

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: May 12, 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 APRIL 14, 2015 BOARD OF EXAMINERS’ MEETING MINUTES
- *3. FOR POSSIBLE ACTION – AUTHORIZATION TO CONTRACT WITH A CURRENT AND/OR FORMER EMPLOYEE
 - A. Department of Administration – Purchasing Division

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

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

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

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

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

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

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

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

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

A. Department of Veterans Services

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

Resident	Current Rate Per Day	Proposed Rate Per Day	Difference Per Day	% Difference
Veteran	\$110.00	\$125.00	\$15.00	13.63%

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

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

A. Scott Bartlett

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

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

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

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

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

Pursuant to AB 41 of the 2013 Legislative Session, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from March 24, 2015 through April 20, 2015.

11. INFORMATION ITEM

A. Department of Veterans Services

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

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

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

Additional Information:

- **1989 Tahoe Basin Act**
 - There were no transfers of lands or interest in lands during the quarter.

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

12. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

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

Notice of this meeting was posted in the following locations:

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

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

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

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

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

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

Capitolpolice-lasvegas@dps.state.nv.us

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 Architecture, Interior Design and Residential Design	Park Flamingo, LP	\$624,330
	Lease Description: This is a renegotiation and extension of an existing lease to house the agency. Term of Lease: 11/01/2015 – 10/31/2021 Located in Las Vegas	Savings of \$5,946	
2.	Commission on Mineral Resources – Division of Minerals	Truck Underwriters Association	\$126,000
	Lease Description: This is a renegotiation and extension of an existing lease to house the agency. Term of Lease: 06/01/2015 – 05/31/2020 Located in Las Vegas	Savings of \$13,680	
3.	Department of Conservation and Natural Resources – Division of Environmental Protection	Truck Underwriters Association	\$872,655
	Lease Description: This is a renegotiation and renewal of an existing full-service lease to house the agency. Term of Lease: 06/01/2015 – 05/31/2020 Located in Las Vegas	Savings of \$94,746	
4.	Department of Employment, Training and Rehabilitation – Employment Security Division	Green Valley Commercial, LLC	\$5,681
	Lease Description: This is an amendment for tenant improvements. Term of Lease: 02/01/2015 – 01/03/2023 Located in Henderson		
5.	Department of Health and Human Services – Aging and Disability Services Division	MIG Real Estate, LLC	\$0
	Lease Description: This is an amendment to change the commencement date and termination date, due to the agency not taking occupancy from November 1, 2014 to January 1, 2015. Term of Lease: 01/01/2015 – 05/31/2020 Located in Henderson		
6.	Department of Health and Human Services – Child and Family Services Division	Holly Carson II, LLC	\$264
	Lease Description: This is an amendment to increase the tenant improvements. Term of Lease: 03/01/2012 – 02/28/2017 Located in Carson City		
7.	Department of Health and Human Services – Director’s Office	Holly Carson II, LLC	\$1,629.50
	Lease Description: This is an amendment to increase the tenant improvements. Term of Lease: 03/01/2012 – 02/28/2017 Located in Carson City		
8.	Department of Health and Human Services – Public and Behavioral Health – Office of Vital Records	Holly Carson II, LLC	\$47,577.15
	Lease Description: This is an amendment to increase the tenant improvements. Term of Lease: 03/01/2012 – 02/28/2017 Located in Carson City		
9.	Department of Health and Human Services – Division of Welfare and Supportive Services	6380 North Decatur, LLC	\$3,467,118
	Lease Description: This is a new location to house the agency. Term of Lease: 11/01/2015 – 10/31/2025 Located in North Las Vegas		
10.	Department of Motor Vehicles	El Mirage, LLC	\$566,232
	Lease Description: This is a new full-service lease to relocate the department. Term of Lease: 08/01/2015 – 07/31/2022 Located in Laughlin		

CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
1.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - CORRECTIONS CIPS NON-EXEC	PETTY & ASSOCIATES, INC.	BONDS 87% OTHER: TRANSFER REALLOCATED BOND AUTHORITY FROM TREASURER 13%	\$69,875	PROFESSIONAL SERVICE	
		Contract Description: This is a new contract to provide professional architectural/engineering services to replace the air handling units at Ely State Prison Phase II; CIP Project No. 13-M11; Internal SPWD Contract No. 109270.					
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16514			
2.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - GENERAL 2005 CIP PROJECTS- NON-EXEC	HARRIS CONSULTING ENGINEERS	BONDS 30% OTHER: 68% TRANSFER FROM RISK MANAGEMENT, 2% TRANSFER REALLOCATED BOND AUTHORITY FROM TREASURER 70%	\$76,950	PROFESSIONAL SERVICE	
		Contract Description: This is a new contract to provide professional architectural services for the central plant equipment replacement at the Sawyer Office Building; CIP Project No. 13-S08; Internal SPWD Contract No. 109379					
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16588			
3.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION - STATEWIDE CIP PROJECTS-NON-EXEC	PENTA BUILDING GROUP, LLC	GENERAL 56% BONDS 32% OTHER: 6% TRANSFER FROM TREASURER, 6% TRANSFER FROM LAS VEGAS MENTAL HEALTH 12%	\$4,162,842	PROFESSIONAL SERVICE	
		Contract Description: This is a new contract to provide professional owner construction manager at risk services for the renovation package of Building #3, Southern Nevada Adult Mental Health Services; CIP Project No. 13-C08(C); Internal SPWD Contract No. 109176.					
		Term of Contract:	Upon Approval - 06/30/2019	Contract # 16575			
4.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	ACCESS TECHNOLOGIES SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE	
		Contract Description: This is a new contract to provide ongoing professional accessibility plan checking services on an "as needed" basis: Internal SPWD Contract No. 109287.					
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16574			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	AZTECH MATERIALS TESTING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional materials testing and inspection plan checking services on an "as needed" basis: Internal SPWD Contract No. 109190. Term of Contract: Upon Approval - 06/30/2017 Contract # 16540				
6.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	BAGHERI, MAHNOUSH DBA APEX ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$50,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional structural plan checking services on an "as needed" basis: Internal SPWD Contract No. 109223. Term of Contract: Upon Approval - 06/30/2017 Contract # 16522				
7.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	BLACK EAGLE CONSULTING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional geotechnical investigation services on an "as needed" basis: Internal SPWD Contract No. 109203. Term of Contract: Upon Approval - 06/30/2017 Contract # 16559				
8.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	BLAKELY JOHNSON & GHUSN, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$50,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional structural plan checking services on an "as needed" basis: Internal SPWD Contract No. 109224. Term of Contract: Upon Approval - 06/30/2017 Contract # 16519				
9.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	BUREAU VERITAS NORTH AMERICA	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109242. Term of Contract: Upon Approval - 06/30/2017 Contract # 16541				
10.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	CHARLES ABBOTT ASSOCIATES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109244. Term of Contract: Upon Approval - 06/30/2017 Contract # 16562				

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11.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	CONVERSE CONSULTANTS	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional environmental plan checking services on an "as needed" basis: Internal SPWD Contract No. 109221.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16530		
12.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	CSG CONSULTANTS, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109243.				
		Term of Contract:	06/30/2015 - 06/30/2017	Contract # 16545		
13.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	DEFRIEZ, CRAIG M	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$50,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional structural plan checking services on an "as needed" basis: Internal SPWD Contract No. 109225.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16521		
14.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	GARY GUY WILSON PROFESSIONAL CORP	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional accessibility plan checking services on an "as needed" basis: Internal SPWD Contract NO. 109291.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16557		
15.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	GEOTECHNICAL AND ENVIRONMENTAL SERVICES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional geotechnical investigation services on an "as needed" basis: Internal SPWD Contract No. 109204.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16566		
16.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	GML ARCHITECTS, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description: This is a new contract to provide ongoing professional accessibility plan checking services on an "as needed" basis: Internal SPWD Contract No. 109290.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16543		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	INTERNATIONAL COMMISSIONING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide ongoing third party commission services on an "as needed" basis: Internal SPWD Contract No. 109234.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16561		
18.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	INTERWEST CONSULTING GROUP, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109246.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16542		
19.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	JENSEN ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide ongoing professional electrical plan checking services on an "as needed" basis: Internal SPWD Contract No. 109371.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16570		
20.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	JOHN A MARTIN & ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$50,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking services on an "as needed" basis: Internal SPWD Contract No. 109228.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16568		
21.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	LUMOS & ASSOCIATES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	
	Contract Description:	This is a new contract to provide ongoing professional geotechnical services on an "as needed" basis: Internal SPWD Contract No. 109205.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16565		
22.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	NINYO & MOORE	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide ongoing professional geotechnical services on an "as needed" basis: Internal SPWD Contract No. 109206.				
		Term of Contract:	06/30/2015 - 06/30/2017	Contract # 16547		

