct Costs of Implementation		10,758.36

**State of Nevada
Statewide Clearance Patterns
For the TSA Year Ended June 30, 2011**

Development and Maintenance of Statewide Clearance Patterns							Hours	Cost	Rate		
									52.03	Hollingsworth	
									34.72	Jaquez	
Development of type WF clearance patterns							10.00	347.19			Jacquez
							347.19				
Development of type PR clearance patterns							10.00	347.19			Jacquez
							347.19				
Development of type AD, EF & MW clearance patterns							10.00	347.19			Jacquez
							347.19				
Development of NDOT type AD, EF & MW clearance patterns							10.00	347.19			Jacquez
							347.19				
Setup of workpapers for FY 14							10.00	347.19			Jacquez
							347.19				
Total:								1,735.96			

**State of Nevada
Program Specific Patterns
For the TSA Year Ended June 30, 2014**

Development and Maintenance of Program Specific Clearance Patterns:									
			Rate	Hours	Cost	Employee	Total Cost		
10.555 - National School Lunch Program				10.00	347.19	Jaquez	347.19		
10.557 - Special Supplemental Nutrition Program for Women, Infants, and Childr				10.00	347.19	Jaquez	347.19		
17.225 - Unemployment Insurance				10.00	347.19	Jaquez	347.19		
84.010 - Title I Grants to Local Educational Agencies				10.00	347.19	Jaquez	347.19		
84.027 - Special Education - Grants to States				10.00	347.19	Jaquez	347.19		
93.558 - Temporary Assistance for Needy Families (TANF)				10.00	347.19	Jaquez	347.19		
93.563 - Child Support Enforcement (Districts Attorney component)				10.00	347.19	Jaquez	347.19		
93.596 - Child Care Mandatory and Matching Funds				10.00	347.19	Jaquez	347.19		
93.658 - Foster Care_Tile IV-E				10.00	347.19	Jaquez	347.19		
93.767 - State Children's Insurance Program				10.00	347.19	Jaquez	347.19		
93.778 - Medical Assistance Program				10.00	347.19	Jaquez	347.19		
					3,819.11		3,819.11		

State of Nevada
Interest Liability Calculations
For the Year Ended June 30, 2014

Interest Liability Calculation Cost:									
		Hollingsworth	Rate						
		Jaquez		Hours	Total Expenses	TOTAL			
10.551	Food Stamps			2.00	104.07	104.07			
10.555	National School Lunch Program		52.03	10.00	520.33	520.33			
10.557	Special Supplemental Food Program for Women, Infants, and Children (WIC)		34.72	10.00	520.33	520.33			
17.225	Unemployment Insurance			6.00	312.20	312.20			
20.205	Highway Planning and Construction			4.00	208.13	208.13			
84.010	Title I Grants to Local Educational Agencies			10.00	520.33	520.33			
84.027	Special Education - Grants to States			10.00	520.33	520.33			
93.558	Temporary Aid to Needy Families (TANF)			10.00	520.33	520.33			
93.563	Child Support Enforcement			10.00	520.33	520.33			
93.658	Foster Care Title IV-E			10.00	520.33	520.33			
93.778	Medical Assistance Program			10.00	520.33	520.33			
N/A	Set-up			4.00	208.13	208.13			
N/A	Preparation of Direct Costs and Annual Report			4.00	208.13	208.13			
				100.00	5,203.29	5,203.29			

**State of Nevada
 Calculation of Cost Rates by Employee
 For the Year Ended June 30, 2014**

Lee Ann Hollingsworth Emp hourly	Karen Jaquez Emp hourly								
36.060	23.000	gross wages							
9.285	5.923	retirement	13.25%	Emplyr/Emplyee paid	25.75%	Employer paid			
0.523	0.334	1.45%medicare							
4.216	4.216	insurance (paid monthly)							
0.0001	0.0001	\$2.81/yr employee bond insurance							
0.0051	0.0051	\$128.79/yr tort							
0.0046	0.0046	\$115.84 EITS infrastructure							
0.0019	0.0019	\$48.17 EITS security							
0.137	0.087	.38% unemployment							
0.970	0.619	2.69% REGI							
0.270	0.173	.75% personnel/payroll assessments							
0.559	0.357	1.55% Worker's Comp							
52.03	34.72								
0.693	0.662	gross wages as % of total							
0.307	0.338	fringe benefits as % of total							

STATE OF NEVADA

**SCHEDULE OF MAJOR FEDERAL FINANCIAL ASSISTANCE PROGRAMS
FOR THE FISCAL YEAR ENDED JUNE 30, 2014**

	CFDA #	Expenditures	Notes	Agency
Supplemental Nutrition Assistance Program (SNAP)	10.551	522,338,967		407
National School Lunch Program	10.555	91,343,515		305
Special Supplemental Food Program for Women, Infants, and Children (WIC)	10.557	48,623,042		406
Unemployment Insurance	17.225	1,674,429,930	Contains U.I. Trust	900
Highway Planning and Construction	20.205	455,305,896		800
Title I Grants to Local Educational Agencies	84.010	86,124,692		300
Special Education_Grants to States	84.027	75,317,962		300
ARPA - Education Jobs Fund	84.410	43,174,450		300
Immunization Grants	93.268	35,380,720		406
Temporary Assistance for Needy Families	93.558	46,939,294		407
Child Support Enforcement	93.563	35,663,257		407
Foster Care_ Title IV-E	93.658	38,092,386		409
Medical Assistance Program	93.778	982,855,990		403

Total Federal Financial Assistance of Programs Above Threshold

4,135,590,101

Brian Sandoval
Governor




Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: February 18, 2015
To: Julia Teska, Clerk of the Board
Department of Administration
From: John Borrowman, Budget Analyst 
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

COLORADO RIVER COMMISSION

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Colorado River Commission requests approval to replace one vehicle not to exceed \$33,200 due to the vehicle being at the end of life. The current vehicle is a 2004 model with 130,000 miles and meets replacement criteria per SAM 1309. This vehicle will be used by the Power Delivery System staff to maintain and administer the power infrastructure.


Additional Information:

This vehicle is included for replacement in the SFY16-17 4501 G01 budget. However, the transmission is failing faster than budgeted and regularly renders the vehicle inoperable. In preparing the SFY16-17 budget request, the agency and Fleet Services agreed the agency should purchase vehicles for this group rather than lease. While this purchase is earlier than anticipated, purchasing rather than leasing is still consistent with the mutual plan for this vehicle.

The agency has sufficient authority currently in BA 4501 Cat 10 for this purchase.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: 
ACTION ITEM: _____

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

RECEIVED

JAN 28 2015

Agency Name: Colorado River Commission (CRC)	Budget Account #: 4501	DEPARTMENT OF ADMINISTRATION OFFICE OF THE DIRECTOR BUDGET DIVISION
Contact Name: Gail L. Benton	Telephone Number: 702-486-2670	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$33,200.00</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: SUV Mission of the requested vehicle(s): This request is to replace a current vehicle that is failing. It is for the Power Delivery Group (PDG) Assistant Director of Engineering & Operations who oversees the PDG's daily operations. The PDG operates and maintains the CRC's high voltage electrical transmission and distribution system supplying power to local water utilities pumping water in the Las Vegas area.		
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? 100% Power sales revenue, adequate budget exists for the purchase in BA 4501. <i>Category 10.</i>	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. No. Not a compact or intermediate vehicle classification, vehicle is used for utility operations.		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2004 Odometer Reading: 130,000 (approx.) Type of Vehicle: SUV Vehicle #2 Model Year: N/A Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes. If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A	
Please attach an additional sheet if necessary		
APPOINTING AUTHORITY APPROVAL:		
<i>Jane Harbin</i>	<u>Executive Director</u>	<u>1/26/15</u>
Agency Appointing Authority	Title	Date
BOARD OF EXAMINERS' APPROVAL: <i>AB 2/16/15</i>		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
Board of Examiners	Date	

Brian Sandoval
Governor



Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: February 10, 2015
To: Julia Teska, Clerk of the Board
Department of Administration
From: Jim Rodriguez, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF ENVIRONMENTAL PROTECTION – BUREAU OF CORRECTIVE ACTIONS

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Conservation and Natural Resources – Bureau of Corrective Actions requests approval to purchase a replacement vehicle at a cost of \$30,372.

Additional Information:

The agency is requesting authority to replace an aging, high mileage pick-up truck. Funding for this replacement purchase was provided in the agency's FY 2015 legislatively approved budget. The vehicle is needed for support of the Underground Storage Tank Program and will be used for the program's permitting, inspection and regulating field activities. Fleet Services has reviewed the Division's overall vehicle needs and has indicated that division may be well suited for dual vehicle resources: Fleet Services vehicles for the division's light use field services and non-field services vehicles mixed with the strategic purchase of heavy use field services vehicles. Fleet services has agreed to work with the division in the interim to determine the proper mix of vehicle type for the bureau and will plan to transition to this vehicle purchase/use in the next budget process.

Statutory Authority:

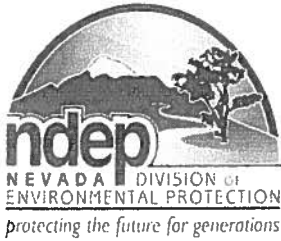
BOE approval required pursuant to NRS 334.010.

REVIEWED: _____
ACTION ITEM: _____

STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF ENVIRONMENTAL PROTECTION – BUREAU OF CORRECTIVE ACTIONS	1	\$30,372
Total:	1	\$30,372



STATE OF NEVADA

Department of Conservation & Natural Resources

Brian Sandoval, Governor

Leo M. Drozdoff, P.E., Director

DIVISION OF ENVIRONMENTAL PROTECTION

Colleen Cripps, Ph.D., Administrator

MEMORANDUM

TO: ✓ Jim Rodriguez, Budget Office

FROM: Sandi Gotta, Management Analyst II, Bureau of Corrective Actions *SG*

CC: Jeff Collins, Bureau Chief, Bureau of Corrective Actions
Lisa Fleming, Budget Analyst III, NDEP

DATE: February 2, 2015

RE: Vehicle Purchase Request

The Bureau of Corrective Actions (BCA) is requesting approval to purchase a replacement vehicle for the Underground Storage Tank program in the Bureau of Corrective Actions, Nevada Division of Environmental Protection. This vehicle purchase is being funded under an EPA Region 9 grant. Underground Storage Tank staff oversees the regulatory program throughout the State of Nevada by issuing permits, completing inspections and reviewing applications. Staff is required to travel across the state to implement the program.

The vehicle replacement is an approved expense in the FY15 legislatively approved budget in Category 09, Budget Account #709-3187. The required paperwork is attached and submitted. We are requesting this purchase be included on the March 10, 2015 BOE agenda so we are submitting this request within the deadline date of February 3, 2015.

Please feel free to call me if you have any questions regarding this request at 775-687-9378 or email me at sgotta@ndep.nv.gov.

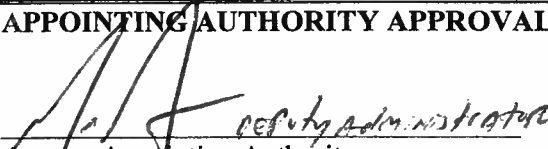
Thank you for your consideration of our request.

RECEIVED

FEB 02 2015

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

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

Agency Name: NDEP-Bureau of Corrective Actions	Budget Account #: 101-709-3187
Contact Name: Sandi Gotta, Management Analyst II	Telephone Number: 775-687-9378
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:	
Number of vehicles requested: <u>1</u> Amount of the request: <u>\$ 30,372.00</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: 2015 Toyota Tacoma Double Cab 4X4 Mission of the requested vehicle(s): <small>Vehicle will be used for the Underground Storage Tank program. BCA staff regulates the use, permitting, inspections and operation of underground storage tanks used for petroleum storage at gas stations, heating oil and other substances.</small>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E710 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u> </u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Yes.	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2001 Ford F-150 Odometer Reading: 108,680 Type of Vehicle: 4X4 Pickup Truck <hr/> Vehicle #2 Model Year: 2015 Toyota Tacoma Double Cab 4X4 Odometer Reading: 10 Type of Vehicle: 4X4 Pickup Truck <hr/> <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
APPOINTING AUTHORITY APPROVAL:	
 _____ Agency Appointing Authority Title	_____ Date <u>1/30/2015</u>
BOARD OF EXAMINERS' APPROVAL:	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

Brian Sandoval
Governor



Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: January 28, 2015

To: Julia Teska, Clerk of the Board
Department of Administration

From: Jim Rodriguez, Budget Analyst
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF ENVIRONMENTAL PROTECTION – BUREAU OF WATER POLLUTION CONTROL

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Conservation and Natural Resources – Bureau of Water Pollution Control requests approval to purchase a replacement vehicle at a cost of \$27,621.25.

Additional Information:

The agency is requesting authority to replace an aging, high mileage SUV. Funding for this replacement purchase was provided in the agency's legislatively approved budget. The vehicle is needed to provide transportation for staff to attend meeting and to perform site inspections. Fleet Services has reviewed the agency's vehicle needs and has indicated that Bureau may be suited for dual vehicle resources: Fleet Services vehicles for non-field services vehicles mixed with the strategic purchase of field services vehicles. Fleet services has agreed to work with the agency in the interim to determine the proper mix of vehicle type for the bureau and will plan to transition to this vehicle purchase/use in the next budget process.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: _____ ACTION ITEM: _____

STATE VEHICLE PURCHASE


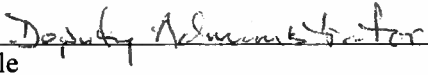
Pursuant to NRS 334.010, no automobile may be purchased by any department, office, bureau, officer or employee of the State without prior written consent of the State Board of Examiners.

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
<p align="center">DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – DIVISION OF ENVIRONMENTAL PROTECTION – BUREAU OF WATER POLLUTION CONTROL</p>	<p align="center">1</p>	<p align="center">\$27,621.25</p>
<p align="right">Total:</p>	<p align="center">1</p>	<p align="center">\$27,621.25</p>

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

JAN 14 2015

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

Agency Name: Division of Environmental Protection		Budget Account #: 3186	
Contact Name: Toni Bouas		Telephone Number: 775-687-9421	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:			
Number of vehicles requested: 1		Amount of the request: 27,621.25	
Is the requested vehicle(s) new or used: New			
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: SUV			
Mission of the requested vehicle(s): Provide transportation for staff to attend meetings and conferences and complete site inspections.			
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the decision unit number: E710 If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> 1 Replacement(s)			
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. No, vehicle is full sized and exempt from requirement.			
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2000 Odometer Reading: 152,537 Type of Vehicle: Ford Explorer		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes	
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:		If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>			
APPOINTING AUTHORITY APPROVAL:			
			
Agency Appointing Authority		Title	Date 1/12/15
BOARD OF EXAMINERS' APPROVAL:			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase			
Board of Examiners		Date	

Brian Sandoval
Governor



Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: February 11, 2015
To: Julia Teska, Clerk of the Board
Department of Administration
From: Colleen Murphy, Budget Analyst *CM*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Corrections requests approval to replace one vehicle not to exceed \$2,320 due to the vehicle being at the end of life. The current vehicle has 194,347 miles, meets replacement criteria per SAM 1309, and will be used by Inspector General staff to conduct investigations.

Additional Information:

Not applicable.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

Agency Name: Department of Corrections	Budget Account #: 3710
Contact Name: Shanda Sergent	Telephone Number: (775) 887-3218
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: 1 Amount of the request: \$2,320.00</p> <p>Is the requested vehicle(s) new or used: Used</p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Sedan</p> <p>Mission of the requested vehicle(s): To be used by the Inspector Generals Investigators to travel through out the state to correctional facilities to conduct investigations.</p>	
<p>Were funds legislatively approved for the request?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number:</p> <p>If no, please explain how the vehicles will be funded? General funds made available in Category 04 Operating.</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> 1 Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>Yes</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: 2001 Odometer Reading: 194,347 Type of Vehicle: Sedan</p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p>Yes</p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p>APPOINTING AUTHORITY APPROVAL:</p> <p><i>Betty Harris</i> <i>Chief of Fiscal Services</i> <u>2-10-15</u> Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

Brian Sandoval
Governor



Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: February 9, 2015
To: Julia Teska, Clerk of the Board
Department of Administration
From: Carla Watson, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

APPROVAL TO PAY A CASH SETTLEMENT

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

Agenda Item Write-up:

Department of Transportation (NDOT) – Administration - \$2,403,292.57

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

Additional Information:

NDOT has considered the benefits of settlement and has made the decision that settlement is reasonable, prudent, and in the public interest. This settlement will resolve any and all claims for just compensation for the property and relocation benefits. NDOT will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Statutory Authority:

NRS 41.037

<p>REVIEWED: <u> <i>W</i> </u></p> <p>ACTION ITEM: <u> </u></p>
--



STATE OF NEVADA
 OFFICE OF THE ATTORNEY GENERAL
 Transportation Division
 555 E. Washington Avenue, Suite 3900
 Las Vegas, Nevada 89101

ADAM PAUL LAXALT
Attorney General

WESLEY K. DUNCAN
Assistant Attorney General

NICHOLAS A. TRUTANICH
Chief of Staff

MEMORANDUM

DATE: February 12, 2015

TO: Board of Examiners
 Governor Brian Sandoval
 Attorney General Adam Paul Laxalt
 Secretary of State Barbara K. Cegavske

FROM: Rudy Malfabon, Director, Nevada Department of Transportation *[Signature]*
 Dennis Gallagher, Chief Deputy Attorney General *[Signature]*
 Ruth Miller, Senior Deputy Attorney General
 Laura Wightman FitzSimmons, outside counsel

SUBJECT: Proposed Settlement of an Eminent Domain Lawsuit filed by
NDOT, State of Nevada ex rel. its Department of Transportation
v. Westcare Works, Inc., et al.;
 Eighth Judicial District Court Case No. 8th JD A-13-680564-C

SUMMARY

The Nevada Department of Transportation (“NDOT”) requests settlement approval in a contested condemnation case for the project known as Project Neon. NDOT requests settlement approval in the amount of **\$2,403,292.57**. NDOT has previously paid the sum of \$1,800,000.00 for a right of occupancy for this total take of the property and \$446,707.43 as and for relocation expenses of the operations. Those prior payments, combined with the requested settlement amount, would result in total payment to Westcare of \$4.65 million.

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This total payment amount would compensate Westcare for the acquisition of its property on Martin Luther King Blvd., from where it has been operating for decades as a drug treatment facility. It would further pay expenses incurred by Westcare for finding, remodeling, and permitting a replacement property so that it can continue its operations, which provide treatment programs and shelter to people who need mental health and/or drug and alcohol treatment programs. This settlement will resolve any and all claims for just compensation for the property and relocation benefits.

BACKGROUND

Westcare Community Involvement Center

The Subject Property is located at 407 S. Martin Luther King Blvd., Las Vegas, Clark County, NV, bearing assessor parcel number 139-33-601-004 ("Subject Property") and contains 0.92 acres

This condemnation action involves real property rights owned by Westcare Works, Inc., Westcare Foundation, Inc., and Fitzhouse Enterprises, Inc. (collectively "Westcare"), a family of tax exempt non-profit organizations that provide a wide spectrum of health and human services to the Las Vegas metropolitan area community. Westcare is a primary non-profit source for alcohol and drug treatment services to the indigent community in Clark County as well as to the court system. The State must acquire the Subject Property to build Project NEON, and Westcare must therefore relocate this facility to another site in order to maintain and provide services to the community.

The Existing Condition

The Subject Property's building improvements contain 15,201 square feet in two separate buildings. The one-story building, which exists along the immediate Martin Luther King frontage, contains 3,661 square feet. The second two-story building in the rear of the property contains 11,540 square feet. In 2005, the property was licensed as a 38-bed facility adult alcohol and drug rehabilitation clinic. It had been expanded to a 50-bed facility. The improvements include gender separated bath and shower areas, multiple rooms, common areas, administrative offices, and a kitchen. The facility is a secure facility, with centralized nursing stations and other improvements that are tailored for inpatient services. The property has previously been used for in-patient and out-patient counseling and care. In addition to the two-building care facility the Subject Property contains a cellular tower which resides on a portion of the site and is encumbered by a site lease. Westcare received income from the cellular tower lease.

The Eminent Domain Action

On April 22, 2013, NDOT filed its Verified Complaint in Eminent Domain in the Eighth Judicial District Court, Case No. A-13-680564-C. NDOT effectuated service upon Westcare on April 25, 2013, pursuant to NRS Chapter 37 and 408. In its Complaint, and separately by motion, NDOT sought immediate occupancy over the Subject Property pending entry of judgment. By order entered on August 2, 2013, NDOT obtained a right of occupancy under NRS 37.100, and was ordered to and did thereafter deposit \$2,058,350.00, in consideration thereof, with the Clerk of the Court. Westcare withdrew \$1.8 million from this deposit and thereby waived all defenses except those relating to the amount of just compensation. In addition to the release of a portion of the deposit to Westcare, the sum of \$140,000.00 from the funds held on deposit was released to defendant Pegasus Tower Company, LLC for and in consideration of its cell tower and attendant equipment located on the Subject Property.

NDOT also effectuated service of its Complaint upon all defendants originally named therein, and all defendants except Westcare, Central Telephone and Nevada Power (with whom separate resolutions are pending) thereafter defaulted under NRS 37.083 or voluntarily and knowingly disclaimed their interests. Per NRS 37.083, these defaulting and disclaiming defendants waived all defenses and objections to the sufficiency and validity of the Complaint, including the right of NDOT to condemn the Subject Property. This settlement will therefore result in NDOT obtaining title to the Subject Property, encumbered only by a power easement for Nevada Power Company, which will not affect the Project.

As a condition of granting NDOT occupancy, Judge Tao requested, and the parties subsequently stipulated, that NDOT use its best efforts to facilitate Westcare's relocation to a replacement site during which time the eminent domain action was stayed. Judge Tao noted Westcare's value to the community, and to the court system. Westcare has been allowed to remain on the Subject Property, rent free, since August, 2012 while it located, purchased and began extensive modifications of a suitable replacement property, which is located on Maryland Parkway in Las Vegas. That renovation is not yet complete and, under the terms of the proposed settlement agreement, Westcare will remain in occupancy, rent free, of the Subject Property until October 31, 2015 when construction of its new facility is expected to be completed. This provision is intended to provide that there will be no interruption of services provided by Westcare to the Southern Nevada community.

POINTS THAT FAVOR SETTLEMENT

In July, 2014, Westcare provided a settlement package to NDOT indicating a settlement offer in a total amount of \$9.101 million dollars. This amount was calculated based upon a claim of \$5.6 million in fair market value for the Subject Property and \$3.4 million for relocation/reestablishment expenses.