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23.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	PLAN CHECK ASSOCIATES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description:	This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109248.			
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16564		
24.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	RO ANDERSON ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$50,000	PROFESSIONAL SERVICE
		Contract Description:	This is a new contract to provide ongoing professional civil plan checking services on an "as needed" basis: Internal SPWD Contract No. 109187.			
		Term of Contract:	06/30/2015 - 06/30/2017	Contract # 16546		
25.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	ROUNDS ENGINEERING LTD DBA CR ENGINEERING	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services on an "as needed" basis: Internal SPWD Contract No. 109365.			
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16569		
26.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	STANTEC CONSULTING SERVICES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$50,000	PROFESSIONAL SERVICE
		Contract Description:	This is a new contract to provide ongoing professional civil plan checking services on an "as needed" basis: Internal SPWD Contract No. 109185.			
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16527		
27.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	TANEY ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$50,000	PROFESSIONAL SERVICE
		Contract Description:	This is a new contract to provide ongoing professional civil plan checking services on an "as needed" basis: Internal SPWD Contract No. 109186.			
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16524		
28.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	TMCX NEVADA, LLC	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
		Contract Description:	This is a new contract to provide ongoing third party commissioning services on an "as needed basis": Internal SPWD Contract No. 109235.			
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16577		

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29.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	WESTERN TECHNOLOGIES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide ongoing professional geotechnical services on an "as needed" basis. Internal SPWD Contract No. 109208.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16567		
30.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	WESTERN TECHNOLOGIES, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services an "as needed" basis: Internal SPWD Contract No. 109197.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16572		
31.	082	DEPARTMENT OF ADMINISTRATION - PUBLIC WORKS DIVISION All Budget Accounts	WILLDAN ENGINEERING, INC.	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE	\$100,000	PROFESSIONAL SERVICE
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109250.				
		Term of Contract:	Upon Approval - 06/30/2017	Contract # 16558		
32.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – DIVISION OF TOURISM	AMADOR STAGE LINES, INC.	OTHER: LODGING TAX	\$40,000	
	Contract Description:	This is the second amendment to the original contract, which provides ongoing transportation for the familiarization tours in northern Nevada. The best way for tour operators to sell tours and for travel journalists to write about Nevada is to see and experience the State for themselves through agency hosted tours. This amendment increases the maximum amount from \$69,999 to \$109,999 due to additional familiarization tours for media and, sales and industry partners.				
		Term of Contract:	04/03/2012 - 03/30/2016	Contract # 13180		
33.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - GRANTS MANAGEMENT UNIT	CONSUMER CREDIT COUNSELING SERVICE OF SOUTHERN NEVADA	OTHER: FUNDS FOR HEALTHY NEVADA (TOBACCO)	\$1,400,000	
	Contract Description:	This is a new contract for the management and operation of 2-1-1 Information and Referral Center(s) that provides Nevada residents with high quality information about local health and human service programs, as well as community resources and disaster response information.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16458		
34.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	UNITED HEALTHCARE INSURANCE CO	OTHER: TOBACCO FUNDS	\$655,700	EXEMPT
	Contract Description:	This is a new contract that continues the ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
		Term of Contract:	Upon Approval - 03/09/2019	Contract # 16512		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF TRUSTEES FOR FUND FOR HOSPITAL CARE TO INDIGENT PERSONS	OTHER: INTER-GOVERNMENTAL TRANSFER	\$44,982,768	
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing access to inpatient hospital services for needy individuals in the State of Nevada. This agreement provides the non-federal share of supplemental payments to hospitals for inpatient hospital care provided to Medicaid recipients.				
		Term of Contract:	01/01/2014 - 12/31/2017	Contract # 16302		
36.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX	THE REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY	GENERAL 45% FEDERAL 55%	\$222,259	
	Contract Description:	This is the first amendment to the original contract, which provides paratransit eligibility evaluations for Medicaid recipients traveling to and from medical appointments. This amendment increases the maximum amount from \$86,618 to \$308,877 due to an estimated increase in eligibility evaluations for the remainder of the contract term.				
		Term of Contract:	07/01/2014 - 03/31/2017	Contract # 15752		
37.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	PUBLIC CONSULTING GROUP, INC.	FEDERAL	\$261,350	
	Contract Description:	This is the first amendment to the original contract, which continues ongoing cost allocation development, maintenance, support and reporting services for the division. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$49,900 to \$311,250 due to the continued need for this service and conversion to a web-based system.				
		Term of Contract:	06/11/2013 - 06/30/2017	Contract # 14329		
38.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	LANDAIRE SALES CORP DBA RLS CONSULTING	FEDERAL	\$40,000	
	Contract Description:	This is the first amendment to the original contract, which continues ongoing system integration services to allow the tracking of Women's Health Connection clients who transition to Medicaid for the use of case management, follow-up, reimbursement and surveillance data analysis. This amendment increases the maximum amount from \$45,000 to \$85,000 to implement Phase II of the project.				
		Term of Contract:	07/14/2014 - 06/29/2015	Contract # 15836		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT FEDERAL REIMBURSEMENT	HUMBOLDT COUNTY DISTRICT ATTORNEY	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$1,025,982	
		Contract Description: This is the first amendment to the original interlocal agreement which provides ongoing child support enforcement services for local applicants through county participation pursuant to NRS 425.370 and 425.380 (1) and 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$1,360,748 to \$2,386,730 due to the continued need for these services.				
		Term of Contract:	07/01/2012 - 06/30/2017	Contract # 12963		
40.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT FEDERAL REIMBURSEMENT	NYE COUNTY DISTRICT ATTORNEY	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$1,099,578	
		Contract Description: This is the first amendment to the original interlocal agreement which provides ongoing child support enforcement services for local applicants through county participation pursuant to NRS 425.370 and 425.380 (1) and 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$1,478,239 to \$2,577,817 due to the continued need for these services.				
		Term of Contract:	07/01/2012 - 06/30/2017	Contract # 12953		
41.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	AUSTIN'S HOUSE	GENERAL 75% FEDERAL 25%	\$372,620	
		Contract Description: This is the first amendment to the original contract, which continues ongoing emergency shelter care services for children or youth in the care or custody of the division. This amendment increases the maximum amount from \$249,480 to \$622,100 to include an additional 3,726 bed days at a rate of \$100 per day for youth in need of emergency shelter care.				
		Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14376		
42.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	JILL LESLIE OSWALT	GENERAL	\$191,400	
		Contract Description: This is the first amendment to the original contract, which provides ongoing medical services to youth by visiting once per week or as needed for urgent care emergencies. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$182,550 to \$373,950 due to the continued need for these services.				
		Term of Contract:	06/11/2013 - 06/30/2017	Contract # 14352		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
43.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD & ADOLESCENT SERVICES	BONNIE VOGLER	GENERAL 41.2% OTHER: PATIENT COLLECTIONS 0.3% FEDERAL 58.5%	\$31,200		
		Contract Description:	This is the first amendment to the original contract, which continues ongoing dietary/nutritional consultation services to children under the division's care, which includes family learning homes and the adolescent treatment center. The amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$31,200 to \$62,400 due to the continued need for these services.				
		Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14381			
44.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	HOMETOWN HEALTH PROVIDERS INSURANCE COMPANY, INC.	GENERAL	\$347,000		
		Contract Description:	This is a new contract that continues ongoing access to discounted health care services through a Preferred Provider Organization network and provides the department with attendant pricing benefits and customer service. These health care services will be for offenders located in Northern Nevada correctional facilities.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16471			
45.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	SIERRA HEALTH-CARE OPTIONS, INC.	GENERAL	\$770,000		
		Contract Description:	This is a new contract that continues ongoing access to discounted health care services through a Preferred Provider Organization network and provides the department with attendant pricing benefits and customer service. These health care services will be for offenders located in Southern Nevada correctional facilities.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 16472			
46.	580	PUBLIC UTILITIES COMMISSION	HIGH DESERT MICROIMAGING, INC.	FEE: REGULATORY FUND FEES	\$10,490		
		Contract Description:	This is the fourth amendment to the original contract, which provides ongoing maintenance service to scanners used to operate the Electronic Filings and Records Management system to accept electronic filings and associated fees. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$41,000 to \$51,490 due to the continued need for these services.				
		Term of Contract:	07/01/2011 - 06/30/2016	Contract # 12240			
47.	611	GAMING CONTROL BOARD	ACCURATE BUILDING MAINTENANCE	GENERAL	\$45,000		
		Contract Description:	This is the first amendment to the original contract, which provides ongoing janitorial services to the Gaming Control Board's Technology building. This amendment extends the termination date from May 31, 2015 to May 31, 2018, and increases the maximum amount from \$15,000 to \$60,000 due to the continued need for these services.				
		Term of Contract:	06/01/2014 - 05/31/2018	Contract # 15613			
48.	654	DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT	KVH INDUSTRIES, INC.	FEDERAL	\$50,000	SOLE SOURCE	
		Contract Description:	This is the third amendment to the original contract, which continues ongoing, on-demand satellite communication services. This amendment extends the termination date from June 30, 2015 to September 30, 2016 and increases the maximum amount from \$105,399 to \$155,399 due to the continued need for these services.				
		Term of Contract:	07/01/2012 - 09/30/2016	Contract # 13609			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	654	DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT	LEGRANDE TECHNICAL AND SOCIAL SERVICES, LLC	FEDERAL	\$715,000	
	Contract Description:	This is a new contract to provide for program outreach, data collection, capacity and coverage analysis, infrastructure assessment, and program management services in support of Nevada's efforts to create the first nationwide wireless broadband network managed by the First Responder Network Authority (FirstNet).				
	Term of Contract:	Upon Approval - 01/31/2018	Contract # 16536			
50.	702	DEPARTMENT OF WILDLIFE - LAW ENFORCEMENT	BUREAU OF LAND MANAGEMENT	OTHER: REVENUE	\$156,000	
	Contract Description:	This is a new interlocal revenue agreement for ongoing dispatch services for routine law enforcement activities.				
	Term of Contract:	01/01/2015 - 12/31/2018	Contract # 16550			
51.	702	DEPARTMENT OF WILDLIFE All Budget Accounts	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - DIVISION OF FORESTRY	FEE: SPORTSMEN 25% FEDERAL 75%	\$250,000	
	Contract Description:	This is a new interlocal agreement for prescribed burns and other services in an effort to preserve and maintain habitat and enhance conservation efforts.				
	Term of Contract:	03/13/2015 - 03/31/2019	Contract # 16494			
52.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	HUMBOLDT COUNTY	OTHER: REVENUE HUMBOLDT COUNTY FUNDS	\$200,000	
	Contract Description:	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement, the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16433			
53.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	LINCOLN COUNTY	OTHER: REVENUE LINCOLN COUNTY FUNDS	\$100,000	
	Contract Description:	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement, the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16485			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	NYE COUNTY BOARD OF COUNTY COMMISSIONERS	OTHER: REVENUE NYE COUNTY FUNDS	\$100,000	
	Contract Description:	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement, the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16441		
55.	706	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - FORESTRY	DEPARTMENT OF THE INTERIOR	GENERAL	\$308,717	
	Contract Description:	This is a new cooperative agreement to provide authority for the Nevada Division of Forestry's (NDF) proportionate share of funds to support the Great Basin Coordination Center (GBCC), a consolidated interagency facility providing emergency dispatch to the region. NDF's proportionate share of the GBCC is three percent.				
		Term of Contract:	07/01/2015 - 01/27/2020	Contract # 16377		