Just Compensation

Recently, Westcare provided an appraisal from Keith Harper, MAI, who opined that the just compensation due for the acquisition of the Subject Property should be \$5.2 million, excluding relocation expenses. That value is dependent upon an interpretation of a concept in eminent domain which can, under certain circumstances, result in the valuation of a "special use property" as being something different than fair market value. It is anticipated that if this matter were not to settle, there would be significant pre-trial litigation concerning whether the Subject Property qualifies as a "special use property" for valuation purposes, but this settlement will resolve any and all claims for just compensation.

Relocation

Westcare is a "displaced person" as that term is defined pursuant to Uniform Relocation Assistance and Real Property Acquisition Act of 1970 ("URA"). Per NRS 342.105, NDOT is required to follow the URA as a condition of receiving federal funding for Project NEON. As Westcare is eligible under the URA, it is entitled to receive a myriad of benefits in addition to just compensation for the Subject Property, including but not limited to, moving expenses and reestablishment expenses. To the extent that a replacement facility is otherwise unavailable, the displacee may be entitled to receive compensation necessary to allow it to purchase, rehabilitate, and construct a new building.

Westcare purchased a relocation site at 32385 N. Maryland Parkway, Las Vegas, NV on May 5, 2014, for the purchase price of \$900,000.00. According to Westcare, the relocation site requires significant modifications and remodeling to create a "like for like" facility as the Subject Property. Westcare received bids for the necessary construction/remodeling of the relocation site ranging from \$2,191,158.00 to slightly over \$3 million. In addition to the reconstruction cost, the estimated cost of relocating Westcare's furniture, fixtures and equipment is approximately \$375,000.00. Thus, NDOT's liability for relocation expenses is between \$2.5 to \$3.375 million.

To date, NDOT has paid a total of \$446,707.43 in connection with the following three relocation claims submitted by Westcare: May 3, 2013 (relocation claim #1, \$26,675.00), October 3, 2014 (relocation claim #2, \$35,416.00), and December 19, 2014 (relocation claim #3, \$384,616.43). This settlement will resolve any and all claims for relocation benefits.

Trial and Appeal

Trial time for this case is estimated to be 7-10 days. NDOT will be required to hire several experts addressing the special use aspect of the Subject Property. The additional financial resources required to present NDOT's case against Westcare would be significant.

Post trial if either of the parties appealed, there would be additional costs. Based upon current patterns, it is estimated that it could take approximately three (3) years for any appeal to be resolved by the Supreme Court. This settlement will avoid such costs and uncertainty associated with the acquisition of the Subject Property including the payment of relocation expenses required under the URA.

RECOMMENDATION

NDOT believes that this is a fair settlement, given the potential exposure to a just compensation judgment well in excess of \$2.5 million combined with an obligation to pay relocation expenses in excess of \$2.5 million. Additionally, NDOT must consider the potential costs of going to trial and in so doing believes that the proposed settlement is reasonable, prudent, and in the public interest. NDOT requests authority to settle Westcare's claim of just compensation and of relocation for the total sum of \$4,650,000.00, less the amount of \$1,800,000.00 previously deposited and withdrawn by Westcare. NDOT also will receive credit on the settlement amount for the payment of \$446,707.43 in relocation payments which it has previously paid. This settlement, if approved, will require additional payment in the amount of **\$2,403,292.57**. Because Westcare needs the funds as soon as possible to continue with the remodeling of the replacement facility, it is an additional material term of this settlement that the payment be made within thirty (30) days of approval of this settlement.

FISCAL NOTE STATEMENT

The acquisition of the Subject Property and the relocation benefits are included in the budget of Project NEON. NDOT will seek reimbursement from the Federal Highway Administration for a portion of this settlement.

Brian Sandoval
Governor



Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: February 6, 2015

To: Julia Teska, Clerk of the Board
Department of Administration

From: Brenda Berry, Budget Analyst *BB*
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

DEPARTMENT HEALTH AND HUMAN SERVICES –
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) –
Carefusion Solutions Equipment Lease

Agenda Item Write-up:

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

Additional Information:

The Carefusion Solutions equipment lease was originated on May 8, 2006. Originally, Carefusion was the only vendor who provided leased medication dispensing equipment, so a sole source was approved in 2006. In February of 2014, Carefusion raised their rates causing the division to contact State Purchasing to determine how to proceed. Research indicated there were now multiple vendors who lease this medication dispensing equipment, so it was determined this lease should be converted to a contract requiring an RFP to be completed. An amendment was approved March 21, 2014 to extend the current lease termination date, and add DCFS a co-user, to give the division time to prepare the RFP. The division's contract staff has been working with division program staff, DCFS and Nevada State Purchasing to create the RFP and they anticipate

#6

having it ready to go out for bid by March 2015. In the meantime, they need to amend the current lease so there is no disruption in the equipment lease, as this equipment is necessary to assure an accurate amount of medication is dispensed to patients in state operated facilities.

Statutory Authority:

N/A

REVIEWED: <u> JH </u>
ACTION ITEM: _____

Revised

STATE OF NEVADA

BRIAN SANDOVAL
Governor

ROMAINE GILLILAND
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

*DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH*

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-5975 · Fax: (775) 684-4211

February 5, 2015

MEMORANDUM

TO: **Brenda Berry**
Budget Analyst IV
Budget Division

THROUGH: **Marta Jensen**
Deputy Administrator, Administrative Services
Division of Public and Behavioral Health

FROM: **Rick Morse**
Division Contracts Manager
Division of Public and Behavioral Health

SUBJECT: **REQUEST FOR TERM EXTENSION OF LEASE WITH CAREFUSION SOLUTIONS, LLC**

This memorandum requests that the attached lease amendment between the Nevada Division of Public and Behavioral Health, the Division of Child and Family Services and CareFusion Solutions, LLC be approved for a termination extension until March 31, 2016 with an increase to the extension of \$457,548 for a total lease not to exceed amount of \$3,964,308. It is the desire of both divisions and Nevada State Purchasing to transition this lease to a full service contract subject to all state provisions and regulations. The Request for Proposal (RFP) process takes time to cycle and therefore we request this extension to provide ample time to provide a competitive RFP.

This is an ongoing lease that provides pharmaceutical medication dispensing equipment to State facilities and hospitals. The preparation of data for the RFP has been delayed due to the number of facilities utilizing this equipment. Without this extension, the lease would convert to a month-to-month status and incur monetary penalties costing the State thousands of dollars. There is a need for additional training of personnel pertaining to the RFP process which will expedite the process and provide a suitable corrective action plan to prevent future requests of this nature.

Thank you for your consideration in this matter.

CC: Contracts Unit
Division of Public and Behavioral Health

BRIAN SANDOVAL
Governor

ROMAINE GILLILAND
Director

STATE OF NEVADA



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

*DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way, Suite 300
Carson City, NV 89706
Telephone: (775) 684-5975 · Fax: (775) 684-4211*

January 30, 2015

MEMORANDUM

TO: **Brenda Berry**
*Budget Analyst IV
Budget Division*

THROUGH: **Marta Jensen**
*Deputy Administrator, Administrative Services
Division of Public and Behavioral Health*

FROM: **Rick Morse**
*Division Contracts Manager
Division of Public and Behavioral Health*

SUBJECT: **REQUEST FOR TERM EXTENSION OF LEASE WITH CAREFUSION SOLUTIONS, LLC**

RECEIVED
FEB 03 2015
DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

See Revised memo

This memorandum requests that the attached lease amendment between the Nevada Division of Public and Behavioral Health, the Division of Child and Family Services and CareFusion Solutions, LLC be approved for a termination extension until March 31, 2016. It is the desire of both divisions and Nevada State Purchasing to transition this lease to a full service contract subject to all state provisions and regulations. The Request for Proposal (RFP) process takes time to cycle and therefore we request this extension to provide ample time to provide a competitive RFP.

This is an ongoing lease that provides pharmaceutical medication dispensing equipment to State facilities and hospitals. The preparation of data for the RFP has been delayed due to the number of facilities utilizing this equipment. Without this extension, the lease would convert to a month-to-month status and incur monetary penalties costing the State thousands of dollars. There is a need for additional training of personnel pertaining to the RFP process which will expedite the process and provide a suitable corrective action plan to prevent future requests of this nature.

Thank you for your consideration in this matter.

CC: Contracts Unit
Division of Public and Behavioral Health

AMENDMENT #4 TO LEASE

Between the State of Nevada
Acting By and Through Its
Department of Health and Human Services
Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706
Contact: Rick Morse, Division Contract Manager
Ph: (775) 684-5932 · Fax: (775) 684-4211

And

Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Contact: Imran Hyman, Division Contract Manager
Ph: (775) 684-4400 · Fax: (775) 684-4455

And

CareFusion Solutions, LLC
3750 Torrey View Court
San Diego, CA 92130
Contact Kevin Terry, Senior Sales Consultant
Ph: (510) 837-9268 · Fax: (312) 949-5993

1. AMENDMENTS. For and in consideration of mutual promises and/or their valuable consideration, all provisions of the original lease dated April 25, 2006, amendment #1 dated March 11, 2008, amendment #2 dated June 19, 2009 and amendment #3 dated March 21, 2014 attached hereto as Exhibit A, remain in full force and effect with the exception of the following:

This amendment extends the term of the lease and extends funding for the new term.

Current Lease Language:

The original lease from April 25, 2006 to June 30, 2010 had a total lease not to exceed (NTE) amount of \$1,898,100.00. The first amendment to the lease increased the total lease NTE amount by \$89,400.00 for a new NTE total of \$1,987,500.00. The second amendment to this lease extended the term to June 30, 2014 and increased the total lease NTE amount by \$1,519,260.00 for a new NTE total of \$3,506,760.00. The third amendment to this lease added the Division of Child and Family Services (DCFS) to the lease and effectively terminated all leased equipment on the same date of March 31, 2015.

Amended Lease Language:

The fourth amendment to this lease extends the current term by 12 months to the new termination date of March 31, 2016. It also increases the lease amount by \$457,548.00 for a total lease NTE amount of \$3,964,308.00.

2. INCORPORATED DOCUMENTS. Exhibit A (Original Lease and amendments) is attached hereto, incorporated by reference herein and made a part of this amended lease.

3. REQUIRED APPROVAL. This amendment to the original lease shall not become effective until and unless approved by the Nevada State Board of Examiners.

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

[Signature] 1/27/15
Independent Contractor's Signature Date

AL. PACHECO
CONTRACT SPECIALIST
Independent's Contractor's Title

[Signature] 1/30/15
Independent Contractor's Name (Print) Date
for Richard Whitley, MS

Administrator,
Division of Public and Behavioral Health
Title

[Signature] 1/30/15
for Amber Howell
Date

Administrator,
Division of Child and Family Services
Title

[Signature] 2/2/15
for Romaine Gilliland
Date

Director,
Department of Health and Human Services
Title

[Signature] 2-3-15
for Greg Smith
Date

Administrator,
Purchasing Division
Title

Signature - Board of Examiners

APPROVED BY BOARD OF EXAMINERS
On _____
(Date)

Approved as to form by:
[Signature]
Deputy Attorney General for Attorney General

On 1/29/15
(Date)

Brian Sandoval
Governor



Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: February 10, 2015

To: Julia Teska, Clerk of the Board
Department of Administration

From: Katrina Nielsen, Budget Analyst IV
Budget Division

Handwritten signature of Katrina Nielsen in blue ink.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

**DEPARTMENT HEALTH AND HUMAN SERVICES –
DIVISION OF CHILD AND FAMILY SERVICES (DCFS) –
PROVIDER AGREEMENT FORMS**

Agenda Item Write-up:

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

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

Additional Information:

Provider Agreement revision: Item 6. CONSIDERATION previously limited the use of provider agreements to Rural Child Welfare, B/A 3229. The provider agreements submitted for BOE approval place no limitation on which DCFS account may use the provider agreement.

The Provider Agreement Attachment AA Scope of Work includes additional provisions as follows:

- **No Show Rate:** All Scopes of Work
- **Travel Allowance:** G. Parental Capacity Assessment
H. Psychological Testing
I. Psychosexual Evaluation
- **Incomplete Work:** A. Child Abuse and Neglect Forensic Medical Consultation
F. Neuropsychological Assessment
G. Parental Capacity Assessment
H. Psychological Testing
I. Psychosexual Evaluation

DCFS providers would access the Provider Agreement Contract on the DCFS website and complete and submit the documentation necessary for review by DCFS staff. This process would allow multiple providers to enter into contracts with DCFS quickly and provide flexibility in service referrals and provide a greater array of services throughout the State, particularly in rural areas.

Note: Board Of Examiners' and Deputy Attorney General's Provider Agreement approval applies to form only. DCFS does not post original, signed Provider Agreements on DCFS' website in an effort to prevent unauthorized duplication. Below is an example of how the agreement will appear when posted (with updated approval dates).

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

_____ Independent Contractor's Signature	_____ Date	_____ Independent's Contractor's Title
_____ Signature	_____ Date	_____ Administrator Division of Child and Family Services Title

This Contract was approved as to form by the Nevada State Board of Examiners on May 14, 2013.

This Contract was approved as to form by a Deputy Attorney General for the Attorney General on May 21, 2013.

REVIEWED: <u> </u>
ACTION ITEM: <u> </u>

PROVIDER AGREEMENT CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

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

**Department of Health and Human Services
Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Ph: (775) 684-4400**

And

Independent Contractor: _____
Address: _____
Ph: _____

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 Provider Agreement Contract ("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 subject to Board of Examiners' approval and from approval of both parties to _____ (not to exceed the end of the tenth (10th) fiscal year from the date of approval, 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: SCOPE OF WORK: CHILD ABUSE AND NEGLECT FORENSIC MEDICAL CONSULTATION;
- ATTACHMENT BB: INSURANCE SCHEDULE;
- ATTACHMENT CC: BUSINESS ASSOCIATE ADDENDUM;

ATTACHMENT DD: FISCAL PROCEDURES; and
ATTACHMENT EE: ADDITIONAL INFORMATION

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 as specified in ATTACHMENT AA. For all independent contractors providing services under this Contract, cumulative payments in any Fiscal Year shall not exceed the Legislatively approved budget amount. 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?	_____	_____
2.	Will the Contracting Agency be providing training to the independent contractor?	_____	_____
3.	Will the Contracting Agency be furnishing the independent contractor with worker's space, equipment, tools, supplies or travel expenses?	_____	_____
4.	Are any of the workers who assist the independent contractor in performance of his/her duties employees of the State of Nevada?	_____	_____
5.	Does the arrangement with the independent contractor contemplate continuing or recurring work (even if the services are seasonal, part-time, or of short duration)?	_____	_____
6.	Will the State of Nevada incur an employment liability if the independent contractor is terminated for failure to perform?	_____	_____
7.	Is the independent contractor restricted from offering his/her services to the general public while engaged in this work relationship with the State?	_____	_____

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

The Contractor shall not commence work before:

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

Prior 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 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.

**ATTACHMENT AA
SCOPE OF WORK:
CHILD ABUSE AND NEGLECT FORENSIC MEDICAL CONSULTATION**

PURPOSE

- The purpose of this Contract is to provide a Child Abuse and Neglect Forensic Medical Consultation upon referral by the Division of Child and Family Services (DCFS) and based upon DCFS's sole discretion for such referrals. DCFS does not guarantee PROVIDER will receive any referrals. The essential focus of the consultation is to provide a forensic and medical examination by a qualified medical practitioner in a response to a child(ren) who have or may have experienced recent or past sexual assault; and/or children who have or may have experienced physical abuse or neglect. In addition to providing the overall medical assessment and treatment recommendations, this consultation may also include the collection and analysis of forensic evidence in order to offer opinions on a variety of concerns, from unexplained fractures or skin markings to the significance of genital trauma. Consideration must also be given as to whether there are any other children in the household who may also require a medical examination.
- The goal of this forensic medical consultation is to provide a comprehensive medical evaluation, including medical history, forensic interview, colposcopy and/or other tests as appropriate. This consultation will involve an assessment of the child's well-being which may include an integrated response and collaboration with other professionals as related to the child's social, emotional, psychological and physical needs and will promote an opportunity to access a criminal justice response if appropriate.

EXPECTED KNOWLEDGE AND SKILLS

- A current license to practice medicine in the State of Nevada pursuant to NRS 630 and in a field of medicine that gives the PROVIDER the expertise and knowledge to perform the medical assessments and tests required.
- Knowledge of child and family development.
- Knowledge of the impact of abuse/neglect on children and families and the specialized services that can assist in identifying and assessing child abuse and neglect.
- Knowledge of the potential long-term implications of child sexual abuse on victims and families.
- Knowledge of child and family psychopathology.
- Knowledge of and ability to identify presenting problems, establish treatment goals, design and revise methods in home.
- Current knowledge of scientific and professional developments, consistent with accepted clinical and scientific standards, in selecting data collection methods and procedures.

- Knowledge of and adherence to the *American Medical Association's Code of Medical Ethics* for the purpose of the assessments, consultation and subsequent recommendations.

SERVICES TO BE PROVIDED:

- PROVIDER shall provide DCFS with a written outline of the assessment procedures and the medical case management of the case and, depending upon the specific type of consult shall include, but not be limited to:
 - Interview with the client at medical facility when appropriate;
 - Interview with the DCFS contact;
 - Interview with appropriate health care professionals;
 - Interview with the parent/caregiver;
 - Statement of needs/youth's view when appropriate;
 - Family history and structure as it impacts medical health issues;
 - Complete developmental and medical history as applicable, available and appropriate;
 - Record review, if warranted, including school, DCFS, court reports, previous treatment providers, psychiatric and medical records, etc.;
 - Review of additional evidence presented such as photographs; and law enforcement interviews
 - Review of all current medications, immunizations, diets, and allergies as applicable.
- PROVIDER shall perform, when determined to be necessary, a medical examination, the purpose of which is:
 - To diagnose any injury or harm to the child and make recommendations for urgent medical and follow up care;
 - To document the findings;
 - To provide a medical report on the findings, including an opinion as to the probable cause of any injury or other harm reported;
 - To assess the overall health and development of the child;
 - To remain available for communication with the child's subsequent medical providers as necessary
 - To provide reassurance for the child and parent/caregiver; and,
 - To make recommendations for follow up care and review of the child as required, noting new symptoms including psychological effects.
- PROVIDER shall provide DCFS a comprehensive and detailed summary of any and all findings to include:
 - Date, time and place of examination;
 - Individuals present
 - Who gave consent and how (child/parent, written, phone or in person);
 - A verbatim record of the parent/caregiver's and child's accounts of injuries and concerns noting any discrepancies or changes of story;
 - Documentation of findings in both words and diagrams;
 - Site, size, shape and where possible age of any marks or injuries;

- Other findings relevant to the child e.g. squint, learning problems, speech problems etc.;
 - General Assessment of the child's developmental progress;
 - Time examination ended; and,
 - Medical opinion of the likely cause of injury or harm.
- Provider shall provide DCFS with a copy of the clinical exam including assessment within 24 hours
 - Copies of photos/storage of photos:
 - In cases of suspected physical abuse and neglect, DCFS shall be provided with a copy of all photos
 - In cases of suspected sexual assault with a need for video or digital colposcopy of the genitals, the photos shall be stored by the medical provider as part of the medical record unless the photos are requested through a court order
 - PROVIDER shall provide DCFS a comprehensive and clear set of professional recommendations that address the original referral question.

OTHER REQUIREMENTS:

- PROVIDER shall work together with DCFS as necessary to ensure prompt communication and exchange of information.
- PROVIDER shall submit a copy of the Forensic Medical Consultation to the DCFS contact within 60 days of completion.
- DCFS will ensure the person accompanying the child to the Pediatric Forensic exam is authorized to give consent for the exam.

PROVIDER COST/DURATION OF CONTRACT:

Standard consult for physical abuse and neglect

Not to exceed Five Hundred Dollars (\$500.00) per consult

To include:

- 1) Complete medical record and DCFS file review, if warranted.
- 2) Phone Interviews with appropriate healthcare professionals and caregivers
- 3) Detailed Forensic Medical Consult Report.

Examination and consult for physical abuse and neglect

Not to exceed Seven Hundred Fifty Dollars (\$750.00) per consult

If a forensic examination and consult of one or more siblings to the identified victim is deemed necessary

Not to exceed Five Hundred Dollars (\$500.00) per exam

To include:

- Seeing patient at Renown and involvement in medical management of the case;
- Interview with appropriate health care professionals and caregivers;
- Medical and DCFS file review (if warranted); and,
- Detailed Medical Forensic Consult Report.

Medical Child Abuse Consultation Cases

Not to exceed Seventy Five Dollars (\$75.00) per hour

To include:

- Complete medical record and DCFS file review;
- Medical exam when appropriate; and,
- Detailed Forensic Medical Consult Report.

Expert Witness Services

To include:

- Preconference phone meetings and trial preparation;
Not to exceed One Hundred Dollars (\$100.00) per hour
- Courtroom testimony:
Not to exceed Three Hundred Dollars (\$300.00) per hour

Telemedicine Consult for Pediatric Sexual Assault exams

Not to exceed Two Hundred Dollars (\$200.00) per consult

No Show Rate

If DCFS fails to provide notification of cancellation of court proceedings to a subpoenaed PROVIDER at least twenty four (24) hours prior to a scheduled court appearance, Not to exceed One Hundred Fifty Dollars (\$150.00) per scheduled court appearance This is equivalent to one half of the courtroom testimony fee.

If a client is unable to appear at a scheduled appointment, Not to exceed Fifty Dollars (\$50.00) per scheduled appointment As clients are not a party to this Contract, PROVIDER may attempt collection of the No Show Rate from a client but acknowledges that the client is not required to pay based on this Contract alone.

PROVIDER shall not collect the No Show Rate from multiple parties. If PROVIDER does collect the No Show Rate from multiple parties, PROVIDER shall refund the No Show Rate to the parties who paid after the first party to pay the No Show Rate.

Incomplete Work

If exigent circumstances and/or client non-compliance prevent report completion, Not to exceed One Hundred Dollars (\$100.00) per hour for work completed on the requested report, with the total amount not to exceed fifty percent (50%) of the total report amount listed above for completion.

Prior to payment PROVIDER must provide the incomplete report to DCFS for approval.

Attachment BB
Insurance Schedule

The following are the insurance limits the awarded vendor(s) will be required to maintain for the life of the contract. The awarded vendor(s) shall not commence work before providing the required evidence of insurance to DCFS and DCFS has approved the insurance policies provided. The awarded vendor(s) will be required to provide evidence of continuing insurance to DCFS on an ongoing basis prior to expiration of the insurance policies provided.