56.	706	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - FORESTRY - FOREST FIRE SUPPRESSION	NEVADA ARMY NATIONAL GUARD	OTHER: FIRE SUPPRESSION FUNDS	\$6,000,000	
	Contract Description:	This is a new interlocal agreement that establishes the cooperative rules, authority, and procedures to be followed in the event the division requires the services of the Nevada Guard for emergency response assistance for severe wildfire or natural disaster.				
		Term of Contract:	Upon Approval - 06/30/2018	Contract # 16469		
57.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - ADMINISTRATION	KPS 3, INC.	GENERAL 40% FEDERAL 60%	\$23,000	
	Contract Description:	This is the first amendment to the original contract, which provides a complete redesign of the public website for the division and assists in selecting an appropriate content management system platform; assists in the reorganization of the current website and migration of content to the new platform; and trains employees who will be working with the new system. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$45,298 to \$68,298 to add website development for the State Historic Preservation Office and allow adequate time to complete the project.				
		Term of Contract:	08/26/2014 - 06/30/2017	Contract # 15870		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	BOARD OF REGENTS-UNR	FEE: STATE HAZARDOUS WASTE FEES 80.8% FEDERAL 19.2%	\$315,757	EXEMPT
	Contract Description:	This is a new interlocal agreement to provide, on behalf of the Nevada Small Business Development Center (SBDC), confidential environmental regulatory assistance regarding hazardous waste compliance and pollution prevention to the regulated community. Services will include technical and regulatory assistance; presentation and distribution of informational materials; training and workshops; access to the Biennial Report System; and development and completion of various measurement results and reports. The services provided by the SBDC are confidential to the business and the client specific information derived from the interaction between the SBDC and the business will not be reported to the division; however, non-confidential information will be reported. The SBDC will not serve businesses that are undergoing action by the division.				
	Term of Contract:	Upon Approval - 06/30/2017	Contract # 16299			
59.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES	KLEINFELDER GROUP, INC.	FEDERAL	\$304,800	
	Contract Description:	This is the first amendment to the original contract, which provides consulting services for the Nevada Brownfields Program. This amendment increases the maximum amount from \$300,000 to \$604,800 due to an increased amount of funding for the Brownfields Program through a U.S. Environmental Protection Agency grant.				
	Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14371			
60.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES	MCGINLEY & ASSOCIATES, INC.	FEDERAL	\$304,800	
	Contract Description:	This is the first amendment to the original contract, which provides consulting services for the Nevada Brownfields Program. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$300,000 to \$604,800 due to an increased amount of funding for the Brownfields Program through a U.S. Environmental Protection Agency grant.				
	Term of Contract:	07/01/2013 - 06/30/2017	Contract # 14346			
61.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - SAFETY CONSULTATION AND TRAINING	KPS 3, INC.	OTHER: WORKER'S COMPENSATION & SAFETY FUND	\$250,000	
	Contract Description:	This is the first amendment to the original contract, which creates and implements a statewide multimedia workplace safety and health educational and information program. This amendment extends the termination date from September 30, 2015 to June 30, 2017 and increases the maximum amount from \$250,000 to \$500,000 due to the continued need for statewide workplace safety training.				
	Term of Contract:	09/10/2013 - 06/30/2017	Contract # 14811			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
62.	800	DEPARTMENT OF TRANSPORTATION	DEPARTMENT OF PUBLIC SAFETY	HIGHWAY 5% FEDERAL 95%	\$700,000	EXEMPT
	Contract Description:	This is the third amendment to the original interlocal agreement, which provides support data and other information which will continue the statewide road users' behavioral campaign that promotes the awareness of and educates the public concerning highway safety matters consistent with the state's Strategic Highway Safety Plan. This amendment increases the maximum amount from \$6,263,550 to \$6,963,550 due to the need to support additional tasks such as pedestrian safety enforcement, and public communication and media for motorcycle, distracted driving, seatbelts, and Move Over campaigns.				
	Term of Contract:	09/10/2013 - 09/30/2015	Contract # 14810			
63.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA	OTHER: REVENUE	\$105,922	
	Contract Description:	This is the second amendment to the original revenue contract, which provides for the reimbursement to the department from the commission of the cost incurred by the department to establish and administer a system to collect gross indexed motor vehicle and special fuel taxes, imposed by Clark County pursuant to Assembly Bill 413 of the 77th Legislative Session. This amendment increases the maximum amount from \$307,151.20 to \$413,072.80 due to the complexity and projected timeline to complete computer programming.				
	Term of Contract:	11/12/2013 - 08/31/2017	Contract # 15059			
64.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	WORKFORCE CONNECTIONS	FEDERAL	\$1,900,000	EXEMPT
	Contract Description:	This is the second amendment to the original interlocal agreement, which provides ongoing employment and training services to adults in Southern Nevada as required by the Workforce Investment Act of 1998. This amendment increases the program grant funds from \$7,763,005 to \$9,663,005 by transferring funds from the Dislocated Worker Program to the Adult Program to allow for an increase in the number of adult participants and training services and revises Proper Authority language.				
	Term of Contract:	07/01/2014 - 06/30/2016	Contract # 15762			
65.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	WORKFORCE CONNECTIONS	FEDERAL	(\$1,900,000)	EXEMPT
	Contract Description:	This is the second amendment to the original interlocal agreement, which provides ongoing employment and training services to dislocated workers in Southern Nevada as required by the Workforce Investment Act of 1998. This amendment decreases the program grant funds from \$5,706,078 to \$ 3,806,078 by transferring funds from the Dislocated Worker Program to the Adult Program to allow for an increase in the number of adult participants and training services and revises Proper Authority language.				
	Term of Contract:	07/01/2014 - 06/30/2016	Contract # 15763			
66.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	CATALYST RX	OTHER: 67% STATE SUBSIDY/33% PREMIUM REVENUE	\$20,800,000	
	Contract Description:	This is the second amendment to the original contract to provide pharmacy benefit management services to participants of the program. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$143,000,000 to \$163,800,000. This contract is being extended to maximize savings to the plan and provide staff additional time to release a Request for Proposal for these services.				
	Term of Contract:	07/01/2011 - 06/30/2016	Contract # 12088			

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
67.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	HOMETOWN HEALTH PLAN, INC.	OTHER: 67% STATE SUBSIDY/33% PREMIUM REVENUE	\$87,000,000	
	Contract Description:	This is the third amendment to the original contract, which provides a Health Maintenance Organization for Northern Nevada participants of the program. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$272,200,000 to \$359,200,000 due to the continued need for these services.				
		Term of Contract:	07/01/2011 - 06/30/2016	Contract # 11994		
68.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - ADMINISTRATION	PENNA POWERS	FEE: PER MEMBER PER MONTH FEES CHARGED TO INSURANCE CARRIERS	\$4,000,000	
	Contract Description:	This is a new contract to provide marketing and outreach education about the Exchange, which encompasses three phases: Planning, Pre-Enrollment Campaign, and Enrollment Campaign.				
		Term of Contract:	05/13/2015 - 05/31/2017	Contract # 16507		
69.	B011	NEVADA STATE CONTRACTORS BOARD	JA SOLARI & PARTNERS, LLC	FEE: LICENSE FEES PAID BY CONTRACTORS	\$70,000	
	Contract Description:	This is a new contract to provide annual audited financial statements, semiannual cash receipt testing, accounting and consultation services as needed by the Nevada State Contractors Board. The contractor will perform work in accordance with Statements on Standards for Accounting and Review Service issued by the American Institute of Certified Public Accountants.				
		Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16513		
70.	B011	NEVADA STATE CONTRACTORS BOARD	PSI SERVICES, INC.	OTHER: NO COST CONTRACT, EXAM PROVIDER COLLECTS FEES FROM APPLICANT.	\$350,000	
	Contract Description:	This is the first amendment to the original contract, which develops and administers the contractor's license examinations for Nevada State Contractors Board. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$750,000 to \$1,100,000 due to the continued need for these services.				
		Term of Contract:	07/01/2011 - 06/30/2017	Contract # 12215		