INDEMNIFICATION CLAUSE:

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

INSURANCE REQUIREMENTS:

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

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

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

Specific coverage requirements will be added here at the time of signing the Provider Agreement Contract. Insurance requirements and limits will be obtained from Risk Management.

B. ADDITIONAL INSURANCE REQUIREMENTS: The policies shall include, or be endorsed to include, the following provisions:

1. On insurance policies where the State of Nevada is named as an additional insured, the State of Nevada shall be an additional insured to the full limits of liability purchased by the Contractor even if those limits of liability are in excess of those required by this Contract.
2. The Contractor's insurance coverage shall be primary insurance and non-contributory with respect to all other available sources.

C. NOTICE OF CANCELLATION: Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided or canceled except after thirty (30) days prior written notice has been given to the State, except when cancellation is for non-payment of premium, then ten (10) days prior notice may be given. Such notice shall be sent directly to:

DCFS Contract Manager
State of Nevada
Department of Health & Human Services
Division of Child & Family Services
Fiscal
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Telephone: (775) 684-4400
Fax: (775) 684-4455

D. ACCEPTABILITY OF INSURERS: Insurance is to be placed with insurers duly licensed or authorized to do business in the state of Nevada and with an "A.M. Best" rating of not less than A-VII. The State in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

E. VERIFICATION OF COVERAGE: Contractor shall furnish the State with certificates of insurance (ACORD form or equivalent approved by the State) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

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

All certificates required by this Contract shall be sent directly to

DCFS Contract Manager
State of Nevada
Department of Health & Human Services

Division of Child & Family Services
 Fiscal
 4126 Technology Way, 3rd Floor
 Carson City, NV 89706
 Telephone: (775) 684-4400
 Fax: (775) 684-4455

The State project/contract number and project description shall be noted on the certificate of insurance. The State reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATES RISK MANAGEMENT DIVISION.**

F. **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as additional insureds under its policies or Contractor shall furnish to the State separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.

G. **APPROVAL:** Any modification or variation from the insurance requirements in this Contract shall be made by the Attorney General's Office or the Risk Manager, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.

	Date		Title
Independent Contractor's Signature			
	Date	<u>Administrator, Division of Child and Family Services</u>	Title
Signature – State of Nevada			

Draft - Do Not Sign - Consult DCFS Contract Manager

ATTACHMENT CC
STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

BUSINESS ASSOCIATE ADDENDUM

BETWEEN

DIVISION OF CHILD AND FAMILY SERVICES
Hereinafter referred to as "Covered Entity"

And

Hereinafter referred to as "Business Associate".

PURPOSE. In order to comply with the requirements of Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), and the Health Information Technology for Economic and Clinical Health Act of 2009, Public Law 111-5 ("HITECH"), this Addendum is hereby added and made part of the Contract between the Covered Entity and the Business Associate. This Addendum establishes the obligations of Business Associate and Covered Entity as well as the permitted uses and disclosures by Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the Contract and in compliance with HIPAA, HITECH, and regulation promulgated thereunder by the U.S. Department of Health and Human Services ("HIPAA Regulations") and other applicable laws.

WHEREAS, Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA Regulations; and

WHEREAS, Business Associate may have access to and/or create, receive, maintain or transmit certain protected health information from or on behalf of the Covered Entity, in fulfilling its responsibilities under such arrangement; and

WHEREAS, HIPAA Regulations require Covered Entity to enter into a contract containing specific requirements of the Business Associate prior to the disclosure of protected health information;

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS.

1. The following terms shall have the meaning ascribed to them in HIPAA Regulations:
Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Health Record, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Subcontractor, Unsecured Protected Health Information, and Use.
2. The following terms shall have the meaning ascribed to them in this Section:
 - a. **Business Associate** shall mean the organization or entity listed above and shall have the meaning given to such term under HIPAA Regulations, including 45 CFR 160.103.

- b. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
 - c. **Covered Entity** shall mean the Division named above and shall have the meaning given to such term under HIPAA Regulations, including 45 CFR 160.103.
 - d. **Parties** shall mean the Business Associate and the Covered Entity.
3. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

II. OBLIGATIONS OF BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity or an individual, access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of HIPAA Regulations. If the Business Associate maintains an electronic health record, the Business Associate, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under HIPAA Regulations.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with HIPAA Regulations.
3. **Accounting of Disclosures.** Upon request, the Business Associate and its agents or subcontractors shall make available, to the Covered Entity or individual, information required to provide an accounting of disclosures in accordance with HIPAA Regulations.
4. **Agents and Subcontractors.** The Business Associate must ensure that all agents and subcontractors that access, create, receive, maintain, or transmit protected health information on behalf of the Business Associate agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to such information. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under HIPAA Regulations.
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of HIPAA Regulations.
6. **Audits, Investigations, and Enforcement.** If the data provided or created through the execution of the Contract becomes the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency, the Business Associate shall immediately notify the Covered Entity and provide to the Covered Entity a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with such provision, to the extent permitted by law. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA Regulations.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or HIPAA Regulations, by the Business Associate or its agents or subcontractors. The Covered Entity must be notified immediately upon discovery, or the first day such breach or suspected breach is known to the Business Associate, or by exercising reasonable diligence would have been known by the Business Associate, in accordance with HIPAA Regulations. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate or its agent or subcontractor is

taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.

8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate or its agents or subcontractors has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with HIPAA Regulations. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in HIPAA Regulations has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others, as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with HIPAA Regulations and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to HIPAA Regulations, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it creates, receives or maintains, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, and any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the Contract or Addendum, available to the Covered Entity at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation by the Business Associate or its agents or subcontractors of HIPAA Regulations or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with HIPAA Regulations.
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA Regulations.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate creates, receives, maintains, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with HIPAA Regulations. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the Contract and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined in HIPAA Regulations.

16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA Regulations; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee who received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the Contract or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of HIPAA Regulations.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY BUSINESS ASSOCIATE.

The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the Contract, provided that such use or disclosure would not violate HIPAA Regulations, if done by the Covered Entity.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with HIPAA Regulations.
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with HIPAA Regulations.

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with HIPAA Regulations.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, unless the Covered Entity obtained a valid authorization in accordance with HIPAA Regulations that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with HIPAA Regulations, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Regulations, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
 3. **Termination for Breach of Contract.** The Business Associate agrees that the Covered Entity may immediately terminate the Contract if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of HIPAA Regulations.
2. **Clarification.** This Addendum references the requirements of HIPAA Regulations, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.

4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA Regulations. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA Regulations.
5. **Regulatory Reference.** A reference in this Addendum to HIPAA Regulations means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth by the Contract.

ATTACHMENT DD
FISCAL PROCEDURES

FISCAL INFORMATION

1. Vendor shall maintain fiscal records necessary to correspond with the contractual rate when audited and how funds provided by this contract have been disbursed.
2. Vendor shall submit cost information in the prescribed format when requested by the Division of Child and Family Services (DCFS).
3. Vendor agrees to use the same name and address on billings as that listed on the contract, to prevent rejection of voucher by the DCFS Fiscal Unit.
4. Vendor agrees to notify the DCFS Contract Monitor immediately, in writing, when a name and/or address change occurs.
5. Vendor must maintain adequate financial resources to operate all aspects of vendor's respective services for a period of no less than sixty (60) working days.

BILLING INFORMATION

1. Prior authorization is required for all services not mentioned in the scope of work.
2. Vendor will submit an invoice within 20 days from the end of the month that the services were rendered.
3. All invoices shall be submitted to the corresponding address listed on the first page of the contract or as otherwise directed by DCFS fiscal.
4. Vendors will not be paid for services that are not properly invoiced in accordance to the rates outlined in this contract.
5. All invoices will be processed within 30 days from receipt of invoice into the DCFS fiscal unit.

CONTRACT CAPITATION

Vendors are required to monitor their contract to ensure that they will not exceed the contracted consideration in section six (6) of contract for authorized services, per the scope of work, for the term of the contract. The vendor shall work with the Contract Monitor in the event that additional authority is needed.

Attachment EE
ADDITIONAL INFORMATION

Company Name

Contact Name

Physical Address

City, State Zip

Phone Number (Office)

Phone Number (Cell)

Fax Number

E-mail Address

Federal Tax ID#

Nevada Business ID (starts with NV...)

Legal Entity Name

Is "Legal Entity Name" the same name that the vendor is doing business as? Yes No

If "No," provide an explanation.

Has your company ever been engaged under contract by any State of Nevada agency? Yes No

If "Yes," provide the name and address of the agency.

Vendor # (as assigned by the State of Nevada Controller's Office, starts with T or P...)

Company Name

Service Areas Where Located and Willing to Travel to

- | | |
|--|---|
| <input type="checkbox"/> Battle Mountain | <input type="checkbox"/> Lovelock |
| <input type="checkbox"/> Caliente | <input type="checkbox"/> Mesquite |
| <input type="checkbox"/> Carlin | <input type="checkbox"/> Pahrump |
| <input type="checkbox"/> Carson, Minden, Gardnerville, Genoa | <input type="checkbox"/> Pioche |
| <input type="checkbox"/> Elko | <input type="checkbox"/> Reno, Sparks |
| <input type="checkbox"/> Ely | <input type="checkbox"/> Silver Springs, Lahontan,
Fernley |
| <input type="checkbox"/> Fallon | <input type="checkbox"/> Tonopah |
| <input type="checkbox"/> Hawthorne | <input type="checkbox"/> Virginia City, Silver City |
| <input type="checkbox"/> Lake Tahoe, Zephyr Cove, Incline Village | <input type="checkbox"/> Wells |
| <input type="checkbox"/> Las Vegas, Boulder City, Indian Springs, Jean,
Henderson | <input type="checkbox"/> Winnemucca |
| <input type="checkbox"/> Laughlin | <input type="checkbox"/> Yerington |

STATEWIDE LEASE INFORMATION

1. Agency: Board of Cosmetology
 1785 East Sahara Avenue, Suite 255
 Las Vegas, Nevada 89104
 Andrew Helms (702) 486-6542 x 2224; Fax: (702) 369-8064; ahelms@nvcosmobd.nv.gov
 Gary Landry (702) 486-6542 x 2236; glandry@nvcosmobd.nv.gov

2. Name of Landlord (Lessor): Kietzke Office Complex, LLC

3. Address of Landlord: 4600 Kietzke Lane, G-170
 Reno, Nevada 89502

4. Property contact: Lorrie Desiderio (775) 825-5311, fax: (775) 825-5396 lorrie@desprop.net
 Fred Desiderio

5. Address of Lease property: 4600 Kietzke Lane, O-262
 Reno, Nevada 89502

a. Square Footage: Rentable
 Usable 2,426

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
Increase %				
<input checked="" type="checkbox"/> 0%	12	\$38,718.96	May 1, 2015 - April 30, 2016	\$1.33
<input checked="" type="checkbox"/> 1%	12	\$39,301.20	May 1, 2016 - April 30, 2017	\$1.35
<input checked="" type="checkbox"/> 0%	12	\$39,301.20	May 1, 2017 - April 30, 2018	\$1.35
<input checked="" type="checkbox"/> 1%	12	\$39,592.32	May 1, 2018 - April 30, 2019	\$1.36
<input checked="" type="checkbox"/> 1%	12	\$39,592.32	May 1, 2019 - April 30, 2020	\$1.36

c. Total Lease Consideration: 60 \$195,632.64

d. Option to renew: Yes No 90 Renewal terms: One (1) identical lease term

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

f. Term: Five years

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

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.50 - \$1.70

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

m. Lease will be paid for by Agency Budget Account Number: B006

6. Purpose of the lease: To house the Board of Cosmetology

7. This lease constitutes:

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

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

Remarks: This is a renewal and extension of an existing lease with an increase of \$10,532.64 or 5.69% over the term of the lease.

Exceptions/ Special notes:

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JAN 26 2015

CLERK OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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

[Signature] 1/21/15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071118750</u>	Exp:	<u>8/31/2015</u>	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States				
f. Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T27020158</u>			

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

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

[Signature] 1.29.15
Authorized Signature Date
Public Works Division

do For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>EHC</i>	2/10/15
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Board of Dispensing Opticians
 4747 Caughlin Parkway, Suite 2
 Reno, Nevada 89519
 Corinne Sedran 775.688.3766 fax: 775.688.3767 nvbdo@govmail.state.nv.us

2. Name of Landlord (Lessor): Caughlin Ranch Professional Building, LLC

3. Address of Landlord: 4747 Caughlin Parkway
 Reno, Nevada 89519

4. Property contact: Robert Barengo
 775.742.2838 fax: 775.786.2538 bob@barengo.com

5. Address of Lease property: 4747 Caughlin Parkway, Suite 2
 Reno, Nevada 89519

a. Square Footage: Rentable Usable 228

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$700.00	12	\$8,400.00	March 1, 2015 - February 29, 2016	\$3.07
\$800.00	12	\$9,600.00	March 1, 2016 - February 28, 2017	\$3.51
\$800.00	12	\$9,600.00	March 1, 2017 - February 28, 2018	\$3.51

Increase % 13%

c. Total Lease Consideration: 36 \$27,600.00

d. Option to renew: Yes No 90 Renewal terms: One identical term

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

f. Term: Three (3) Years

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

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.50 - \$1.70

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

m. Lease will be paid for by Agency Budget Account Number: B109 2019

6. Purpose of the lease: To house the Board of Dispensing Opticians

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$200.00 Furnishings: \$0.00 Data/Phones: \$100.00

Remarks: This location is a full service lease offers accommodations for this program. Prior location was shared with another Board, and did not accommodate the needs of this tenant.

Exceptions/Special notes: This lease has increased 62.83%.

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 JAN 30 2015
 DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes ___ No ___ Dec Unit _____

**We do not have a legislatively approved budget; our budget was reviewed/amended at our 12/10/14 board meeting.*

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

C. Gedran 1/30/15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20051593171	Exp:	9/30/2015	2
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Office?				
g. State of Nevada Vendor number:	N/A - Board Paid			

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

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

JP Authorized Signature _____ Date _____
 Public Works Division
JB For Board of Examiners YES NO

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FEB 03 2015

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

For Budget Division Use Only	
Reviewed by: <i>EJTC</i>	<i>2/13/15</i>
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION
FIRST AMENDMENT**

1. Agency: Board of Occupational Therapy
 PO Box 34779
 Reno, Nevada 89533
 Loretta Ponton (775) 746.4101 fax (775) 746.4105 board@nvot.org

Remarks: This First Lease Amendment will change the Lessor's name from QUAIL NORTH WEST, LLC to STONE VALLEY DRIVE, LLC. There are no other changes to the lease.

Exceptions/Special notes:

2. Name of Landlord (Lessor): Stone Valley Drive, LLC

3. Address of Landlord: 6490 South McCarran Boulevard, Building E
 Reno, Nevada 89509

4. Property contact: The Ribeiro Companies
 6490 South McCarran Boulevard, Building E
 Reno, Nevada 89509
 Ed Yuill (775) 825.7979 fax (775) 284.0466 ed.yuill@ribeirocorp.com

5. Address of Lease property: 6160 Mae Anne Avenue, Suite 3
 Reno, Nevada 89523

a. Square Footage: Rentable
 Usable 1,252

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
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There are no changes to the Lease Term.

Increase %	cost per month	# of months in time frame	cost per year	time frame	cost per square foot
<input checked="" type="checkbox"/> 3%	\$1,900.00	<input checked="" type="checkbox"/> 12	\$22,800.00	August 1, 2014 - July 31, 2015	\$1.52
<input checked="" type="checkbox"/> 3%	\$1,950.00	12	\$23,400.00	August 1, 2015 - July 31, 2016	\$1.56
<input checked="" type="checkbox"/> 3%	\$2,000.00	12	\$24,000.00	August 1, 2016 - July 31, 2017	\$1.60
<input checked="" type="checkbox"/> 2%	\$2,050.00	12	\$24,600.00	August 1, 2017 - July 31, 2018	\$1.64
<input checked="" type="checkbox"/> 2%	\$2,100.00	12	\$25,200.00	August 1, 2018 - July 31, 2019	\$1.68

c. Total Lease Consideration: 60 \$120,000.00

d. Option to renew: Yes No 90 Renewal terms: One identical term

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

f. Term: Five (5) Years

g. Pass-thrus & CAMS: None

h. Utilities: Landlord Tenant

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

j. Major repairs: Landlord Tenant

k. Minor repairs: Landlord Tenant

l. Taxes: Landlord Tenant

m. Comparable Market Rate: \$1.50 - \$1.70

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

o. Lease will be paid for by Agency Budget Account Number: B031

6. Purpose of the lease: To house the Board of Occupational Therapy

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

a. Estimated moving expenses: N/A Furnishings: N/A Data/Phones: N/A

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
 Yes _____ No _____ Dec Unit _____

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

 Authorized Agency Signature Date

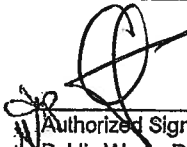
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV200061279095</u>	<u>10/31/2015</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>	
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section		
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
*If no, please explain in exceptions section		
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
*If no, please explain in exceptions section		
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>n/a - paid through Board</u>	

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

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



 Authorized Signature Date
 Public Works Division, Buildings and Grounds Section



 Authorized Signature - Agency Date

do
 For Board of Examiners YES NO

3

3

For Budget Division Use Only	
Reviewed by:	
Reviewed by: <i>SB</i>	<i>2/10/15</i>
Reviewed by:	

STATEWIDE LEASE INFORMATION
THIRD Amendment

1. Agency: Department of Business and Industry, Division of Industrial Relations
1840 College Parkway, Suite 100, Carson City, Nevada 89706
Steve George (775) 684-7262; sgeorge@business.nv.gov

Remarks: Leasing Services negotiated the addition of 840 square feet of office space to the existing 11,215 square feet for a total of 12,055 square feet at the current rental rates. This is an increase of \$48,691.55 or 7.41% over the lease term. The additional space will accommodate the growth for Workers' Compensation section staff and the DIR Administrator.

Exceptions/
Special notes:

2. Name of Landlord (Lessor): Kietzke Office Complex, LLC

3. Address of Landlord: 4600 Kietzke Lane, Suite G-170, Reno, Nevada 89502

4. Property contact: Lorrie Desiderio; lorrie@desprop.net
(775) 825.5311 fax (775) 825.5396 freddesiderio1@hotmail.com

5. Address of Lease property: 4600 Kietzke Lane, Suites F-151, F-153, E-141, E-143, E-144, & (new suite E-147), Reno, Nevada 89502.

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DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

a. Square Footage: 11,215 existing sf, plus 840 sf, for a total of 12,055 square feet

<input checked="" type="checkbox"/> Useable	<input checked="" type="checkbox"/> Useable
11,215	840

b. Cost:

increase	cost per month 11,215 sf	cost per month 840 sf	Total per time frame	time frame months	time frame days	cost per time frame	time frame	cost per square foot
		\$ 1,100.40	\$ 567.95		16	\$567.95	March 16, 2015 - March 31, 2015	\$ 1.31
	\$ 14,691.65		\$ 14,691.65	1	0	\$14,691.65	March 1, 2015 - March 31, 2015	\$ 1.31
7%	\$ 14,691.65	\$ 1,100.40	\$ 15,792.05	7	0	\$110,544.35	April 1, 2015 - October 31, 2015	\$ 1.31
0%	\$ 14,691.65	\$ 1,100.40	\$ 15,792.05	12	0	\$189,504.60	November 1, 2015 - October 31, 2016	\$ 1.31
3%	\$ 15,140.25	\$ 1,134.00	\$ 16,274.25	12	0	\$195,291.00	November 1, 2016 - October 31, 2017	\$ 1.35
0%	\$ 15,140.25	\$ 1,134.00	\$ 16,274.25	12	0	\$195,291.00	November 1, 2017 - October 31, 2018	\$ 1.35

c. Total Lease Consideration: 44 16 \$705,890.55

d. Option to renew: Yes No 30 Renewal terms: One identical term

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

f. Term: Forty-four (44) months and sixteen (16) days

g. Pass-thrus & CAMS: None

h. Utilities: Landlord Tenant

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

j. Major repairs: Landlord Tenant

k. Minor repairs: Landlord Tenant

l. Taxes: Landlord Tenant

m. Comparable Market Rate: \$1.50 - \$1.70

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

o. Lease will be paid for by Agency Budget Account Number: 4680

6. Purpose of the lease: To house the Department of Business, Division of Industrial Relations.

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

a. Estimated moving expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$3,140.00

4

STATEWIDE LEASE INFORMATION
THIRD Amendment

<p>IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE- PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.</p> <p>Yes _____ No _____ Dec Unit _____</p>
<p>IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER, ADDING THE EXPENSE TO YOUR BUDGET</p>

Steve Ly J _____ *2-6-2015*
 Authorized Agency Signature Date

for Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071118750</u>	<u>8/31/2015</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>	
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If yes, please explain in exceptions section	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If yes, please explain in exceptions section	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T27020158</u>	

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

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

[Signature] _____ *2.9.15*
 Authorized Signature Date
 Public Works Division

do
 For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i> 1-22-15
Reviewed by:	<i>[Signature]</i> 2-9-15
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Conservation & Natural Resources, Sagebrush Ecosystem Program
901 South Stewart Street, Suite 1003
Carson City, Nevada 89701
Jim Lawrence (775) 684-2726; Fax: (775) 684-2715; Email: lawrence@dcr.nv.gov

2. Name of Landlord (Lessor): Nevada Public Agency Insurance Pool

3. Address of Landlord: 201 South Roop Street, Suite 102
Carson City, Nevada 89701

4. Property contact: Wayne Carlson
775.885.7475 Fax: 775.883.7398 Email: waynecarlson@poolpact.com

5. Address of Lease property: 201 South Roop Street, Suite 101
Carson City, Nevada 89701

a. Square Footage: Rentable Usable 1,835

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Cost per square foot
\$2,293.75	12	\$27,525.00	July 1, 2015 through June 30, 2016	\$1.25
0% \$2,293.75	12	\$27,525.00	July 1, 2016 through June 30, 2017	\$1.25

c. Total Lease Consideration: 24 \$55,050.00

d. Option to renew: Yes No 90 Renewal terms: 1 identical lease

e. Holdover notice: # of Days required 30 Holdover terms: 10% / 90

f. Term: Two (2) Years

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

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 4150

6. Purpose of the lease: To house the Department of Conservation & Natural Resources's Sagebrush Ecosystem Program.

7. This lease constitutes:

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

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

Remarks: This is a renewal and extension of an existing lease with no increases over the term.

Exceptions/Special notes: This landlord is exempt from obtaining a business license per the Interlocal Cooperation Act. Specifically, NRS 277.110(1) states (in part) : "Any power, privilege or authority exercised.... by a public agency of this State... may be exercised jointly with any other public agency of this State."and NRS 277.110 (2)" Any two or more public agencies may enter into agreements with one another for joint or cooperative action..." This exception has been approved by the Secretary of State Nevada Business Identification # NV20121663710.

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JAN 16 2015

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes _____ No Dec Unit _____

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

 1/13/15
 Authorized Agency Signature Date


For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20121663710</u>	<u>11/30/2015</u>	5
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
*If no, please explain in exceptions section			
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T32000480</u>		

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

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

 1-15-15
 Authorized Signature Date
 Public Works Division

II
 For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <u>TG</u>	<u>2/4/15</u>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Employment, Training and Rehabilitation
 Employment Security Division, Contributions Section
 500 East Third Street, Carson City, Nevada 89701
 Brandon Taylor (775) 684-3901; fax: (775) 684-3848; bataylor@nvdetr.org
 Edgar Roberts, Chief of Contributions (775) 684-6396; ejroberts@nvdetr.org

Remarks:

This is a renewal and extension of an existing lease with a saving of \$34,137.60 or 1.40% over the five (5) year term. The agency has moved staff from suite 1370 to a new location. This lease consolidates 2 leases into one.

Exceptions/
Special
notes:

2. Name of Landlord

Rocky Point Properties, LLC

3. Address of Landlord:

2802 Kletzke Lane
 Reno, Nevada 89502

4. Property contact:

Richard and Lee Dixon
 (775) 827-6211 x 101; fax: (775) 827-0538
 cell: (775) 745-2263
 user645137@aol.com

5. Address of Lease
property:

1320 (6,586 sf), 1340 (13,500 sf) and 1360 (5,216 sf) South Curry Street
 Carson City, Nevada 89703

a. Square Footage:

Rentable
 Usable 25,302

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
\$38,965.08	12	\$467,580.96	April 1, 2015 - March 31, 2016	\$1.54
\$39,549.56	12	\$474,594.72	April 1, 2016 - March 31, 2017	\$1.56
\$40,142.80	12	\$481,713.60	April 1, 2017 - March 31, 2018	\$1.59
\$40,744.94	12	\$488,939.28	April 1, 2018 - March 31, 2019	\$1.61
\$41,356.12	12	\$496,273.44	April 1, 2019 - March 31, 2020	\$1.63

Increase %

1.5%
1.5%
1.5%
1.5%

c. Total Lease Consideration:

60 \$2,409,102.00

d. Option to renew:

Yes No 90 Renewal terms: One (1) Identical lease term

e. Holdover notice:

of Days required 30 Holdover terms: 5%/90

f. Term:

Five (5) years

g. Pass-thrus/CAM/Taxes

Landlord Tenant

h. Utilities:

Landlord Tenant

i. Janitorial:

Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see remarks)

j. Repairs:

Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate:

\$1.30 - \$1.50

l. Specific termination clause in lease:

Breach/Default lack of funding

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

4770

6. Purpose of the lease:

To house the Department of Employment, Training and Rehabilitation, Employment Security Division, Contributions Section

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FEB 03 2015

STATEWIDE LEASE INFORMATION

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

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

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

Yes No Dec Unit _____

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

KD/K _____ 2-3-15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20111255903</u>	Expiration date:	<u>04/30/2015</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>
			LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T81072663</u>		

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

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

[Signature] _____ 2-3-15
 Authorized Signature Date
 Public Works Division

do For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>JS</i>	2/4/15
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Employment, Training and Rehabilitation
 Employment Security Division, JobConnect
 500 East Third Street
 Carson City, Nevada 89713
 Brandon Taylor, (775) 684-3901; bataylor@nvdetr.org
 Renee Olson, (775) 384-3909, RLOLSON@nvdetr.org

2. Name of Landlord (Lessor): O'Flaherty Rentals, LLC

3. Address of Landlord: 965 Pioche Hwy
 Ely, Nevada 89301

4. Property contact: John O'Flaherty, (775) 289-2801; Fax: (775) 296-0646

5. Address of Lease property: 1500 Avenue F
 Ely, Nevada 89301

a. Square Footage: Rentable
 Usable 5,080

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
\$6,553.20	12	\$78,638.40	June 1, 2015 - May 31, 2016	\$1.29
Increase % 0% \$6,553.20	12	\$78,638.40	June 1, 2016 - May 31, 2017	\$1.29
2% \$6,705.60	12	\$80,467.20	June 1, 2017 - May 31, 2018	\$1.32
2% \$6,705.60	12	\$80,467.20	June 1, 2018 - May 31, 2019	\$1.32
2% \$6,858.00	12	\$82,296.00	June 1, 2019 - May 31, 2020	\$1.35

c. Total Lease Consideration: 60 \$400,507.20

d. Option to renew: Yes No 90 Renewal terms: One identical term

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

f. Term: Five (5) years

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

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 4770, 4767, 3265

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

7. This lease constitutes:

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

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

Remarks: This is a renewal and extension of an existing lease with an increase of \$16,502.40 or 4.30% over the five (5) year term.

Exceptions/Special notes:

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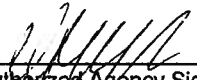
FEB 03 2015

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit _____

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

 _____
Authorized Agency Signature Date 1-27-15


For Public Works Information:


8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071746105</u>	Business License Expiration:	<u>11/30/2015</u>	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?				
f. States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T80692360</u>			

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

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

 _____
Authorized Signature Date 2-9-15
Public Works Division, Buildings and Grounds Section

 _____
Authorized Signature - Agency Date 1-22-15

do
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	<i>EHC</i> <i>3/21/15</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Welfare and Supportive Services
 1470 College Parkway
 Carson City, NV 89706
 Don Coston 775.684.0652 fax 775.684.0681 dxcoston@dwss.nv.gov
 Elizabeth Watson 775.684.0514 ewatson@dwss.nv.gov

Remarks: This new office location is needed to provide additional client services.

Exceptions/Special notes: daytime janitorial

2. Name of Landlord (Lessor): TEG Durango Pointe, LLC

3. Address of Landlord: 6018 South Durango Drive, Suite 110
 Las Vegas, Nevada 89113

4. Property contact: Scott Godino
 702.369.4300 x103 fax 702.948.5657

5. Address of Lease property: 3965 South Durango Drive
 Las Vegas, Nevada 89147

a. Square Footage: Rentable Usable 12,558

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
\$28,255.50	12	\$339,066.00	Months 1 - 12 <i>6-1-2015</i>	\$2.25
2% \$28,883.40	12	\$346,600.80	Months 13 - 24	\$2.30
2% \$29,385.72	12	\$352,628.64	Months 25 - 36	\$2.34
2% \$30,013.62	12	\$360,163.44	Months 37 - 48	\$2.39
2% \$30,641.52	12	\$367,698.24	Months 49 - 60	\$2.44
2% \$31,269.42	12	\$375,233.04	Months 61 - 72	\$2.49
2% \$31,897.32	12	\$382,767.84	Months 73 - 84	\$2.54
2% \$32,525.22	12	\$390,302.64	Months 85 - 96	\$2.59
2% \$33,153.12	12	\$397,837.44	Months 97 - 108	\$2.64
2% \$33,781.02	12	\$405,372.24	Months 109 - 120 <i>May 31, 2025</i>	\$2.69

c. Total Lease Consideration: 120 \$3,717,670.32

d. Option to renew: Yes No 9 mo Renewal terms: One five year term

e. Holdover notice: # of Days required 30 Holdover terms: 25%/90

f. Term: Ten (10) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

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

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

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

6. Purpose of the lease: To house the Division of Welfare and Supportive Services

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

a. Estimated Moving Expenses: \$0.00 Furnishings: \$132,758.00 Data/Phones: \$257,343.00

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit E 748

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

[Signature] 2/12/15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20121511625</u> ✓	Exp:	<u>8/31/2015</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
*If no, please explain in exceptions section			
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>TBD</u>		

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

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

[Signature] 2-17-15
Authorized Signature Date
Public Works Division

For Board of Examiners YES NO

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Public and Behavioral Health, Rural Community Health Services
 4150 Technology Way, Suite 300
 Carson City, Nevada 89706
 Kathryn Baughman 775.687.5162 x237 fax 775.684.4211 kbaughman@health.nv.gov

2. Name of Landlord (Lessor): Novasel & Schwarte Investments, Inc

3. Address of Landlord: 3170 Highway 50, Suite 10
 South Lake Tahoe, California 96150

4. Property contact: Richard Schwarte
 530.577.5052 fax 888.878.8990 dschwarte@whmtahoe.com

5. Address of Lease property: 415 Highway 95A, Building I
 Fernley, Nevada 89408

a. Square Footage: Rentable Usable 2,500

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$4,508.82	12	\$54,105.84	April 1, 2015 - March 31, 2016	\$1.80
\$4,644.09	12	\$55,729.08	April 1, 2016 - March 31, 2017	\$1.86
\$4,644.09	12	\$55,729.08	April 1, 2017 - March 31, 2018	\$1.86
\$4,783.41	12	\$57,400.92	April 1, 2018 - March 31, 2019	\$1.91
\$4,783.41	12	\$57,400.92	April 1, 2019 - March 31, 2020	\$1.91

Increase % 3% 0% 3% 0%

c. Total Lease Consideration: 60 \$280,365.84

d. Option to renew: Yes No 90 Renewal terms: One identical term

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

f. Term: Five (5) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 3167, 3648

6. Purpose of the lease: To house the Division of Public & Behavioral Health, Rural Community Health Services

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

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

Remarks: This lease renewal and extension was negotiated for the need of the continuing increase and demands for clinical services in a rural area. This lease contains an increase of \$9,836.64 or 3.64% over the five year lease term.

Exceptions/ Special notes:

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JAN 30 2015

STATEWIDE LEASE INFORMATION

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

Yes ___ No ___ Dec Unit N/A RENEWAL

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

[Signature] 1-8-15

Authorized Agency Signature

Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20021226001</u>	<u>2/28/2015</u>	12
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input checked="" type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
Is the Legal Entity active and in good standing with the Nevada Secretary of States			
	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
f. Office?			
g. State of Nevada Vendor number:	<u>T27029586</u>		

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

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

[Signature]
Public Works Division

1-21-15
Date

II For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>ETP</i>	<i>1/20/15</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Welfare and Supportive Services
 1470 College Parkway
 Carson City, Nevada 89706
 Don Coston 775.684.0652 fax: 775.684.0681 dxcoston@dwss.nv.gov

2. Name of Landlord (Lessor): O'Flaherty Rentals, LLC

3. Address of Landlord: 965 Pioche Highway
 Ely, Nevada 89301

4. Property contact: John O'Flaherty
 775.289.2801 fax: 775.289.8183 oflahertyph@sbcglobal.net

5. Address of Lease property: 725 Avenue K
 Ely, Nevada 89301

a. Square Footage: Rentable Usable 2,128

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$2,709.12	12	\$32,509.44	June 1, 2015 - May 31, 2016	\$1.27
2.4% \$2,776.85	12	\$33,322.20	June 1, 2016 - May 31, 2017	\$1.30
\$2,776.85	12	\$33,322.20	June 1, 2017 - May 31, 2018	\$1.30
2.4% \$2,846.27	12	\$34,155.24	June 1, 2018 - May 31, 2019	\$1.34
\$2,846.27	12	\$34,155.24	June 1, 2019 - May 31, 2020	\$1.34

Increase %

c. Total Lease Consideration: 60 \$167,464.32

d. Option to renew: Yes No 90 Renewal terms: One identical term

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

f. Term: Five (5) Years

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

h. Utilities: Landlord Tenant

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

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

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

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

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

6. Purpose of the lease: To house the Division of Welfare and Supportive Services

7. This lease constitutes:

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

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

Remarks: This renewal is an extension of an existing full service lease and contains a weighted average increase of 2.94% over the five year term.

Exceptions/Special notes:

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JAN 29 2015

DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

10

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE, PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET. Yes X No ___ Dec Unit N/A this is an extension of an existing lease. Rent is already being paid in FY 15 budget. IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET _____.

Steve H. Fuchs
Authorized Agency Signature
1/23/15
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071746105</u>	Exp:	<u>11/30/2015</u>	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T80692360</u>			

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

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

[Signature]
Authorized Signature
Public Works Division
1.29.15
Date

II
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>VRD</i>	2/13/15
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Office of the Military
Nevada Army National Guard
2460 Fairview Drive
Carson City, Nevada 89701
Victoria Radford 775.884.8461 fax: 775.884.8465 vradford@govmail.state.nv.us

Remarks: This lease was negotiated to accommodate the relocation of the southern Nevada location in order to enhance the State's overall military readiness, and has Tenant specific build to suit warehouse and fenced open yard.

Exceptions/ Special notes: This lease is one of two (2) leases for this agency at this location to facilitate the objective of the program. The other is to house the office support of this program.

2. Name of Landlord (Lessor): Sierra Medical Complex Limited Partnership
3. Address of Landlord: 907 Spencer Street
Carson City, Nevada 89703
4. Property contact: Carson Properties, Inc
187 Sonoma Street
Carson City, Nevada 89701
Terry Yeager 775.882.3211 fax: 775.882.7553 TerryYeager@carsoncommercial.com
5. Address of Lease property: 1050 East William Street, Suite 100 & 1070 East William Street
Carson City, Nevada 89701

a. Square Footage: Rentable Usable 3,100 sq ft warehouse space and 12,000 sq ft fenced yard

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot		
Increase %						
		\$3,100.00	12	\$41,664.00	Months 1 - 12 anticipated May 1, 2015	\$1.00
3%		\$3,193.00	12	\$41,664.00	Months 13 - 24	\$1.03
3%		\$3,286.00	12	\$39,432.00	Months 25 - 36	\$1.06
3%		\$3,379.00	12	\$40,548.00	Months 37 - 48	\$1.09
3%		\$3,472.00	12	\$41,664.00	Months 49 - 60	\$1.12
3%		\$3,596.00	12	\$43,152.00	Months 61 - 72 anticipated April 30, 2021	\$1.16
c. Total Lease Consideration:			72	\$248,124.00		

d. Option to renew: Yes No 90 Renewal terms: One identical term

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

f. Term: Six (6) Years

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

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 3650

6. Purpose of the lease: To house the Office of the Military

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

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

RECEIVED
FEB 03 2015

DEPARTMENT OF ADMINISTRATION
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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

Wm R Banks

3 Feb 2015

Authorized Agency Signature

Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV19871012250	Exp:	10/31/2015	22
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T81090393			

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

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

[Signature]

Authorized Signature
Public Works Division

Date

II
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	2/23/15
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Office of the Military
 Nevada Army National Guard
 2460 Fairview Drive
 Carson City, Nevada 89701
 Victoria Radford 775.884.8461 fax: 775.884.8465 vradford@govmail.state.nv.us

Remarks: This lease was negotiated to accommodate the relocation of the southern Nevada location in order to enhance the State's overall military readiness, and has Tenant specific improvements.

Exceptions/Special notes: This lease is one of two (2) leases for this agency at this location to facilitate the objective of the program. The other is to house the equipment support in a separate build to suit warehouse and includes a fenced yard.

2. Name of Landlord (Lessor): Sierra Medical Complex Limited Partnership

3. Address of Landlord: 907 Spencer Street
 Carson City, Nevada 89703

4. Property contact: Carson Properties, Inc
 187 Sonoma Street
 Carson City, Nevada 89701
 Terry Yeager 775.882.3211 fax: 775.882.7553 TerryYeager@carsoncommercial.com

5. Address of Lease property: 1050 East William Street, Suite 100 & 1070 East William Street
 Carson City, Nevada 89701

a. Square Footage: Rentable
 Usable 10,115

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	cost per square foot
Increase %	\$0.00	1	\$0.00	May 1, 2015 - May 31, 2015	\$0.00
	\$12,643.75	11	\$139,081.25	June 1, 2015 - April 30, 2016	\$1.25
5%	\$13,351.80	12	\$160,221.60	May 1, 2016 - April 30, 2017	\$1.32
4%	\$13,958.70	12	\$167,504.40	May 1, 2017 - April 30, 2018	\$1.38
0%	\$13,958.70	12	\$167,504.40	May 1, 2018 - April 30, 2019	\$1.38
4%	\$14,565.60	12	\$174,787.20	May 1, 2019 - April 30, 2020	\$1.44
0%	\$14,565.60	12	\$174,787.20	May 1, 2020 - April 30, 2021	\$1.44

c. Total Lease Consideration: 72 \$983,886.05

d. Option to renew: Yes No 90 Renewal terms: One identical term

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

f. Term: Six (6) Years

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

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 3650

6. Purpose of the lease: To house the Office of the Military

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

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

RECEIVED

FEB 03 2015

DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

12

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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

Wm R. Banks 3 Feb 2015
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19871012250</u> ✓	Exp:	<u>10/31/2015</u>	22
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States				
f. Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T81090393</u> ✓			

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

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

[Signature] _____ Date _____
 Authorized Signature
 Public Works Division
 II
 For Board of Examiners YES NO

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16342**Agency Name: **ADMIN - DIVISION OF HUMAN
RESOURCE MANAGEMENT**Agency Code: **070**Appropriation Unit: **1363-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **COMPSYCH EMPLOYEE ASSIST
PROG**Contractor Name: **COMPSYCH EMPLOYEE ASSIST
PROG**Address: **COMPSYCH CORPORATION
455N CITYFRONT PLAZA DR FL 13**City/State/Zip: **CHICAGO, IL 60611-5377**Contact/Phone: **Michael B. Garfield, VP 312/595-4003**Vendor No.: **T27028613**NV Business ID: **NV20111571181**To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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

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

Agency Reference #: **RFP #3155, PSMs Initials RM**

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 **03/2015**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Employee Assistance**

5. Purpose of contract:

This is a new contract that continues ongoing external vendor model Employee Assistance Program (EAP) services. The goal of the State of Nevada EAP is to reduce significant losses in state employee work time, productivity, and effectiveness by providing employees with assistance to improve their personal and professional lives through confidential, professional assessment and counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$349,130.00**

Payment for services will be made at the rate of \$0.79 per employee per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency needs a vendor that can provide certain levels of professional counseling and personal services to State employees. Per NRS 284.4062

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

The State does not have the expertise or staff to perform these services.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3155, 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: 11/06/2014 Anticipated re-bid date: 11/01/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

11/8/11-6/30/15 - Human Resources Management - Satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	02/03/2015 07:18:26 AM
Division Approval	csweeney	02/03/2015 07:18:31 AM
Department Approval	csweeney	02/03/2015 07:18:33 AM
Contract Manager Approval	csweeney	02/03/2015 07:18:36 AM
Budget Analyst Approval	jstrandb	02/09/2015 10:22:42 AM
BOE Agenda Approval	cwatson	02/13/2015 12:34:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16343**

Agency Name: ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT	Legal Entity Name: OASIS CONSULTING SERVICES
Agency Code: 070	Contractor Name: OASIS CONSULTING SERVICES
Appropriation Unit: 1363-09	Address: 1008 SABLE MIST CT
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89144
If "No" please explain: Not Applicable	Contact/Phone: null702/562-3695
	Vendor No.: T27008798
	NV Business ID: NV20031145339

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **RFP 3154**

2. Contract start date:

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

Anticipated BOE meeting date **03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Classroom Instructio**

5. Purpose of contract:

This is a new contract to provide classroom instruction of Level I through IV and Capstone Project evaluation for the Nevada Certified Public Manager Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The NVCPM Program was designed and developed in direct response to the need to systematically develop the leadership skills of the state's current and future leaders. The commitment of the Governor to leadership development is reflected in the components of this program.

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

The state does not have the expertise or the staff to perform these functions

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor has successfully provided these services to the State for the last 10 years. This vendor was the only respondent to the solicitation.

d. Last bid date: 11/01/2014 Anticipated re-bid date: 12/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Human Resource Management - 1/12/2010 - 12/31/2014 - satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	02/03/2015 08:47:21 AM
Division Approval	csweeney	02/03/2015 08:47:24 AM
Department Approval	csweeney	02/03/2015 08:47:28 AM
Contract Manager Approval	csweeney	02/03/2015 08:47:31 AM
Budget Analyst Approval	jstrandb	02/09/2015 11:23:53 AM
BOE Agenda Approval	cwatson	02/13/2015 12:35:14 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14769	Amendment Number: 2
Agency Name: ADMIN - DIRECTOR'S OFFICE	Legal Entity Name: AERIS ENTERPRISES, INC.
Agency Code: 080	Contractor Name: AERIS ENTERPRISES, INC.
Appropriation Unit: 1340-04	Address: 59 DAMONTE RANCH PKWY STE B292
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: null775/23308930
	Vendor No.: T81082046A
	NV Business ID: NV20011516008

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 04/2015

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: **Technical Support**

5. Purpose of contract:

This is the second amendment to the original contract, which continues ongoing programming and analysis of enterprise computer applications existing in the Department of Administration during fiscal years 2014 & 2015. The programs include Nevada Executive Budget System, Nevada Employee Action and Timekeeping System, Nevada Project Accounting System, Human Resource Data Warehouse, Contract Entry and Tracking System, Nevada Open Government, and Priorities/Performance Based Budgeting. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$422,514 to \$769,328 due to a continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$322,514.00
2. Total amount of any previous contract amendments:	\$100,000.00
3. Amount of current contract amendment:	\$346,814.00
4. New maximum contract amount:	\$769,328.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

This vendor is the primary developer of the software the state depends on for budget, HR, contracts and open government applications. This contract ensures adequate support is provided for these applications. This contract supports state employees who manage and determine the work to be completed by the vendor.

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

This contract provides supplemental support to state employees and the vendor possesses knowledge of the applications necessary to provide detailed analysis and maintenance support including solutions when issues arise involving the core code of each 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 130705

Approval Date: 07/23/2013

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

Primary designer of current application.

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:

2011-2013 Dept of Administration - satisfactory

Also performed on contracts for the former Department of Personnel and the Legislature. All were completed 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	csweeney	02/11/2015 12:57:02 PM
Division Approval	csweeney	02/11/2015 12:57:07 PM
Department Approval	csweeney	02/11/2015 12:57:10 PM
Contract Manager Approval	csweeney	02/11/2015 13:16:40 PM
DoIT Approval	bbohm	02/12/2015 13:49:48 PM
Budget Analyst Approval	ekin4	02/13/2015 07:28:13 AM
BOE Agenda Approval	nhovden	02/13/2015 09:49:39 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: **14043** Amendment Number: **1**

Agency Name: **ADMINISTRATION - DIRECTOR'S OFFICE** Legal Entity Name: **MOODYS ANALYTICS INC**

Agency Code: **080** Contractor Name: **MOODYS ANALYTICS INC**

Appropriation Unit: **1340-10** Address: **7 WORLD TRADE CENTER AT 250 GREENWICH ST**

Is budget authority available?: **Yes** City/State/Zip: **NEW YORK, NY 10007**

If "No" please explain: Not Applicable Contact/Phone: null212/553-7966

Vendor No.: T10646900

NV Business ID: Not applicable

To what State Fiscal Year(s) will the contract be charged? **2013-2016**

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

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

Agency Reference #: ASD #767242

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2012**

Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2015**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Economic projections**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing national and state economic projections, state sales and giving tax collections forecasts, and residential real estate market analysis. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$157,068 to \$210,930 due to the one-year extension for fiscal year 2016.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$157,068.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$53,862.00
4. New maximum contract amount:	\$210,930.00
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?