MASTER SERVICE AGREEMENTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
MSA 1.	MSA	VARIOUS STATE AGENCIES	AMERICAN SIGN LANGUAGE COMMUNICATIONS	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons.				
		Term of Contract:	05/13/2015 - 05/31/2019	Contract # 16563		
MSA 2.	MSA	VARIOUS STATE AGENCIES	AL PARK PETROLEUM, INC.	OTHER: VARIOUS	\$5,000,000	
	Contract Description:	This is a new contract for bulk fuel purchase and delivery services statewide on an as needed basis for state owned tanks.				
		Term of Contract:	06/09/2015 - 01/31/2016	Contract # 16560		
MSA 3.	MSA	VARIOUS STATE AGENCIES	ALLWORLD LANGUAGE CONSULTANTS, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons.				
		Term of Contract:	05/13/2015 - 05/31/2019	Contract # 16498		
MSA 4.	MSA	VARIOUS STATE AGENCIES	ALLIEDBARTON SECURITY SERVICES	OTHER: VARIOUS	\$8,000,000	
	Contract Description:	This is the first amendment to the original contract, which provides uniformed security guards to various State agencies. This amendment extends the termination date from May 31, 2015 to May 31, 2017 and increases the maximum amount from \$8,000,000 to \$16,000,000 due to the continued need for these services.				
		Term of Contract:	06/01/2013 - 05/31/2017	Contract # 14094		
MSA 5.	MSA	VARIOUS STATE AGENCIES	CELTIC ENERGY, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract that provides third-party consulting services for Energy Services Performance Contracting (ESPC) pursuant to NRS 333A. The contractor will assist entities with procurement advisement, financial grade operational audits, contract negotiations, and review, measure and verify Energy Performance Contracts.				
		Term of Contract:	05/15/2015 - 05/31/2019	Contract # 16525		
MSA 6.	MSA	VARIOUS STATE AGENCIES	E/S3 CONSULTANTS, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract that provides third-party consulting services for Energy Services Performance Contracting (ESPC) pursuant to NRS 333A. The contractor will assist entities with procurement advisement, financial grade operational audits, contract negotiations, and review, measure and verify Energy Performance Contracts.				
		Term of Contract:	05/15/2015 - 05/31/2019	Contract # 16529		
MSA 7.	MSA	VARIOUS STATE AGENCIES	GOMEZ CONSULTING GROUP, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract that provides third-party consulting services for Energy Services Performance Contracting (ESPC) pursuant to NRS 333A. The contractor will assist entities with procurement advisement, financial grade operational audits, contract negotiations, and review, measure and verify Energy Performance Contracts.				
		Term of Contract:	05/15/2015 - 05/31/2019	Contract # 16526		
MSA 8.	MSA	VARIOUS STATE AGENCIES	KONICA MINOLTA BUSINESS SOLUTIONS USA, INC.	OTHER: VARIOUS	\$2,000,000	
	Contract Description:	This is a new contract to establish a Participating Addendum that continues ongoing leasing and services for copiers, printers and related devices. The contract allows state agencies the option to lease or purchase devices, and software bundles that enable and enhance the capabilities of the device. Services include ongoing maintenance, repairs and supplies.				
		Term of Contract:	Upon Approval - 12/31/2019	Contract # 16480		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
MSA 9.	MSA	VARIOUS STATE AGENCIES	NETWORK INTERPRETING SERVICE, INC	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract to provide in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons.				
		Term of Contract:	05/13/2015 - 05/31/2019	Contract # 16554		
MSA 10.	MSA	VARIOUS STATE AGENCIES	NEXANT, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new contract that provides third-party consulting services for Energy Services Performance Contracting (ESPC) pursuant to NRS 333A. The contractor will assist entities with procurement advisement, financial grade operational audits, contract negotiations, and review, measure and verify Energy Performance Contracts.				
		Term of Contract:	05/15/2015 - 05/31/2019	Contract # 16531		
MSA 11.	MSA	VARIOUS STATE AGENCIES	PRESTON BASS INTERPRETING SERVICES, LLC	OTHER: VARIOUS	\$250,000	CURRENT EMPLOYEE
	Contract Description:	This is a new contract to provide in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons. **This MSA relates to Action Item 3A on this agenda**				
		Term of Contract:	05/13/2015 - 05/31/2019	Contract # 16508		
MSA 12.	MSA	VARIOUS STATE AGENCIES	SHARP ELECTRONICS	OTHER: VARIOUS	\$2,000,000	
	Contract Description:	This is a new contract to establish a Participating Addendum that continues ongoing leasing and services for copiers, printers and related devices. The contract allows state agencies the option to lease or purchase devices, and software bundles that enable and enhance the capabilities of the device. Services include ongoing maintenance, repairs and supplies.				
		Term of Contract:	Upon Approval - 12/31/2019	Contract # 16496		