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

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

The contractor has access to economic data not otherwise available to 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 130203

Approval Date: 02/25/2013

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

July 1, 2009 thru July 10, 2011 for the Dept of Administration, Budget Division - 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 as a:

Foreign Corporation

The contractor does not perform any work in Nevada.

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

Yes

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

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

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

The contractor does not perform any work in Nevada.

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

No b. If "NO", please explain.

The contractor does not perform any work in Nevada.

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	01/27/2015 10:07:00 AM
Division Approval	csweeney	01/27/2015 10:07:05 AM
Department Approval	csweeney	01/27/2015 10:07:10 AM
Contract Manager Approval	csweeney	01/27/2015 10:07:14 AM
Budget Analyst Approval	ekin4	01/30/2015 08:44:31 AM
BOE Agenda Approval	nhovden	02/02/2015 11:51:45 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: **16353**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LUMOS & ASSOCIATES
Agency Code: 082	Contractor Name: LUMOS & ASSOCIATES
Appropriation Unit: All Appropriations	Address: 800 E COLLEGE PKWY
Is budget authority available?: No	City/State/Zip: CARSON CITY, NV 89706
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will be Account 3650, Military; expenditure category 10, Army facilities.	Contact/Phone: null775/883-7077
	Vendor No.: T80912843
	NV Business ID: NV20021400260

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % agency funded CIP

Agency Reference #: 109133

2. Contract start date:

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

Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 121 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to install pavement and lighting at the Stead field maintenance shop 2; Project No. 15-A017; Contract No. 109133. The scope of work includes geotechnical investigation, which includes two to three subsurface test pits across the proposed parking area along with a topographic survey map at 1" - 20' scale with 1 foot contour interval in accordance to National Map Accuracy standards for the project area and improvement plans pursuant to the site walk conducted on November 20, 2014. The scope also includes electrical improvements plans including site investigation, consultation, calculations, construction documents, and specifications suitable for competitive bidding and construction administration.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,320.00**

Other basis for payment: monthly progress payments based on services provide

II. JUSTIFICATION

7. What conditions require that this work be done?

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?

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	02/05/2015 14:16:54 PM
Division Approval	dgrimm	02/05/2015 14:16:57 PM
Department Approval	dgrimm	02/05/2015 14:24:01 PM
Contract Manager Approval	dgrimm	02/05/2015 14:24:05 PM
Budget Analyst Approval	jrodrig9	02/06/2015 16:09:07 PM
BOE Agenda Approval	cwatson	02/13/2015 12:35:58 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: 12147	Amendment Number: 3
Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: AMERICAN CHILLER SERVICE, INC.
Agency Code: 180	Contractor Name: AMERICAN CHILLER SERVICE, INC.
Appropriation Unit: 1385-07	Address: 745 E. Greg Street, Suite 5
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Ben Barlow 775-322-9900
	Vendor No.: T29015907A
	NV Business ID: NV199221063155

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

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

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

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**
 Anticipated BOE meeting date **03/2015**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **HVAC Services**

5. Purpose of contract:
This is the third amendment to the original contract, which provides for repair and maintenance services for the chillers, cooling tower, water pumps, and compressors at the Enterprise Information Technology Services, Computer Facility. This amendment increases the maximum amount from \$48,000 to \$65,878 due to an increased continuing need for existing services and provision for cooling tower repairs.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$20,000.00
2. Total amount of any previous contract amendments:	\$28,000.00
3. Amount of current contract amendment:	\$17,878.00
4. New maximum contract amount:	\$65,878.00

II. JUSTIFICATION

7. What conditions require that this work be done?
The mainframe computer system and related components will not function without the proper temperature and humidity. The State is responsible for repairs to the computers if damage is caused by the environment in the computer room.

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 04/07/2011 Anticipated re-bid date: 04/01/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: 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	01/26/2015 11:00:43 AM
Division Approval	csweeney	01/26/2015 11:00:47 AM
Department Approval	capple	01/26/2015 11:44:32 AM
Contract Manager Approval	csweeney	01/26/2015 11:45:18 AM
Budget Analyst Approval	sewart	01/30/2015 16:12:05 PM
BOE Agenda Approval	jborrowm	02/03/2015 14:55:20 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: 13958	Amendment Number: 2
Agency Name: OFFICE OF VETERAN'S SERVICES	Legal Entity Name: Craig M Jorgenson, MD LTD
Agency Code: 240	Contractor Name: Craig M Jorgenson, MD LTD
Appropriation Unit: 2561-04	Address: 9975 S. Eastern #119
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 890123
If "No" please explain: Not Applicable	Contact/Phone: Craig Jorgenson 702-361-2273
	Vendor No.: T27004653
	NV Business ID: NV20001396722

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/12/2013**

Anticipated BOE meeting date **03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2016**

Contract term: **3 years and 323 days**

4. Type of contract: **Contract**

Contract description: **Medical Director**

5. Purpose of contract:

This is the second amendment to the original contract to provide medical director and medical management services for the Nevada State Veterans Home. This amendment increases the maximum amount from \$55,000 to \$105,000 due to increased need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$55,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$50,000.00
4. New maximum contract amount:	\$105,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 449.74513 Medical Director. a facility for skilled nursing shall employ a medical director who is licensed to practice medicine in this State.

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

No State employees or agencies are able to provide a medical director to this facility.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Only two doctors responded to the solicitation. The Home decided to continue with the current Medical Director due to his experience with the Homes' resident population.

d. Last bid date: 11/30/2012 Anticipated re-bid date: 11/30/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has supplied Medical Director services to NSVH for several years. His services have remained satisfactory.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	01/15/2015 12:25:17 PM
Division Approval	agarland	01/15/2015 12:25:19 PM
Department Approval	agarland	01/15/2015 12:25:23 PM
Contract Manager Approval	mnobles	01/21/2015 09:26:37 AM
Budget Analyst Approval	ekin4	01/21/2015 14:51:00 PM
BOE Agenda Approval	nhovden	01/23/2015 12:10:14 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16325**

Agency Name: OFFICE OF VETERANS SERVICES	Legal Entity Name:	Functional Pathways
Agency Code: 240	Contractor Name: Functional Pathways	
Appropriation Unit: 2561-04	Address: 614 Mabry Hood Road	
Is budget authority available?: Yes	City/State/Zip: Knoxville, TN 37932	
If "No" please explain: Not Applicable	Contact/Phone: Dan Knorr 865-521-2204	
	Vendor No.: T29026908	
	NV Business ID: NV201110855153	
To what State Fiscal Year(s) will the contract be charged?	2015-2019	

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	71.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	29.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2015**

Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Therapy Services**

5. Purpose of contract:

This is a new contract to provide physical therapy/rehabilitation services to the residents of the Nevada State Veterans Home under the auspices of Medicare Part A and Part B, and other third party payers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

Other basis for payment: At Medicare rates set forth in contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

A skilled nursing facility is required by CMS and the VA to provide physical, occupational, and speech therapy to residents who could benefit from them.

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

Limit staff

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?

Highest scoring vendor as determined by the evaluation committee.

d. Last bid date: 11/19/2014 Anticipated re-bid date: 11/01/2018

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:

Contractor has provided therapy services to NSVH for the last 4 years. All 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	agarland	02/02/2015 11:13:30 AM
Division Approval	agarland	02/02/2015 11:13:33 AM
Department Approval	agarland	02/02/2015 11:13:36 AM
Contract Manager Approval	mnobles	02/02/2015 11:14:58 AM
Budget Analyst Approval	ekin4	02/13/2015 10:50:43 AM
BOE Agenda Approval	nhovden	02/13/2015 11:14:03 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16161**

Agency Name: **OFFICE OF VETERANS SERVICES**
Agency Code: **240**
Appropriation Unit: **2564-10**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: Pametto Construction
Contractor Name: **Pametto Construction**
Address: **2207 West Gowan Rd.**
City/State/Zip: **North Las Vegas, NV 89032**
Contact/Phone: Edward Frasier III 702-647-5992
Vendor No.: T27025352
NV Business ID: NV20061288440

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Gift Fund for Veterans

2. Contract start date:

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

Anticipated BOE meeting date 03/2014

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2016**

Contract term: **2 years and 275 days**

4. Type of contract: **Contract**

Contract description: **NSVH Canteen Remodel**

5. Purpose of contract:

This is a new contract to remodel the canteen area at the Nevada State Veterans Home. This contract is for the construction phase of the project including demolition of the current rooms and installation of new flooring, cabinetry, a half-wall, new lunchroom area tables, and repainting the entire canteen.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$136,000.00**

Other basis for payment: As proposed by contractor in bid. - As work is completed.

II. JUSTIFICATION

7. What conditions require that this work be done?

Canteen store and lunch room needs to be remodeled to allow better use of space and provide more opportunity for staff and residents to use that area.

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

State employees are not trained or available to perform remodeling tasks.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Received the highest score from evaluation team.

d. Last bid date: 09/10/2014 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contractor did perform a previous remodel of the lobby of NSVH in 2012-2013. Work was satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: 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	agarland	12/03/2014 11:16:57 AM
Division Approval	agarland	12/03/2014 11:17:00 AM
Department Approval	agarland	12/03/2014 11:17:04 AM
Contract Manager Approval	mnobles	01/28/2015 16:45:31 PM
Budget Analyst Approval	ekin4	02/10/2015 15:23:10 PM
BOE Agenda Approval	nhovden	02/13/2015 10:21:38 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14045** Amendment Number: **2**

Agency Name: **DEPARTMENT OF EDUCATION** Legal Entity Name: **Life Track Services INC**

Agency Code: **300** Contractor Name: **Life Track Services INC**

Appropriation Unit: **2715-14** Address: **1271 Port Drive**

Is budget authority available?: **Yes** City/State/Zip: **Clarkston, WA 99403**

If "No" please explain: **Not Applicable** Contact/Phone: **Larry Ledgerwood 5097586991**

Vendor No.:

NV Business ID: **NV20131020607**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2013**

Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **04/30/2015**Contract term: **4 years and 20 days**4. Type of contract: **Contract**Contract description: **Indicator 14 Data**

5. Purpose of contract:

This is the second amendment to the original contract to collect Indicator 14 data in order to utilize the data in the State Performance Plan/Annual Performance Reports as well as improve postsecondary outcomes for students with disabilities. The contractor will conduct two mailings to students with IEP's that exited/graduated during the previous school year, one for general public relations and one student specific and call students that did not complete the online survey to conduct a phone survey. This amendment extends the termination date from April 30, 2015 to March 31, 2017 and increases the maximum amount from \$72,000 to \$151,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$72,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$79,000.00
4. New maximum contract amount:	\$151,000.00
and/or the termination date of the original contract has changed to:	03/31/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

To meet federal reporting requirements of Indicator 14 data of the State Performance Plan and the Annual Performance Report

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

We do not have enough staff to make approximately 9000 calls to students and their families to collect the student data needed for Indicator 14

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 contractor had the necessary qualifications and experience

d. Last bid date: 10/01/2012 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	lyoun7	01/30/2015 11:29:48 AM
Division Approval	lyoun7	01/30/2015 11:29:52 AM
Department Approval	lyoun7	01/30/2015 11:29:55 AM
Contract Manager Approval	bsotomay	01/30/2015 11:32:44 AM
Budget Analyst Approval	sbrown	02/10/2015 12:39:02 PM
BOE Agenda Approval	jburry	02/17/2015 14:49:30 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16017	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: DIVISION FOR AGING SERVICES
Agency Code: 403	Contractor Name: DIVISION FOR AGING SERVICES
Appropriation Unit: 3243-74	Address: 3416 GONI RD BLDG D STE 132
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: 775-687-4210 775/687-4210
	Vendor No.: D40200000
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2015-2016

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/09/2014**

Anticipated BOE meeting date **02/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2016**

Contract term: **1 year and 112 days**

4. Type of contract: **Interlocal Agreement**
Contract description: **BIPP Project**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which reimburses Aging and Disability Services Division for providing the professional contracted information technology staff to conduct the activities for the Balancing Incentive Payments Program grant. This amendment increases the maximum amount from \$3,799,380.00 to \$3,899,380.00 due to the expanded scope of work which includes the Environmental Accessibility Adaptations through the Assistive Technology for Independent Living Program providing physical adaptations to the private residence of the participant or the participant's family necessary to ensure the health, welfare and safety of the participant.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$3,799,380.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$100,000.00
4. New maximum contract amount:	\$3,899,380.00

II. JUSTIFICATION

7. What conditions require that this work be done?

To support the Harmony project which is the development of a case management system required as a benchmark of the Money Follows the Person grant.

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

The programming is being done under MSA, there are no qualified State employee to perform the work.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP has several contracts with the Aging and Disability Services Division and work has been satisfactory.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lkoehler	12/16/2014 10:48:42 AM
Division Approval	trooker	02/03/2015 08:30:05 AM
Department Approval	ecreceli	02/04/2015 10:37:18 AM
Contract Manager Approval	bvale1	02/09/2015 15:52:15 PM
Budget Analyst Approval	nhovden	02/09/2015 15:53:58 PM
BOE Agenda Approval	nhovden	02/09/2015 15:54:04 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16329**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	ATTORNEY GENERAL REVOLVING
Agency Code:	406	Contractor Name:	ATTORNEY GENERAL REVOLVING
Appropriation Unit:	3170-28	Address:	FUND HEROES MEMORIAL BLDG
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	null775-684-1209
		Vendor No.:	D03000009
		NV Business ID:	Government 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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 14804

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 03/2015

Retroactive? **Yes**

If "Yes", please explain

This contract was not completed until after the previous contract expired on June 30, 2014 due to high personnel turnover within the SAPTA program.
--

3. Termination Date: **06/30/2018**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **SYNAR**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing collection of data and outcomes by the Office of the Attorney General for the enforcement of state tobacco laws governing the sale of tobacco to minors pursuant to the SYNAR amendment (named in honor of the late Congressman Mike Synar) passed by Congress in 1992.
--

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$324,000.00**

Payment for services will be made at the rate of \$19,000.00 per Quarter

Other basis for payment: \$5,000 Annually upon receipt and acceptance of the completed report.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Substance Abuse Prevention and Treatment Agency (SAPTA) is required to report enforcement data and outcomes in their Substance Abuse Prevention and Treatment (SAPT) Block Grant application. States not enforcing youth tobacco laws risk losing up to 40% of their SAPT Block Grant funding.
--

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

SAPTA is required to use the Office of the Attorney General.
--

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the 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?

State Agency. Statewide law enforcement function.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Previously contracted with SAPTA from 7/1/2010 to 6/30/2014.

13. Is the contractor currently involved in litigation with the State 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	01/29/2015 13:52:41 PM
Division Approval	alaw1	01/29/2015 13:52:44 PM
Department Approval	ecreceli	02/02/2015 15:03:52 PM
Contract Manager Approval	rmorse	02/03/2015 10:07:08 AM
Budget Analyst Approval	bberry	02/04/2015 14:53:46 PM
BOE Agenda Approval	nhovden	02/05/2015 12:32:04 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

ROMAINE GILLILAND
Director

STATE OF NEVADA



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-5975 · Fax: (775) 684-4211

January 29, 2015

MEMORANDUM

TO: **Brenda Berry**
Budget Analyst
Budget Division

THROUGH: **Mark Winebarger**
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: **Kevin Quint**
Substance Abuse Prevention and Treatment Agency Bureau Chief
Division of Public and Behavioral Health

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Office of the Attorney General (CETS #16329)**

In an effort to comply with the Public Health Service Act (42 U.S.C. 300x-26) and the Tobacco Regulation for the Substance Abuse Prevention and Treatment Block Grant (SABG) (45 C.F.R. 96.130 (e)), the Substance Abuse Prevention and Treatment Agency (SAPTA) collaborates with the Office of the Attorney General. The purpose of the contract is to allow SAPTA to transfer funds to the Office of the Attorney General for conducting federally mandated inspections pertaining to sales of tobacco products to minors.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2014. The previous contract expired June 30, 2014. The agreement between SAPTA and the Office of the Attorney General is ongoing. In the event the contract is not approved, SAPTA will be unable to transfer funds to the Office of the Attorney General for inspections that were conducted on or after July 1, 2014.

The delay in having the contract in place was due to high personnel turnover in SAPTA. As of January 2015, SAPTA has designated two staff to ensure there is a current contract in place.

If you have any questions, please contact Kevin Quint at (775) 684-4190.

Thank you for your consideration in this matter.

CC: Rick Morse, Management Analyst II
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15320** Amendment Number: **3**
 Agency Name: **DHHS - WELFARE AND SUPPORT SERVICES** Legal Entity Name: **CHASE GLOBAL SERVICES**
 Agency Code: **407** Contractor Name: **CHASE GLOBAL SERVICES**
 Appropriation Unit: **3238-18** Address: **321 CHENEY ST**
 Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502**
 If "No" please explain: **Not Applicable** Contact/Phone: **null775/287-9120**
 Vendor No.: **T29028922**
 NV Business ID: **NV20031499292**

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

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

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

Agency Reference #: **RFP #3068**

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 **03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **2 years and 112 days**

4. Type of contract: **Contract**

Contract description: **Correspondence Manag**

5. Purpose of contract:

This is the third amendment to the original contract, which provides a Correspondence Management Solution related to the Medicaid and Child Support Enforcement programs to integrate all varieties of paper and electronic correspondence into a unified customizable solution to improve quality, reliability, accountability, and increase compliance with regulatory requirements. This amendment revises the consideration language, increases the maximum amount from \$2,700,000.00 to \$3,252,750.00, extends the termination date from June 30, 2015 to June 30, 2016, revises Attachment AA - Deliverable Payment Schedule, and incorporates Change Orders 3.1 - 3.8.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$2,161,009.90
2. Total amount of any previous contract amendments:	\$538,990.10
3. Amount of current contract amendment:	\$552,750.00
4. New maximum contract amount:	\$3,252,750.00
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 workflow processes currently used to generate outbound correspondence need to be redesigned.

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

State employees do not have the resources or expertise to provide this service.

- 9. Were quotes or proposals solicited? Yes
- Was the solicitation (RFP) done by the Purchasing Division? Yes

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3068, 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: 09/12/2013 Anticipated re-bid date:

- 10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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:
Foreign Corporation

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

Yes

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

Yes

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

Yes

- 18. Agency Field Contract Monitor:

- 19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	01/22/2015 11:16:31 AM
Division Approval	msmit5	01/27/2015 11:37:52 AM
Department Approval	ecrecli	02/03/2015 13:39:29 PM
Contract Manager Approval	sneudaue	02/04/2015 10:30:09 AM
DoIT Approval	bbohm	02/05/2015 07:58:00 AM
Budget Analyst Approval	ekin4	02/10/2015 12:55:42 PM
BOE Agenda Approval	nhovden	02/13/2015 10:01:07 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: **13007** Amendment Number: **1**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **CHURCHILL, COUNTY OF**

Agency Code: **407** Contractor Name: **CHURCHILL, COUNTY OF**

Appropriation Unit: **3239-16** Address: **CHURCHILL CO DISTRICT ATTORNEY
165 N ADA ST**

Is budget authority available?: **Yes** City/State/Zip: **FALLON, NV 89406-2907**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/423-6561**

Vendor No.: **T81032440F**

NV Business ID: **Gov't Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2012**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **5 years**

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

Contract description: **CSEP**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract, the county District Attorney's offices will receive the approved federal reimbursement for providing services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$1,978,953 to \$3,485,871 due to the continued need for this service.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$1,978,953.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$1,506,918.00
4. New maximum contract amount:	\$3,485,871.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

An RFP is not a requirement of an interlocal agreement.

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

- 10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	12/03/2014 14:14:43 PM
Division Approval	msmit5	01/22/2015 08:52:30 AM
Department Approval	ecrecli	01/27/2015 09:22:21 AM
Contract Manager Approval	sneudaue	01/27/2015 15:55:19 PM
Budget Analyst Approval	ekin4	01/30/2015 09:02:47 AM
BOE Agenda Approval	nhovden	02/02/2015 11:57:15 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13008** Amendment Number: **1**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **ELKO, COUNTY OF**

Agency Code: **407** Contractor Name: **ELKO, COUNTY OF**

Appropriation Unit: **3239-16** Address: **ELKO COUNTY DISTRICT ATTORNEY
540 COURT ST FL 2**

Is budget authority available?: **Yes** City/State/Zip: **ELKO, NV 89801**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/738-3101**

Vendor No.: **T81072742N**

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2012**

Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **5 years**

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

Contract description: **CSEP**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the County District Attorney's offices will receive the approved federal reimbursement for providing services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$2,289,595 to \$3,995,124.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$2,289,595.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$1,705,529.00
4. New maximum contract amount:	\$3,995,124.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

An RFP is not a requirement of an interlocal agreement.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	12/18/2014 15:47:00 PM
Division Approval	msmit5	01/30/2015 08:29:26 AM
Department Approval	ecrecli	02/03/2015 13:49:30 PM
Contract Manager Approval	sneudaue	02/04/2015 10:31:05 AM
Budget Analyst Approval	ekin4	02/10/2015 12:20:28 PM
BOE Agenda Approval	nhovden	02/13/2015 09:58:27 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12955** Amendment Number: **1**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **LYON, COUNTY OF**

Agency Code: **407** Contractor Name: **LYON, COUNTY OF**

Appropriation Unit: **3239-16** Address: **LYON COUNTY DISTRICT ATTORNEY
31 S MAIN ST**

Is budget authority available?: **Yes** City/State/Zip: **YERINGTON, NV 89447**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/463-6511**

Vendor No.: **T40156600AF**

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2012**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **5 years**

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

Contract description: **CSEP**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the county District Attorney's offices will receive the approved federal reimbursement for providing services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$1,854,250 to \$3,227,500 due to continue need for this service.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$1,854,250.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$1,373,250.00
4. New maximum contract amount:	\$3,227,500.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

An RFP is not a requirement of an interlocal agreement.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	12/18/2014 15:45:17 PM
Division Approval	msmit5	01/22/2015 08:55:09 AM
Department Approval	ecrecli	01/26/2015 13:39:32 PM
Contract Manager Approval	sneudaue	01/27/2015 15:56:09 PM
Budget Analyst Approval	ekin4	01/30/2015 09:07:01 AM
BOE Agenda Approval	nhovden	02/02/2015 11:59:18 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12957** Amendment Number: **1**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **PERSHING, COUNTY OF**

Agency Code: **407** Contractor Name: **PERSHING, COUNTY OF**

Appropriation Unit: **3239-16** Address: **PERSHING CO DISTRICT ATTORNEY
400 Main Street**

Is budget authority available?: **Yes** City/State/Zip: **LOVELOCK, NV 89419**

If "No" please explain: **Not Applicable** Contact/Phone: **null775/273-2613**

Vendor No.: **T81041592M**

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2012**

Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2015**

Termination Date:

Contract term: **5 years**

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

Contract description: **CSEP**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which provides ongoing services for the Division of Welfare and Supportive Service, Child Support Enforcement Program. NRS 425.370 and 425.380 (1) requires counties to provide child support enforcement services for local applicants through county participation. Under this contract the County District Attorney's offices will receive the approved federal reimbursement for providing services for local, intrastate, and interstate cases as defined under 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$470,558 to \$825,030.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$470,558.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$354,472.00
4. New maximum contract amount:	\$825,030.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

An RFP is not a requirement of an interlocal agreement.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	12/18/2014 15:43:16 PM
Division Approval	msmit5	01/28/2015 07:16:03 AM
Department Approval	ecrecli	02/03/2015 13:46:00 PM
Contract Manager Approval	sneudaue	02/04/2015 10:31:56 AM
Budget Analyst Approval	ekin4	02/10/2015 12:13:09 PM
BOE Agenda Approval	nhovden	02/13/2015 09:56:30 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16344**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	CAL 1 SERVICES INC, Locksmith
Agency Code:	431	Contractor Name:	CAL 1 SERVICES INC, Locksmith
Appropriation Unit:	3650 - All Categories	Address:	3439 BASALT DR
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89705
If "No" please explain:	Not Applicable	Contact/Phone:	null775/883-5625
		Vendor No.:	PUR0003600
		NV Business ID:	19991283712

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/10/2019**Contract term: **4 years and 10 days**4. Type of contract: **Contract**Contract description: **Locksmith Services**

5. Purpose of contract:

This is a new contract to establish locksmithing services for the Nevada National Guard, statewide. Actual work will be on an as-needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,900.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a four-year contract with price setting, so that the Nevada National Guard has locksmithing services for 24/7 operations.

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

The agency is in need of a licensed locksmith who can meet the needs of the Nevada National Guard.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen as one of the highest scorers in the evaluation process. This vendor has demonstrated competence with the Office of the Military.

d. Last bid date: 12/18/2014 Anticipated re-bid date: 12/18/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This contractor has provided competent service to the Office of the Military.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vradford	02/03/2015 08:57:14 AM
Division Approval	ctyle1	02/03/2015 10:06:18 AM
Department Approval	ctyle1	02/03/2015 10:06:20 AM
Contract Manager Approval	vradford	02/05/2015 15:32:21 PM
Budget Analyst Approval	jrodrig9	02/11/2015 16:21:51 PM
BOE Agenda Approval	jborrowm	02/13/2015 12:20:04 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16345**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: CAPITAL GLASS INC
Agency Code: 431	Contractor Name: CAPITAL GLASS INC
Appropriation Unit: 3650 - All Categories	Address: 2951 N DEER RUN RD STE 1
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: null775-883-6401
	Vendor No.: T80316580
	NV Business ID: 19671000768

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date **03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/10/2019**

Contract term: **4 years and 10 days**

4. Type of contract: **Contract**

Contract description: **Locksmith Services**

5. Purpose of contract:

This is a new contract to establish locksmithing services for the Nevada National Guard, statewide. Actual work will be on an as-needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a four-year contract with price setting, so that the Nevada National Guard has locksmithing services for 24/7 operations.

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

The agency is in need of a licensed locksmith who can meet the needs of the Nevada National Guard.

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 chose as one of the highest scorers in the evaluation process.

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vradford	02/03/2015 09:21:34 AM
Division Approval	ctyle1	02/03/2015 10:04:56 AM
Department Approval	ctyle1	02/03/2015 10:04:58 AM
Contract Manager Approval	vradford	02/03/2015 10:08:33 AM
Budget Analyst Approval	jborrowm	02/04/2015 13:55:02 PM
BOE Agenda Approval	jborrowm	02/04/2015 13:55:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11821** Amendment Number: **4**
 Agency Name: **WILDLIFE** Legal Entity Name: **StandardAero**
 Agency Code: **702** Contractor Name: **StandardAero**
 Appropriation Unit: **4461-13** Address: **33 Allen Dyne Road**
 Is budget authority available?: **Yes** City/State/Zip: **Winnipeg, MB R3H1A1**
 If "No" please explain: **Not Applicable** Contact/Phone: **null204-788-5403**
 Vendor No.: **TBA**
 NV Business ID: **N/A**

To what State Fiscal Year(s) will the contract be charged? **2011-2017**

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

General Funds	0.00 %	X	Fees	25.00 % License Fees
X Federal Funds	75.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 11-28

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/08/2011**
 Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/07/2017**

Contract term: **6 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **Aircraft maintenance**

5. Purpose of contract:
This is the fourth amendment to the original contract, which provides engine maintenance to two Bell Jet Ranger helicopters. This amendment increases the maximum amount from \$316,950 to \$586,950 for known and pending maintenance events, as well as anticipation of unexpected maintenance events during the remaining contract period.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$240,000.00
2. Total amount of any previous contract amendments:	\$76,950.00
3. Amount of current contract amendment:	\$270,000.00
4. New maximum contract amount:	\$586,950.00

II. JUSTIFICATION

7. What conditions require that this work be done?
 Federal Aviation Administration rules require periodic overhaul of certain items on the helicopter - in this case the engine - to keep it airworthy.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 The Nevada Department of Wildlife does not possess the equipment necessary to complete overhauls on turbine engines.

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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Based on selection criteria for RFP.

d. Last bid date: 11/03/2010 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 Dept. of Wildlife. Work was satisfactory.

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

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

Not Applicable

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

Other **StandardAero is not subject to the business license requirements of NRS Chapter 76 because it does not meet any of the criteria to be considered doing business in Nevada in NRS 76.1200(6). It is a foreign corporation headquartered in Arizona. It has no facilities or personnnel in Nevada. The work under this contract will be performed at its main helicopter overhaul facility in Winnepeg, Manitoba or in Vancouver, British Columbia.**

[Empty text box]

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

Yes

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

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

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

StandardAero is not subject to the business license requirements of NRS Chapter 76 because it does not meet any of the criteria to be considered doing business in Nevada in NRS 76.1200(6). It is a foreign corporation headquartered in Arizona. It has no facilities or personnnel in Nevada. The work under this contract will be performed at its main helicopter overhaul facility in Winnepeg, Manitoba or in Vancouver, British Columbia.

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

No b. If "NO", please explain.

StandardAero is not subject to the business license requirements of NRS Chapter 76 because it does not meet any of the criteria to be considered doing business in Nevada in NRS 76.1200(6). It is a foreign corporation headquartered in Arizona. It has no facilities or personnnel in Nevada. The work under this contract will be performed at its main helicopter overhaul facility in Winnepeg, Manitoba or in Vancouver, British Columbia.

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	01/27/2015 08:44:57 AM
Division Approval	kdailey	01/27/2015 09:47:54 AM

Department Approval	kdailey	01/27/2015 13:50:18 PM
Contract Manager Approval	kdailey	01/27/2015 13:50:22 PM
Budget Analyst Approval	sbarkdul	02/02/2015 09:00:09 AM
BOE Agenda Approval	cwatson	02/09/2015 08:10:49 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: **16121** Amendment Number: **1**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **MCGINLEY & ASSOCIATES INC**

Agency Code: **709** Contractor Name: **MCGINLEY & ASSOCIATES INC**

Appropriation Unit: **3187-75** Address: **815 MAESTRO DR**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511-2387**

If "No" please explain: **Not Applicable** Contact/Phone: **Joe McGinley 775/829-2245**

Vendor No.: **T81202459**

NV Business ID: **NV20021218343**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

General Funds	0.00 %	X	Fees	43.00 %
X Federal Funds	7.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	50.00 % Interim Fluid Management Trust

Agency Reference #: **RFP #3133**

2. Contract start date:

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

Anticipated BOE meeting date **02/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/30/2018**

Contract term: **3 years and 364 days**

4. Type of contract: **Contract**

Contract description: **Environmental EMAR**

5. Purpose of contract:

This is the first amendment to the original contract, which provides environmental mitigation, assessment, and remediation services on an as needed basis. This amendment increases the maximum amount from \$4,500,000 to \$4,850,000 due to additional funding being made available to support the Abandoned Mine Site Program activities.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$4,500,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$350,000.00
4. New maximum contract amount:	\$4,850,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Environmental contamination can occur or be identified statewide. The State needs to be able to protect the public welfare.

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

The State does not have the staffing or expertise available to perform these services.

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3133, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/22/2014 Anticipated re-bid date: 07/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NDEP - Bureau of Corrective Actions - The contractor has current and past contracts with BCA and has performed satisfactorily.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lfleming	12/30/2014 16:10:34 PM
Division Approval	glovato	01/05/2015 09:49:46 AM
Department Approval	demme	01/05/2015 09:58:29 AM
Contract Manager Approval	sgotta	01/21/2015 16:13:49 PM
Budget Analyst Approval	jrodrig9	02/04/2015 15:04:42 PM
BOE Agenda Approval	cwatson	02/09/2015 08:11:37 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: CONV6343	Amendment Number: 4
Agency Name: DEPT OF MOTOR VEHICLES	Legal Entity Name: Future Computer Systems Inc.
Agency Code: 810	Contractor Name: Future Computer Systems Inc.
Appropriation Unit: 4731-04	Address: 508 Cahaba Valley Circle
Is budget authority available?: Yes	City/State/Zip: Pelham, AL 35124-1156
If "No" please explain: Not Applicable	Contact/Phone: Greg D'Alession 8009463274
	Vendor No.: T81100025
	NV Business ID: NV20121494011

To what State Fiscal Year(s) will the contract be charged? **2009-2015**

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

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

Agency Reference #: **ZA0421**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2009**

Anticipated BOE meeting date **03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2015**

Contract term: **6 years and 50 days**

4. Type of contract: **Contract**

Contract description: **Speciality Services**

5. Purpose of contract:

This is the fourth amendment to the original contract, which provides the processing of first class mail and certified letters utilizing electronic means to track and mail letters for the department. This amendment extends the termination date from March 31, 2015 to June 30, 2015 and increases the maximum amount from \$8,362,135 to \$8,844,786.80 due to the need for additional time to allow for the transition to the new contracted vendor Datamatx (RFP 1321), which was approved by the Board of Examiners on October 14, 2014.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$7,600,000.00
2. Total amount of any previous contract amendments:	\$762,135.00
3. Amount of current contract amendment:	\$482,651.80
4. New maximum contract amount:	\$8,844,786.80
and/or the termination date of the original contract has changed to:	06/30/2015

II. JUSTIFICATION

7. What conditions require that this work be done?

The high volume of certified and 1st class mail for the Insurance Verification Program and Drivers License Review Program Datamailers for the DMV dictates the establishment of a more effecient way to process and send these mailings. Utilization of the services provided by this vendor will save DMV both time and money.

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

The vendor possesses the ability to track the process of the mail electronically, which the State (mail services for DMV) does not have the equipment or software to conduct this service. The State Mail Room has confirmed they cannot provide this service.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	bmacke1	01/29/2015 15:15:52 PM
Division Approval	akeillor	01/29/2015 15:53:13 PM
Department Approval	akeillor	01/29/2015 15:53:16 PM
Contract Manager Approval	hazevedo	01/29/2015 16:00:19 PM
Budget Analyst Approval	cwatson	02/09/2015 08:07:08 AM
BOE Agenda Approval	cwatson	02/09/2015 08:07:12 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: 14070	Amendment Number: 1
Agency Name: DEPT OF MOTOR VEHICLES	Legal Entity Name: BERES, GINNIE DBA
Agency Code: 810	Contractor Name: BERES, GINNIE DBA
Appropriation Unit: 4735-04	Address: ROADRUNNER JANITORIAL SERVICE 5911 VICKI ANN RD PAHRUMP, NV 89048
Is budget authority available?: Yes	City/State/Zip: PAHRUMP, NV 89048
If "No" please explain: Not Applicable	Contact/Phone: null775/727-4405
	Vendor No.: T29001360
	NV Business ID: NV20081520685

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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2013**
 Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2015**

Contract term: **4 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Contract**

5. Purpose of contract:

This is the first amendment to the original contract, which provides for ongoing janitorial service at the department's facility located in Pahrump. This amendment extends the termination date from March 31, 2015 to March 31, 2017 and increases the maximum amount from \$32,400 to \$64,800 due to the extension of two additional years.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$32,400.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$32,400.00
4. New maximum contract amount:	\$64,800.00
and/or the termination date of the original contract has changed to:	03/31/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

State office must be kept clean.

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

There are no State employees available in the area to provide this service.

9. Were quotes or proposals solicited? **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 responding bidder.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 DMV for the last 5 years. Service has been satisfactory. They are also contracted with Child and Family Services, service has been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmacke1	01/29/2015 15:15:03 PM
Division Approval	akeillor	01/29/2015 15:52:07 PM
Department Approval	akeillor	01/29/2015 15:52:10 PM
Contract Manager Approval	hazevedo	01/29/2015 16:04:51 PM
Budget Analyst Approval	cwatson	02/09/2015 08:09:26 AM
BOE Agenda Approval	cwatson	02/09/2015 08:09:29 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14100	Amendment Number: 2
Agency Name: DEFERRED COMPENSATION	Legal Entity Name: SEGAL ADVISORS INC DBA
Agency Code: 920	Contractor Name: SEGAL ADVISORS INC DBA
Appropriation Unit: 1017-04	Address: SEGAL ROGERCASEY
Is budget authority available?: Yes	City/State/Zip: NEW YORK, NY 10001-2402
If "No" please explain: Not Applicable	Contact/Phone: null212/251-5452
	Vendor No.: T29031233
	NV Business ID: NV20121521837

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/09/2013**

Anticipated BOE meeting date 03/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2017**

Contract term: **3 years and 357 days**

4. Type of contract: **Contract**

Contract description: **Investment Advisory**

5. Purpose of contract:

This is the second amendment to the original contract, which provides ongoing investment consulting services, quarterly investment performance reviews, capital market research, conduct fund searches and recommendations, education to board members and staff on economic and capital market environment, compliance audit, assistance with plan administration, and development and advice regarding a plan provider request for proposal. This amendment increases the maximum amount from \$258,000 to \$411,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$258,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$153,000.00
4. New maximum contract amount:	\$411,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The committee oversees over \$589 million of participant defined contribution retirement funds and the adviser is a contractual co-fiduciary who provides investment and regulatory expertise to assist the committee in fulfilling its fiduciary duties

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

Lack of required level of knowledge and expertise.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor had the highest overall score during the evaluation process by the Committee.

d. Last bid date: 01/01/2013 Anticipated re-bid date: 01/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2012, Deferred Compensation, service satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	01/27/2015 14:56:54 PM
Division Approval	csweeney	01/27/2015 14:56:59 PM
Department Approval	csweeney	01/27/2015 14:57:03 PM
Contract Manager Approval	csweeney	02/03/2015 10:53:24 AM
Budget Analyst Approval	sewart	02/04/2015 13:12:39 PM
BOE Agenda Approval	jborrowm	02/13/2015 11:46:45 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: **14026** Amendment Number: **1**

Agency Name: **MASTER SERVICE AGREEMENTS** Legal Entity Name: **HAT LTD PARTNERSHIP DBA MANPOWER TEMPORARY SERVICES**

Agency Code: **MSA** Contractor Name: **HAT LTD PARTNERSHIP DBA MANPOWER TEMPORARY SERVICES**

Appropriation Unit: **9999 - All Categories** Address: **1155 W 4TH ST STE 223**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89503**

If "No" please explain: **Not Applicable** Contact/Phone: **PATRICK HARRIGAN 775/328-6020**

Vendor No.: **T81030068**

NV Business ID: **NV19911008239**

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

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

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

Agency Reference #: **RFP 2029 - AM**

2. Contract start date:

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

Anticipated BOE meeting date **03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2017**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Temp Employment Svc**

5. Purpose of contract:

This is the first amendment to the contract which provides temporary employment services as needed by various state agencies. This amendment implements a 1.28% invoice surcharge for incremental costs associated with health care reform. This surcharge will be included in the invoice as a separate line item. This amendment increases the maximum amount from \$6,000,000 to \$14,000,000 based on usage to date and projections for the remainder of the contract term.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$6,000,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$8,000,000.00
4. New maximum contract amount:	\$14,000,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The State is contracting with a temporary employment company so the State is not in a position of being held as the employer.

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

The State does not provide temporary employment 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?

Upon thorough review and evaluation of proposals, this vendor was one of the top four (4) highest scoring proposals for a statewide solution by the evaluation committee.

d. Last bid date: 09/19/2012 Anticipated re-bid date: 08/15/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current contract began with the State of Nevada on January 1, 2009 and expires March 31, 2013. They have been satisfactory and have had no problems.

13. Is the contractor currently involved in litigation with the State 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 a Domestic Limited 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	ldeloach	01/30/2015 08:19:19 AM
Division Approval	ldeloach	01/30/2015 08:19:41 AM
Department Approval	ldeloach	01/30/2015 08:19:44 AM
Contract Manager Approval	amorfin	01/30/2015 08:21:59 AM
Budget Analyst Approval	sjohnso9	02/04/2015 10:52:58 AM
BOE Agenda Approval	sbrown	02/10/2015 12:35:21 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16309**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Thomas Petroleum, LLC
Agency Code: MSA	Contractor Name: Thomas Petroleum, LLC
Appropriation Unit: 9999 - All Categories	Address: 4825 Sloan Lane
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89115
If "No" please explain: Not Applicable	Contact/Phone: Paul Anderson 775-848-0834
	Vendor No.: PUR0004763
	NV Business ID: NV20091301224

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

Agency Reference #: **RFP 3125**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2015**

Anticipated BOE meeting date **03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Fuel Card Lock**

5. Purpose of contract:

This is a new contract that continues ongoing services for a statewide Electronic Fuel Dispensing and Card Lock System, which provides a network of fuel vendors for the State of Nevada. The contract will continue to provide agencies with the ability to monitor and control purchases, and track the use of fuel for state owned vehicles at a discounted rate, less applicable tax exemptions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have the need for a Statewide Electronic Fuel Dispensing & Card Lock Processing System.

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 sources or means to provide a statewide card lock system for the purchase of fuel for state owned vehicles.

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 3125 and in accordance with NRS 333, this vendor meets the qualifications of the RFP, and was selected by the appointed evaluation committee.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This contractor is the current vendor for the Statewide Electronic Fuel Dispensing & Card Lock Processing System.

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

No If "Yes", please provide details of the litigation 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	01/15/2015 07:36:38 AM
Division Approval	sberry	01/15/2015 07:36:41 AM
Department Approval	sberry	01/15/2015 07:36:44 AM
Contract Manager Approval	nfese1	01/15/2015 08:19:50 AM
Budget Analyst Approval	sjohnso9	01/23/2015 11:45:34 AM
BOE Agenda Approval	sbrown	01/23/2015 14:21:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16318**

Agency Name:	ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT	Legal Entity Name:	OASIS CONSULTING SERVICES
Agency Code:	070	Contractor Name:	OASIS CONSULTING SERVICES
Appropriation Unit:	1363-09	Address:	1008 SABLE MIST CT
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89144
If "No" please explain:	Not Applicable	Contact/Phone:	702/562-3695
		Vendor No.:	T27008798
		NV Business ID:	NV20031145339

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

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

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **01/23/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/10/2015**

Contract term: **45 days**

4. Type of contract: **Contract**

Contract description: **Classroom Instructn**

5. Purpose of contract:

This is a new contract to provide classroom instruction of Level IV and a portion of the Capstone Project for Nevada Certified Public Manager Program. This contract covers a gap of services between the previous contract and a new contract currently under negotiation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,582.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The NVCPM Program was designed and developed in direct response to the need to systematically develop the leadership skills of the States current and future leaders. The commitment of the Governor to leadership development is reflected in the components of this program.

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

The State does not have the expertise or the staff to perform these functions.

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):

**Guardian Quest, Inc,
Soft Skills Professionals
Epic Learning Group
Oasis Consulting Services**

b. Solicitation Waiver: **Not Applicable**

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

This vendor has successfully provided these services to the State for the last 10 years and is the process of negotiating a new contract as a result of RFP 3154. This vendor was the only respondent to the solicitation.

d. Last bid date: 11/01/2014 Anticipated re-bid date: 01/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

1/12/2010-12/31/2014 - Human Resource Management

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

No If "Yes", please provide details of the litigation 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:

Patricia Hoppe, Employee Development Manager Ph: (702)486-2928

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	01/21/2015 16:10:05 PM
Division Approval	csweeney	01/21/2015 16:10:08 PM
Department Approval	csweeney	01/21/2015 16:10:11 PM
Contract Manager Approval	csweeney	01/21/2015 16:10:13 PM
Budget Analyst Approval	jstrandb	01/23/2015 07:54:52 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: **12169** Amendment Number: **3**
 Agency Name: **BUILDINGS AND GROUNDS DIVISION** Legal Entity Name: **AQUA-SERV ENGINEERS, INC.**
 Agency Code: **082** Contractor Name: **AQUA-SERV ENGINEERS, INC.**
 Appropriation Unit: **1349-12** Address: **13560 COLOMBARD CT**
 Is budget authority available?: **Yes** City/State/Zip: **FONTANA, CA 92337**
 If "No" please explain: **Not Applicable** Contact/Phone: **702/277-1606**
 Vendor No.: **T29006945**
 NV Business ID: **NV19641000624**

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

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

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

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **07/01/2011**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **Water treatment**

5. Purpose of contract:
This is the third amendment to the original contract, which continues ongoing water treatment maintenance and services of building mechanical systems for multiple State buildings located in the Las Vegas area. This amendment increases the maximum amount from \$32,855.98 to \$43,362.94 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$27,369.48
2. Total amount of any previous contract amendments:	\$5,486.50
3. Amount of current contract amendment:	\$10,506.96
4. New maximum contract amount:	\$43,362.94

II. JUSTIFICATION

7. What conditions require that this work be done?
Water treatment services are necessary for the maintenance and longevity of HVAC equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Lack of manpower, equipment and expertise.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Aqua-Serv was the lowest bidder.

d. Last bid date: 03/15/2011 Anticipated re-bid date: 03/15/2015

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:

2007-2014, Buildings & Grounds, service satisfactory

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	01/20/2015 14:01:27 PM
Division Approval	csweeney	01/20/2015 14:01:30 PM
Department Approval	csweeney	01/20/2015 14:01:32 PM
Contract Manager Approval	csweeney	01/20/2015 14:01:59 PM
Budget Analyst Approval	jrodrig9	02/13/2015 11:03:47 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: **15263** Amendment Number: **5**
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CARPENTER SELLERS ASSOC DBA**
 Agency Code: **082** Contractor Name: **CARPENTER SELLERS ASSOC DBA**
 Appropriation Unit: **1510-63** Address: **CARPENTER SELLERS ARCHITECTS**
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89146**
 If "No" please explain: **Not Applicable** Contact/Phone: **702/251-8896**
 Vendor No.: **T80997582**
 NV Business ID: **NV19871041301**
 To what State Fiscal Year(s) will the contract be charged? **2014-2017**

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

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

13% Univ Sys Rcpt, 10% trans from Cap Proj Fnd, 55% trans from Treas, 22% trans - Pub Works

Agency Reference #: 92114

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **02/04/2014**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**
 Contract term: **3 years and 146 days**

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

5. Purpose of contract:
This is the fifth amendment to the original contract, which provides professional architectural/engineering services for the University of Las Vegas (UNLV) Hotel College Academic Building; Project No. 13-P05; Contract No. 92114. This amendment increases the maximum amount from \$3,034,463 to \$3,046,233 due to the need to update the system's audiovisual standards. This additional funding will provide needed programming to fully understand the new requirements and the additional work required to meet these new standards.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$2,794,118.00
2. Total amount of any previous contract amendments:	\$240,345.00
3. Amount of current contract amendment:	\$11,770.00
4. New maximum contract amount:	\$3,046,233.00

II. JUSTIFICATION

7. What conditions require that this work be done?
2013 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

demonstrated the required expertise for work on this project

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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	01/28/2015 16:00:15 PM
Division Approval	dgrimm	01/28/2015 16:00:19 PM
Department Approval	dgrimm	01/28/2015 16:00:23 PM
Contract Manager Approval	dgrimm	01/30/2015 15:08:12 PM
Budget Analyst Approval	jrodrig9	02/06/2015 17:00:52 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: 16321

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HANZLIK, MARK DBA
Agency Code: 082	Contractor Name: HANZLIK, MARK DBA
Appropriation Unit: 1349-12	Address: NEVADA GLASS SERVICE 467 HOT SPRINGS RD
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: 775/882-3674
	Vendor No.: T27013521A
	NV Business ID: NV20101128428

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 329 days**

4. Type of contract: **Contract**

Contract description: **Glass Service**

5. Purpose of contract:

This is a new contract that continues ongoing repairs, replacement and new installation of glass and glazing products, to include glass storefronts and conventional door and hardware and related components, on an as needed basis and upon the request and approval of a Buildings & Grounds designee for State buildings in Carson City and Reno.

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?

Replacement of glass and glass doors on State buildings is necessary for safety reasons and security of the buildings

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

Lack of expertise and equipment.

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

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

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

**Nevada Glass
Capital Glass
Fast Glass**

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple glass and glazing 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: 11/13/2014 Anticipated re-bid date: 11/13/2019

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 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:

Michael Johnson, Facility Manager Ph: 775-684-1800

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	02/03/2015 08:19:57 AM
Division Approval	csweeney	02/03/2015 08:20:00 AM
Department Approval	csweeney	02/03/2015 08:20:02 AM
Contract Manager Approval	ssands	02/03/2015 08:23:06 AM
Budget Analyst Approval	jrodrig9	02/06/2015 16:15:48 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: **16354**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PETTY & ASSOCIATES INC
Agency Code: 082	Contractor Name: PETTY & ASSOCIATES INC
Appropriation Unit: 1550-34	Address: 1375 GREG ST 106
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: 775/359-5777
	Vendor No.: T80580350
	NV Business ID: NV19841014822

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	83.00 %
Highway Funds	0.00 %	X Other funding	17.00 % transfer from Treasurer

Agency Reference #: 109168

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 144 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to replace air handling units - phase 2 at the Lovelock Correctional Center; Project No. 13-M12; Contract No. 109168. The scope of work includes mechanical and electrical engineering services to prepare bid documents and provide construction administration services for the replacement of the air handling units serving Housing Units 3A, 3B, 4A, 4B, 5 and 6 at the Lovelock Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,400.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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:

Bruce Nipp, project manager Ph: 775-684-4141

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	02/05/2015 16:12:14 PM
Division Approval	dgrimm	02/05/2015 16:12:17 PM
Department Approval	dgrimm	02/05/2015 16:12:21 PM
Contract Manager Approval	dgrimm	02/05/2015 16:17:27 PM
Budget Analyst Approval	jrodrig9	02/06/2015 16:05:30 PM

b. Solicitation Waiver: **Not Applicable**

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

Only respondent.

d. Last bid date: 04/07/2011 Anticipated re-bid date: 04/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Garratt-Callahan has been the contractor for the last 10 years for the Department of Information Technology and has provided 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	csweeney	01/26/2015 11:01:57 AM
Division Approval	csweeney	01/26/2015 11:02:01 AM
Department Approval	capple	01/26/2015 11:44:05 AM
Contract Manager Approval	csweeney	01/26/2015 11:45:51 AM
Budget Analyst Approval	sewart	01/27/2015 14:57:23 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16289**

Agency Name: OFFICE OF VETERANS SERVICES	Legal Entity Name: Kan Di Ki
Agency Code: 240	Contractor Name: Kan Di Ki
Appropriation Unit: 2561-04	Address: Diagnostic Laboratories & Radi 7355 Prairie Falcon Road
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89128
If "No" please explain: Not Applicable	Contact/Phone: Karen Abrams 702-610-8428
	Vendor No.: T29026770
	NV Business ID: NV20101737828
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 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	50.00 % 50% Federal and 50% private funds

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **X-Ray Services**

5. Purpose of contract:

This is a new contract to continue mobile X-ray and ultrasound services for the Nevada State Veterans Home. The vendor will provide mobile X-ray and ultrasound services to residents of the Home as required by doctors' orders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

Other basis for payment: **Payment as services are performed.**

II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 449.74535(1) A Facility for skilled nursing shall provide radiological and other diagnostic services to meet the needs of the patients in the facility or contract with qualified outside sources to obtain such services.

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

No State employees are available to perform 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):

**Qualify Medical Imaging - Las Vegas, NV
Diagnostic Laboratories (Kan Di Ki) - Las Vegas, NV
Mantro Mobile Imaging - Las Vegas, NV**

b. Solicitation Waiver: **Not Applicable**

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

Best pricing, familiarity with the Home and residents, and quality services.

d. Last bid date: 10/01/2014 Anticipated re-bid date: 10/01/2016

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:

Contract has provided services to NSVH for years in the past. 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	agarland	01/28/2015 12:39:08 PM
Division Approval	agarland	01/28/2015 12:39:11 PM
Department Approval	agarland	01/28/2015 12:39:15 PM
Contract Manager Approval	mnobles	01/28/2015 16:43:10 PM
Budget Analyst Approval	ekin4	02/10/2015 15:04:20 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: **13118** Amendment Number: **1**
 Agency Name: **AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **AMERICAN SIGN LANGUAGE**
 Agency Code: **402** Contractor Name: **AMERICAN SIGN LANGUAGE**
 Appropriation Unit: **3266-10** Address: **COMMUNICATION PO BOX 91030**
 Is budget authority available?: **Yes** City/State/Zip: **HENDERSON, NV 89009-1030**
 If "No" please explain: **Not Applicable** Contact/Phone: **702/808-6070**
 Vendor No.: **T29026382A**
 NV Business ID: **4899**

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 %
X Federal Funds	60.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	40.00 % Nevada Telephone Surcharge

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **03/09/2012**

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

Not Applicable

3. Previously Approved Termination Date: **02/29/2016**
 Contract term: **3 years and 357 days**

4. Type of contract: **Contract**
 Contract description: **Professional Service**

5. Purpose of contract:
This is the first amendment to the original contract which continues Interpretation Services to the deaf and hard of hearing. This amendment increases the maximum amount from \$8,000 to 22,000 due to the increased need for these services. Aging and Disability Services is mandated by NRS 426 to have a Commission on Services for Persons with Disabilities. The Commission's purpose is to determine and evaluate the needs of persons with disabilities (including deaf and hard of hearing persons). This is accomplished through public meetings and electing board members with the same disabilities as the persons they are representing. Since both the board and the public they are serving are or may be deaf or hard of hearing in compliance with the Americans with Disabilities Act, the Division must provide such accessibility to meetings and programs.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$8,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$14,000.00
4. New maximum contract amount:	\$22,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?
Aging and Disability Services is mandated by NRS 426 to have a Commission on Services for Persons with Disabilities. The Commission's purpose is to determine and evaluate the needs of persons with disabilities (including deaf and hard of hearing persons). This is accomplished through public meetings and electing board members with the same disabilities as the persons they are representing. Since both the board and the public they are serving are or may be deaf or hard of hearing in keeping with the ADA, the Division must provide such accessibility to meetings and programs.

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

Aging and Disability Services Division does not have interpreters on staff.

9. Were quotes or proposals solicited? Yes

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

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

[Redacted]

b. Solicitation Waiver: **Not Applicable**

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

Aging and Disability Services will contract with providers who meet specified qualifications and agree to provide services in accordance with established rate schedule.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contract with this vendor is current-Satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lgoulart	01/09/2015 14:27:46 PM
Division Approval	tmyler	01/12/2015 09:24:29 AM
Department Approval	ecreceli	01/17/2015 14:22:49 PM
Contract Manager Approval	jpruneau	01/20/2015 12:40:03 PM
Budget Analyst Approval	knielsen	01/23/2015 15:49:11 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13456** Amendment Number: **2**
 Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **NEVADA PUBLIC HEALTH**
 Agency Code: **407** Contractor Name: **NEVADA PUBLIC HEALTH**
 Appropriation Unit: **3230-49** Address: **FOUNDATION INC**
 Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89701**
 If "No" please explain: **Not Applicable** Contact/Phone: **Rota Rosaschi 775/884-0392**
 Vendor No.: **T81018059**
 NV Business ID: **NV19961104052**

To what State Fiscal Year(s) will the contract be charged? **2013-2016**

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

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

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **07/13/2012**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**
 Contract term: **3 years and 353 days**
 4. Type of contract: **Contract**
 Contract description: **Education/Awareness**

5. Purpose of contract:
This is the second amendment to the original contract, which provides technical education and assistance to professionals, including police, prosecutors, judges, and service providers to increase awareness of statutory rape and to better assist victims. The goals of Nevada's Statutory Rape Program are to support more aggressive enforcement of statutory rape laws in Nevada and to promote prevention of statutory rape; therefore, reducing teen pregnancies, domestic violence, and sexual exploitation of children. This amendment increases the maximum amount from \$487,637 to \$507,479 and revises Attachment EE: Social Work Staff Training.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$477,716.00
2. Total amount of any previous contract amendments:	\$9,921.00
3. Amount of current contract amendment:	\$19,842.00
4. New maximum contract amount:	\$507,479.00

II. JUSTIFICATION

7. What conditions require that this work be done?
The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 requires states to conduct a program designed to reach State and local law enforcement officials, the education system and relevant counseling services, providing education and training on the problem of statutory rape so teenage pregnancy prevention programs may be expanded in scope to include men.

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 knowledge or 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):

Nevada Public Health Foundation
Nevada Network Against Domestic Violence
Andrew & Associates

b. Solicitation Waiver: **Not Applicable**

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

Vendor was selected as the highest scoring vendor by an evaluation committee on predetermined evaluation and criteria.

d. Last bid date: 03/05/2012 Anticipated re-bid date: 01/02/2016

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 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	12/19/2014 16:13:45 PM
Division Approval	msmit5	01/22/2015 09:31:24 AM
Department Approval	bvale1	01/27/2015 07:59:00 AM
Contract Manager Approval	sneudaue	01/27/2015 11:58:09 AM
Budget Analyst Approval	ekin4	01/30/2015 08:49:57 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: **14823** Amendment Number: **1**

Agency Name: **DHHS - WELFARE AND SUPPORT SERVICES** Legal Entity Name: **SIEGEL, BARBARA A**

Agency Code: **407** Contractor Name: **SIEGEL, BARBARA A**

Appropriation Unit: **3238-18** Address: **3047 GREENWOOD DR**

Is budget authority available?: **Yes** City/State/Zip: **BISMARCK, ND 58503-0161**

If "No" please explain: **Not Applicable** Contact/Phone: **Barbara Siegel 701/2584031**

To what State Fiscal Year(s) will the contract be charged? **2014-2017** Vendor No.: **T29033773**

NV Business ID: **NV20131495691**

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

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

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **09/16/2013**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**
 Contract term: **3 years and 288 days**

4. Type of contract: **Contract**
 Contract description: **CSEP**

5. Purpose of contract:
This is the first amendment to the original contract, which provides facilitation of the Child Support Enforcement Program (CSEP) strategic planning process and meeting. CSEP is a performance based program and the annual strategic planning conducted in Las Vegas provides management staff a forum to establish the program direction and set priorities for gaining efficiencies and improving performance. This amendment extends the termination date from June 30, 2015 to June 30, 2017, revises the consideration language, and increases the maximum amount from \$9,800 to \$20,400.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$9,800.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$10,600.00
4. New maximum contract amount:	\$20,400.00

II. JUSTIFICATION

7. What conditions require that this work be done?
 Historically, the CSEP has been at the bottom of the national performance rankings. Since the CSEP Strategic Plan has been developed and updated annually, the program performance has improved significantly. It is essential the strategic plan is updated annually to maintain the focus on program efficiencies and service delivery.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 It is essential the strategic plan facilitator has knowledge of the CSEP policy and daily operations. The state staff with CSEP and strategic planning experience are primary participants in the strategic planning meetings; therefore, a neutral facilitator with CSEP experience is 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):

Barbara Siegel
Chaddsford Planning Associates, LLC
Center for Appreciative Inquiry

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: 05/21/2013 Anticipated re-bid date: 01/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

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

Sole Proprietor

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	01/16/2015 10:37:00 AM
Division Approval	msmit5	01/23/2015 07:29:23 AM
Department Approval	ecreceli	01/27/2015 09:31:02 AM
Contract Manager Approval	sneudaue	01/27/2015 15:56:53 PM
Budget Analyst Approval	ekin4	01/30/2015 09:13:15 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16346**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: D&J HOLDINGS LLC &/OR MCGINLEY & ASSOCIATES INC
Agency Code: 431	Contractor Name: MCGINLEY & ASSOCIATES INC
Appropriation Unit: 3650-10	Address: 815 MAESTRO DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-2295
If "No" please explain: Not Applicable	Contact/Phone: 775/829-2245
	Vendor No.: T27022272A
	NV Business ID: 20021218343

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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

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

Agency Reference #: **NMD# 011-14S**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/01/2016**

Contract term: **1 year and 27 days**

4. Type of contract: **Contract**

Contract description: **Well Installation**

5. Purpose of contract:

This is a new contract to provide the installation of three ground water monitoring wells at the Nevada Army National Guard, Army Aviation Support Facility located in Reno.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,167.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

It has been determined that these wells need to be installed in order to monitor the presence of contaminants in the groundwater at the Army Aviation Support Facility.

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 equipment or the ability 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):

**Arcadis U. S. Inc.
McGinley & Associates
Broadbent Inc.**

b. Solicitation Waiver: **Not Applicable**

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

This vendor has proven to be a competent provider for services to the Office of the Military in the past. Additionally, this company was the lowest bidder for this service.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 supplied the Office of the Military with satisfactory services 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?

No b. If "No", please explain:

McGinley & Associates Inc. is the same entity but 'doing business as'.

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vradford	02/03/2015 09:40:19 AM
Division Approval	ctyle1	02/03/2015 10:03:34 AM
Department Approval	ctyle1	02/03/2015 10:03:37 AM
Contract Manager Approval	vradford	02/03/2015 10:07:09 AM
Budget Analyst Approval	jborrowm	02/03/2015 15:14:13 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: **16160**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: AdEdge Water Technologies
Agency Code: 440	Contractor Name: AdEdge Water Technologies
Appropriation Unit: 3710-09	Address: 5152 Belle Wood Court, Ste A
Is budget authority available?: Yes	City/State/Zip: Buford, GA 30518
If "No" please explain: Not Applicable	Contact/Phone: Doug Emerick 678/739-6517
	Vendor No.: PUR0005583
	NV Business ID: NV20141776888

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

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

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
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 **01/23/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **157 days**

4. Type of contract: **Contract**

Contract description: **Arsenic Removal**

5. Purpose of contract:

This is a new contract to provide removal and disposal of spent media in the arsenic removal system located at Humboldt Conservation Camp to an approved non-hazardous solid waste landfill.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,414.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Media in the arsenic removal plant at Humboldt Conservation Camp must be changed out periodically for the system to operate properly and to remain in compliance with Federal requirements. AdEdge installed the system initially and recommended media be changed every five (5) years.

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 technical expertise and certification required to provide the services. NDOC personnel do not have the necessary qualifications or equipment to perform this service. No other State agency offers this service.

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?

The commodity was purchased on purchase order #PC0830000063515 by State Purchasing with a notation on the purchase order that NDOC will prepare a service contract with selected vendor 'Adedge Water Technologies' for project coordination, transportation and disposal and perform required lab samples.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

State Public Work Division

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

No If "Yes", please provide details of the litigation 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	ssergent	01/06/2015 13:22:06 PM
Division Approval	dmartine	01/07/2015 10:00:32 AM
Department Approval	bfarris	01/14/2015 08:27:21 AM
Contract Manager Approval	jhardy	01/22/2015 12:29:56 PM
Budget Analyst Approval	cmurph3	01/23/2015 14:52:24 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: **16279**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Equity Foundation
Agency Code: 440	Contractor Name: Equity Foundation
Appropriation Unit: 3711-23	Address: DBA You Got the Power
Is budget authority available?: Yes	526 S. 7th Street
If "No" please explain: Not Applicable	City/State/Zip: Las Vegas, NV 89101
	Contact/Phone: Savannah Jones, President 702/824-4844
	Vendor No.: T32003245
	NV Business ID: NV20121049647

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

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

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/03/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2015**

Contract term: **238 days**

4. Type of contract: **Contract**

Contract description: **Re-Entry Programs**

5. Purpose of contract:

This is a new contract to provide pre-vocational, self-esteem/self-awareness training classes to female offenders who are incarcerated at the Florence McClure Women's Correctional Center and who will reside in the following Southern Nevada counties (Clark, Esmeralda, Nye and Lincoln) upon release. Classes will address emotional management, addiction behavior management and life skills but are not limited or restricted to these areas.

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?

A vast majority of female offenders have very low self-esteem and/or a very poor self-awareness which has lead them to make poor choices. Many female offenders, who find employment upon their release, find it difficult to retain the employment because of internal factors. The training classes will target these areas to help female offenders retain employment and have a better chance for a successful integration back into society.

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

Historically, NDOC has outsourced re-entry educational training program services to a vendor that can provide the tools to offenders to better equip them in their search for gainful employment. No other state agency performs this service.

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

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

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

Help of Southern Nevada
Dress for Success
Equity Foundation DBA You Got the Power

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #201505, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/09/2014 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	dbec2	12/18/2014 10:00:13 AM
Division Approval	dmartine	12/19/2014 12:41:53 PM
Department Approval	bfarris	12/23/2014 16:19:32 PM
Contract Manager Approval	jhardy	02/02/2015 11:43:54 AM
Budget Analyst Approval	cmurph3	02/03/2015 14:23:41 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16357**

Agency Name: **DEPARTMENT OF CORRECTIONS**
 Agency Code: **440**
 Appropriation Unit: **3751-07**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Desert Boilers & Controls, Inc.**
 Contractor Name: **Desert Boilers & Controls, Inc.**
 Address: **305 West Saint Louis Ave**
 City/State/Zip: **Las Vegas, NV 89102**
 Contact/Phone: **Phil Dorsey 702/631-7780**
 Vendor No.: **T81025013**
 NV Business ID: **NV19971189711**

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

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

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/11/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **138 days**

4. Type of contract: **Contract**

Contract description: **Boiler Repair**

5. Purpose of contract:

This is a new contract to provide repair to the heating boiler located at Ely State prison.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,137.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

It is urgent to repair a hot water boiler at Ely State Prison. The heating boiler in need of repair is one of three that heats the entire facility. All three boilers are required to heat the facility during the winter months. A section of hot water tubing is currently damaged and needs to be replaced with new tubing.

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

Historically, the department has outsourced boiler repair services to a vendor certified to weld on high pressure vessels. No other state agency provides 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):

**Tippetts Mechanical Engineering
 Industrial Control Systems, LLC
 Desert Boilers & Controls, Inc.**

b. Solicitation Waiver: **Not Applicable**

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

Overall Desert Boilers & Controls, Inc. had the lowest and most reasonable bid.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

FY10 to current; Nevada Department of Corrections. Services have 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	bweisent	02/06/2015 15:48:55 PM
Division Approval	dmartine	02/09/2015 10:13:07 AM
Department Approval	drosenbe	02/09/2015 13:17:55 PM
Contract Manager Approval	jhardy	02/10/2015 12:59:05 PM
Budget Analyst Approval	cmurph3	02/11/2015 09:38:35 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16165**

Agency Name: **DEPARTMENT OF AGRICULTURE**
Agency Code: **550**
Appropriation Unit: **4545-14**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **HENDERSON HOSPITALITY LLC DBA**
Contractor Name: **HENDERSON HOSPITALITY LLC DBA**
Address: **HOLIDAY INN EXPRESS
441 ASTAIRE DR**
City/State/Zip: **HENDERSON, NV 89014-6690**
Contact/Phone: **702/990-2323**
Vendor No.: **T27032166**
NV Business ID: **NV20001009134**

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

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

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/10/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2015**

Contract term: **48 days**

4. Type of contract: **Contract**

Contract description: **PIRT Conference**

5. Purpose of contract:

This is a new contract to provide housing for participants and trainers, and conference facilities for the Pesticide Inspector Regulatory Training (PIRT). This is a national inspector training program to support a well-trained state and tribal inspection force, and facilitates the development of these training courses for future state and tribal inspectors. This course is funded by the federal Environmental Protection Agency (EPA), and is provided to a volunteer state to host the PIRT course to which other state and tribal inspectors are invited.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,590.00**

Other basis for payment: **Payment upon Invoice**

II. JUSTIFICATION

7. What conditions require that this work be done?

EPA grant provides funds for this training and all funds have been advanced.

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

Some some employees will be acting as trainers. This contract is for housing/conference facilities.

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):

**Henderson Hilton Garden Inn
Henderson Holiday Inn Express
Henderson Hampton Inn**

b. Solicitation Waiver: **Not Applicable**

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

This vendor had conference space and room available on the dates. Per Federal Guidelines, no hotels in Las Vegas or N. Las Vegas could be considered.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

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:

Chuck Moses, Environmental Scientist IV (Environmental Services Supervisor) Enforcement and Compliance Ph: (775) 353-3716

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	wcune1	10/28/2014 13:08:15 PM
Division Approval	wcune1	10/28/2014 13:08:18 PM
Department Approval	wcune1	10/28/2014 13:08:20 PM
Contract Manager Approval	mwhitney	01/28/2015 08:32:29 AM
Budget Analyst Approval	sbarkdul	02/10/2015 09:39:12 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: **16327**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: Nutrition For The Future, Inc.
Agency Code: 550	Contractor Name: Nutrition For The Future, Inc.
Appropriation Unit: 2691-23	Address: 3112 Farnam St.
Is budget authority available?: Yes	City/State/Zip: Billings, MT 59102-0316
If "No" please explain: Not Applicable	Contact/Phone: Dayle Hayes 406-698-8868
	Vendor No.:
	NV Business ID: NV20151032375
To what State Fiscal Year(s) will the contract be charged?	2015

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

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

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/01/2015**

Contract term: **28 days**

4. Type of contract: **Contract**

Contract description: **Professional Trng**

5. Purpose of contract:

This is a new contract to provide professional training for the new meal patterns in school nutrition, the training will include standardized recipe development, menu planning and crediting of meats and grains.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,893.00**

Other basis for payment: **Payment upon invoice**

II. JUSTIFICATION

7. What conditions require that this work be done?

USDA/Food Nutrition Services Meal Patterns Grant requires and funds these trainings.

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

State employees will be receiving this training and there is no one in state service who can conduct the trainings.

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):

**Chef Cyndie Story
Nutrition for the Future
Cornell's Behavioral Economics Center**

b. Solicitation Waiver: **Not Applicable**

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

The price of the proposal.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Catrina Peters, Ed Prgm Professional Ph: 353-3751

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mwhitney	01/27/2015 15:21:40 PM
Division Approval	mwhitney	01/27/2015 15:21:43 PM
Department Approval	mwhitney	01/27/2015 15:21:48 PM
Contract Manager Approval	mwhitney	01/27/2015 15:21:51 PM
Budget Analyst Approval	sbarkdul	01/28/2015 12:05:54 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: **16348**

Agency Name: GCB - GAMING CONTROL BOARD	Legal Entity Name: Bluenotch Corporation
Agency Code: 611	Contractor Name: Bluenotch Corporation
Appropriation Unit: 4066-14	Address: 110 West Ocean BLVD, Suite 529
Is budget authority available?: Yes	City/State/Zip: Long Beach, CA 90802
If "No" please explain: Not Applicable	Contact/Phone: 562-726-2583
	Vendor No.: T27036351
	NV Business ID: NV20151025316

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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Federal Forfeiture

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2018**

Contract term: **3 years and 299 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract to provide system and network penetration testing services designed to provide the Gaming Control Board with insight into external and internal vulnerabilities associated with agency networks, assets and applications.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$19,000.00 per

Other basis for payment: with progress payments due in accordance with the schedule at Attachment AA, plus \$150 per hour for remote work and \$250.00 for on site work for extra services

II. JUSTIFICATION

7. What conditions require that this work be done?

The Gaming Control Board requires outside assessment of its network security to ensure its data is properly protected.

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

The work requires specialized certification. The Gaming Control Board knows of no state employee with said certification.

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):

**Bluenotch
Myers & Stauffer
Accuvant**

b. Solicitation Waiver: **Not Applicable**

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

Bluenotch was the lowest responsible bidder.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

Andrew Tucker, IT Manager Ph:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkingsla	02/03/2015 13:50:40 PM
Division Approval	jkingsla	02/03/2015 13:50:45 PM
Department Approval	jkingsla	02/03/2015 13:50:52 PM
Contract Manager Approval	jkingsla	02/03/2015 13:50:56 PM
Budget Analyst Approval	knielsen	02/05/2015 13:29:36 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16330

Agency Name: DCNR - CONSERVATION & NATURAL RESOURCES	Legal Entity Name: Willowstick Technologies, LLC
Agency Code: 700	Contractor Name: Willowstick Technologies, LLC
Appropriation Unit: 4144-50	Address: 132 East 13065 South Ste 100
Is budget authority available?: Yes	City/State/Zip: Draper, UT 84020
If "No" please explain: Not Applicable	Contact/Phone: Val Gardner 801-984-9550
	Vendor No.:
	NV Business ID: NV20151040919
To what State Fiscal Year(s) will the contract be charged?	2015

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	50.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Land Water Conservation Fund

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **143 days**

4. Type of contract: **Contract**

Contract description: **Locate Water Source**

5. Purpose of contract:

This is a new contract to provide a subsurface modeling study of ground water sources to determine best location to drill a well at the Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,925.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

It is hard to locate ground water at the Valley of Fire State Park. The existing well is over 1100 feet deep. The source of the well is fed by cracks in the rock and in the area where the water flow comes together is difficult to determine. The work under this contract will allow us to determine such possible locations without going through the expensive process of drilling exploratory wells to locate the best location for the new well.

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

This requires expertise 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 #: 141204

Approval Date: 12/05/2014

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

Other Out of state vendor.

[Redacted]

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

Blake Clark, Parks Project Manager Ph: 775-684-2784

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	01/29/2015 08:07:27 AM
Division Approval	sdecrona	01/29/2015 08:07:30 AM
Department Approval	sdecrona	01/30/2015 09:20:23 AM
Contract Manager Approval	sdecrona	01/30/2015 11:22:30 AM
Budget Analyst Approval	jrodrig9	02/06/2015 16:29:12 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: **16323**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Headmaster
Agency Code: 702	Contractor Name: Headmaster
Appropriation Unit: 4463-12	Address: 10760 Sante Fe Road
Is budget authority available?: Yes	City/State/Zip: Reno , NV 89508
If "No" please explain: Not Applicable	Contact/Phone: Sean Shea 7753239090
	Vendor No.:
	NV Business ID: NV20031433514

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 %	X	Fees	100.00 % Sportsman
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **15-26**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/02/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2018**

Contract term: **3 years and 57 days**

4. Type of contract: **Contract**

Contract description: **Taxidermy Services**

5. Purpose of contract:

This is a new contract for taxidermy services on an as-needed basis. Taxidermy services will include hide preparation and may also include full and shoulder mounts, study skins, fish mounts and any other wildlife species in any mount configuration. The Nevada Department of Wildlife (NDOW) uses the products of taxidermy for wildlife educational purposes, displays and as an article for sale.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Payment for services will be made at the rate of \$0.00 per Set Cost Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW uses the products of taxidermy for wildlife educational purposes, displays and as an article for sale to generating funds.

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

Department employees are not trained in taxidermy.

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):

Red Tail
Wildlife Revolutions
Headmaster

b. Solicitation Waiver: **Not Applicable**

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

All 3 vendors were chosen and the agency is working secure contracts with all three.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Carl Lackey , Ph: 775-720-6130

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	01/27/2015 09:32:50 AM
Division Approval	kdailey	01/27/2015 09:32:53 AM
Department Approval	kdailey	01/27/2015 14:08:20 PM
Contract Manager Approval	kdailey	01/27/2015 14:08:22 PM
Budget Analyst Approval	sbarkdul	02/02/2015 09:08:26 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: **16324**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Wildlife Revolutions
Agency Code: 702	Contractor Name: Wildlife Revolutions
Appropriation Unit: 4463-12	Address: 2405A Walnut Street
Is budget authority available?: Yes	City/State/Zip: Reno , NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Joe Zweifel 775-527-1614
	Vendor No.:
	NV Business ID: NV20111311948

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 %	X	Fees	100.00 % Sportsman
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 15-27

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **02/02/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2018**

Contract term: **3 years and 57 days**

4. Type of contract: **Contract**

Contract description: **Taxidermy Services**

5. Purpose of contract:

This is a new contract for taxidermy services on an as-needed basis. Taxidermy services will include hide preparation and may also include full and shoulder mounts, study skins, fish mounts and any other wildlife species in any mount configuration. The Nevada Department of Wildlife (NDOW) uses the products of taxidermy for wildlife educational purposes, displays and as an article for sale.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Payment for services will be made at the rate of \$0.00 per Per Cost Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW uses the products of taxidermy for wildlife educational purposes, displays and as an article for sale to generating funds.

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

Department employees are not trained in taxidermy.

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):

**Wildlife Revolutions
Red Tail
Headmaster**

b. Solicitation Waiver: **Not Applicable**

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

All 3 vendors were chosen and the agency is working secure contracts with all three.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:
Carl Lackey , Ph: 775-720-6130

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	01/27/2015 09:43:47 AM
Division Approval	kdailey	01/27/2015 09:43:49 AM
Department Approval	kdailey	01/27/2015 14:07:51 PM
Contract Manager Approval	kdailey	01/27/2015 14:07:53 PM
Budget Analyst Approval	sbarkdul	02/02/2015 09:17:16 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14943** Amendment Number: **1**
 Agency Name: **DCNR - FORESTRY DIVISION** Legal Entity Name: **California Generator Service Nevada**
 Agency Code: **706** Contractor Name: **California Generator Service Nevada**
 Appropriation Unit: **4195-07** Address: **2900 Vassar Street, #C-6**
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89502**
 If "No" please explain: **Not Applicable** Contact/Phone: **866-643-6738**
 Vendor No.: **T29032625A**
 NV Business ID: **NV20111454803**

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.

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

Agency Reference #: **NDF14-005**

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **01/01/2014**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2016**
 Contract term: **2 years and 30 days**

4. Type of contract: **Contract**
 Contract description: **Generator Service**

5. Purpose of contract:
This is the first amendment to the original contract, which provides ongoing service to the Nevada Division of Forestry's emergency backup generators at various locations throughout the state. This amendment increases the maximum amount from \$9,000 to \$20,000 due to unanticipated high cost repairs to the generators.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$9,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$11,000.00
4. New maximum contract amount:	\$20,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?
The Nevada Division of Forestry (NDF) operates facilities on a 24-hour basis, primarily two 24-hour dispatch centers. The emergency backup generators ensure that these facilities do not experience any disruption to service and it is of utmost importance that these generators receive regular maintenance and repairs when necessary to ensure the continual operation of these facilities and provide for the safety of the citizens of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees do not have the technical expertise needed to maintain and/or repair these generators.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the bid with the lowest rate.

d. Last bid date: 08/20/2013 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:

Currently under contract with the Nevada Division of Forestry, service deemed satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: 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	jkidd	01/29/2015 10:56:31 AM
Division Approval	dprather	01/29/2015 14:10:32 PM
Department Approval	dprather	01/29/2015 14:10:37 PM
Contract Manager Approval	ldunn	01/29/2015 14:23:00 PM
Budget Analyst Approval	jrodrig9	02/06/2015 16:49:47 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: **10852** Amendment Number: **5**
 Agency Name: **DEPT OF MOTOR VEHICLES** Legal Entity Name: **QUALITY TRI COUNTY JANITORIAL**
 Agency Code: **810** Contractor Name: **QUALITY TRI COUNTY JANITORIAL**
 Appropriation Unit: **4735-04** Address: **698 W 4TH ST**
 Is budget authority available?: **Yes** City/State/Zip: **WINNEMUCCA, NV 89445**
 If "No" please explain: **Not Applicable** Contact/Phone: **Meleen Ramos 775/623-2863**
 Vendor No.: **T29001976**
 NV Business ID: **NV2004144254**

To what State Fiscal Year(s) will the contract be charged? **2010-2015**

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

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

Agency Reference #: **ZA0451**

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **04/13/2010**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2015**
 Contract term: **5 years and 79 days**

4. Type of contract: **Contract**
 Contract description: **Janitorial Service**

5. Purpose of contract:
This is the fifth amendment to the original contract, which provides janitorial service for the Winnemucca facility. This amendment extends the termination date from January 31, 2015 to June 30, 2015 and increases the maximum amount from \$57,675 to \$62,475 to allow for a full service lease to be implemented.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$11,774.00
2. Total amount of any previous contract amendments:	\$45,901.00
3. Amount of current contract amendment:	\$4,800.00
4. New maximum contract amount:	\$62,475.00

and/or the termination date of the original contract has changed to: **06/30/2015**

II. JUSTIFICATION

7. What conditions require that this work be done?
State office must be kept clean.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
There are no state employees available in the area to provide this service.

9. Were quotes or proposals solicited? **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 second lowest bid. The lowest bid was the current contracted vendor who has been providing substandard work.

The agency verified the vendor has a Nevada business license and is in good standing in all areas of the Secretary of State's business requirements.

d. Last bid date: 02/04/2010 Anticipated re-bid date: 03/01/2011

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor is currently under contract with DPS, Department of Wildlife, and the National Guard. Service that is being 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	cmunoz	01/23/2015 14:39:12 PM
Division Approval	cmunoz	01/23/2015 14:39:14 PM
Department Approval	akeillor	01/23/2015 15:15:15 PM
Contract Manager Approval	hazevedo	01/23/2015 15:19:19 PM
Budget Analyst Approval	cwatson	01/28/2015 09:02:29 AM

Brian Sandoval
Governor



Julia Teska
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: February 9, 2015
To: Julia Teska, Clerk of the Board
Department of Administration
From: Carla Watson, Budget Analyst
Budget and Planning Division
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

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

Additional Information:

The department shall deduct and withhold one percent of the contributions collected pursuant to statute to reimburse the department of its expenditures in collecting and distributing the contributions.

Statutory Authority: NRS 482.480, Subsection 11

REVIEWED: _____
INFO ITEM: _____

NRS 482.480 Fees for registration; exceptions; account for verification of insurance. [Effective on the earlier of October 1, 2015, or the date on which the Director of the Department of Motor Vehicles notifies the Governor and the Director of the Legislative Counsel Bureau that sufficient resources are available to enable the Department to carry out the provisions of chapter 472, Statutes of Nevada 2013, at page 2812.] There must be paid to the Department for the registration or the transfer or reinstatement of the registration of motor vehicles, trailers and semitrailers, fees according to the following schedule:

1. Except as otherwise provided in this section, for each stock passenger car and each reconstructed or specially constructed passenger car registered to a person, regardless of weight or number of passenger capacity, a fee for registration of \$33.

2. Except as otherwise provided in subsection 3:

(a) For each of the fifth and sixth such cars registered to a person, a fee for registration of \$16.50.

(b) For each of the seventh and eighth such cars registered to a person, a fee for registration of \$12.

(c) For each of the ninth or more such cars registered to a person, a fee for registration of \$8.

3. The fees specified in subsection 2 do not apply:

(a) Unless the person registering the cars presents to the Department at the time of registration the registrations of all the cars registered to the person.

(b) To cars that are part of a fleet.

4. For every motorcycle, a fee for registration of \$33 and for each motorcycle other than a trimobile, an additional fee of \$6 for motorcycle safety. The additional fee must be deposited in the State General Fund for credit to the Account for the Program for the Education of Motorcycle Riders created by [NRS 486.372](#).

5. For each transfer of registration, a fee of \$6 in addition to any other fees.

6. Except as otherwise provided in subsection 6 of [NRS 485.317](#), to reinstate the registration of a motor vehicle that is suspended pursuant to that section:

(a) A fee as specified in [NRS 482.557](#) for a registered owner who failed to have insurance on the date specified by the Department, which fee is in addition to any fine or penalty imposed pursuant to [NRS 482.557](#); or

(b) A fee of \$50 for a registered owner of a dormant vehicle who cancelled the insurance coverage for that vehicle or allowed the insurance coverage for that vehicle to expire without first cancelling the registration for the vehicle in accordance with subsection 3 of [NRS 485.320](#),

↪ both of which must be deposited in the Account for Verification of Insurance which is hereby created in the State Highway Fund. The money in the Account must be used to carry out the provisions of [NRS 485.313](#) to [485.318](#), inclusive.

7. For every travel trailer, a fee for registration of \$27.

8. For every permit for the operation of a golf cart, an annual fee of \$10.

9. For every low-speed vehicle, as that term is defined in [NRS 484B.637](#), a fee for registration of \$33.

10. To reinstate the registration of a motor vehicle that is suspended pursuant to [NRS 482.451](#) or [482.458](#), a fee of \$33.

11. For each vehicle for which the registered owner has indicated his or her intention to opt in to making a contribution pursuant to paragraph (h) of subsection 3 of [NRS 482.215](#) or subsection 4 of [NRS 482.280](#), a contribution of \$2. The contribution must be distributed to the appropriate county pursuant to [NRS 482.1825](#).

[Part 25:202:1931; A 1931, 339; 1933, 249; 1935, 375; 1937, 76, 330; 1947, 613; 1955, 127, 350]—(NRS A 1959, 915, 918; 1963, 350, 689; 1965, 315; 1969, 689, 1280; 1971, 78, 1555; 1973, 402; 1975, 335, 467, 1089, 1121, 1122; 1979, 112, 792; 1981, 664, 1058, 1736, 1737; 1983, 1132; [1985, 1558, 1837](#); [1987, 611, 925, 1793](#); [1989, 705, 1423, 1741, 1742](#); [1991, 1064, 1777, 1906, 1991, 2330](#); [1993, 270, 583, 1321, 1392, 2213, 2214, 2481](#); [1995, 685, 686, 2732](#); [1997, 1082, 2646, 2647](#); [1999, 2134, 2144, 2570, 2571](#); [2001, 189, 192, 668](#); [2001 Special Session, 251](#); [2009, 2205](#); [2011, 1590](#); [2013, 2816](#), effective on the earlier of October 1, 2015, or the date on which the Director of the Department of Motor Vehicles notifies the Governor and the Director of the Legislative Counsel Bureau that sufficient resources are available to enable the Department to carry out the provisions of chapter 472, Statutes of Nevada 2013, at page 2812)

↓2013 Statutes of Nevada, Page 2813 ([Chapter 472, AB 145](#))↓

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

Section 1. Chapter 482 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 3, any voluntary contributions collected pursuant to subsection 11 of NRS 482.480 must be distributed to each county based on the county of registration of the vehicle for which the contribution was made, to be used as provided in section 4.8, 5 or 9 of this act, as applicable. The Department shall remit monthly the contributions directly:

(a) In a county in which a regional transportation commission exists, to the regional transportation commission.

(b) In a county whose population is 100,000 or more and in which a regional transportation commission does not exist, to the board of county commissioners.

(c) In a county whose population is less than 100,000 and in which a regional transportation commission does not exist, to the board of county highway commissioners created pursuant to NRS 403.010.

2. The Department shall certify monthly to the State Board of Examiners the amount of the voluntary contributions collected pursuant to subsection 11 of NRS 482.480 for each county by the Department and its agents during the preceding month, and that the money has been distributed as provided in this section.

3. The Department shall deduct and withhold 1 percent of the contributions collected pursuant to subsection 1 to reimburse the Department for its expenses in collecting and distributing the contributions.

4. As used in this section, “regional transportation commission” means a regional transportation commission created and organized in accordance with chapter 277A of NRS.

Brian Sandoval
Governor



Troy L. Dillard
Director

555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4388
www.dmvnv.com

February 12, 2015

Board of Examiners

Re: Complete Streets

Attached, please find the monthly report for the voluntary Complete Streets contributions collected pursuant to subsection 11 of NRS 482.480 for each participating county by the Department for the period beginning January 1, 2014 and ending January 31, 2014.

Sincerely,

A handwritten signature in cursive script that reads "Amy McKinney".

Amy McKinney

Chief of Administration
Department of Motor Vehicles
amckinney@dmv.nv.gov

775-684-4501

**Department of Motor Vehicles
Complete Streets: Monthly Report FY15
Report Date: 02/03/15
Reporting Period: January, 2015**

County	Contributions											
	July	August	September	October	November	December	January		Year to Date			
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total		
Carson City	\$122.00	4.06%	\$304.00	4.20%	\$304.00	4.20%	\$426.00	4.16%	\$426.00	4.16%		
Clark	\$2,112.00	70.26%	\$5,180.00	71.55%	\$5,180.00	71.55%	\$7,292.00	71.17%	\$7,292.00	71.17%		
Washoe	\$772.00	25.68%	\$1,756.00	24.25%	\$1,756.00	24.25%	\$2,528.00	24.67%	\$2,528.00	24.67%		
Total	\$3,006.00	100.00%	\$7,240.00	100.00%	\$7,240.00	100.00%	\$10,246.00	100%	\$10,246.00	100%		

County	DMV Commission (1%)											
	July	August	September	October	November	December	January		Year to Date			
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total		
Carson City	\$1.22	4.06%	\$3.04	4.20%	\$3.04	4.20%	\$4.26	4.16%	\$4.26	4.16%		
Clark	\$21.12	70.26%	\$51.80	71.55%	\$51.80	71.55%	\$72.92	71.17%	\$72.92	71.17%		
Washoe	\$7.72	25.68%	\$17.56	24.25%	\$17.56	24.25%	\$25.28	24.87%	\$25.28	24.87%		
Total	\$30.06	100.00%	\$72.40	100.00%	\$72.40	100.00%	\$102.46	100%	\$102.46	100%		

County	Distributions											
	July	August	September	October	November	December	January		Year to Date			
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total		
Carson City	\$120.78	4.06%	\$300.96	4.20%	\$300.96	4.20%	\$421.74	4.16%	\$421.74	4.16%		
Clark	\$2,090.88	70.26%	\$5,128.20	71.55%	\$5,128.20	71.55%	\$7,219.08	71.17%	\$7,219.08	71.17%		
Washoe	\$764.28	25.68%	\$1,738.44	24.25%	\$1,738.44	24.25%	\$2,502.72	24.87%	\$2,502.72	24.87%		
Total	\$2,975.94	100.00%	\$7,167.60	100.00%	\$7,167.60	100.00%	\$10,143.54	100%	\$10,143.54	100%		

Note:
1. DMV began accepting contributions on 12/15/14.

**Department of Motor Vehicles
Complete Streets Report: Donations
2015**

County	January	February	March	April	May	June	July	August	September	October	November	December
Carson City												
Donations	152											
Registrations	2,762											
Percent that Donated	5.50%											
Clark												
Donations	2,590											
Registrations	65,833											
Percent that Donated	3.93%											
Washoe												
Donations	878											
Registrations	17,940											
Percent that Donated	4.89%											

Notes

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Web and MyDMV Portal only.