INFORMATION CONTRACTS

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1	012	GOVERNOR'S OFFICE NUCLEAR PROJECTS	NEVADA DIVISION OF EMERGENCY MANAGEMENT	FEDERAL	\$20,000	
	Contract Description:	This is the first amendment to the original interlocal agreement, which provides federal funds for Nevada Division of Emergency Management (NDEM) activities required for planning and operations associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada. These federal funds are provided through a grant from the Western Governors' Association. This amendment increases the maximum amount from \$50,000 to \$70,000 due to the NDEM's increased training of local emergency response personnel along Interstate 80.				
		Term of Contract:	06/12/2014 – 06/30/2015	Contract # 15695		
2	030	ATTORNEY GENERAL'S OFFICE	MELISSA PIASECKI, MD PC	OTHER: INSURANCE PREMIUMS	\$20,000	
	Contract Description:	This is the first amendment to the original contract, which continues ongoing expert testimony and evaluation, including, but not limited to, reviewing documents, records, hearing transcripts, letters, memorandums, electronically recorded and collected data, and all other material or media relevant to arriving at opinions and conclusions in connection with pending litigation. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$7,000 to \$27,000 due to continued need for these services.				
		Term of Contract:	04/01/2014 – 06/30/2016	Contract # 15466		
3	030	ATTORNEY GENERAL'S OFFICE	AON RISK CONSULTANTS DBA AON GLOBAL RISK CONSULTING	OTHER: TORT FUNDS	\$12,500	
	Contract Description:	This is a new contract for ongoing services for a biennial actuarial study of the outstanding losses, projected ultimate losses and projected losses paid for the Self Insured Automobile Liability, Civil Rights Liability and General Liability programs of the state's Tort Claim Fund.				
		Term of Contract:	07/01/2015 – 12/31/2018	Contract # 16455		
4	060	CONTROLLER'S OFFICE	INFORMATIX, INC.	OTHER: DEBT SERVICE TRANSFER	\$24,000	
	Contract Description:	This is a new contract to provide professional services for Financial Institution Data Matching (FIDM) services to the agency in support of debt collection efforts, in accordance with NRS 353C.240. FIDM services match information about debtors to the State with information about depositor information from financial institutions doing business in the State of Nevada.				
		Term of Contract:	04/15/2015 – 04/19/2016	Contract # 16532		
5	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION	Q&D CONSTRUCTION, INC.	FEES: BUILDINGS & GROUNDS RENT INCOME FEES	\$16,799	
	Contract Description:	This is the first amendment to the original contract, which provides owner construction manager at risk pre-construction services for advanced planning for the Northern Nevada Veterans Home, Project No. 13-P07: Internal SPWD Contract No. 98981. This amendment increases the maximum amount from \$87,103 to \$103,902.37 due to providing on-site setup of the mock-ups at the Boulder Veterans Home.				
		Term of Contract:	05/13/2014 – 06/30/2018	Contract # 15532		
6	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION	BELL, DAVID DBA BELL UPHOLSTERY AND CARPET WORKS	FEES: BUILDINGS & GROUNDS RENT INCOME FEES	\$45,000	
	Contract Description:	This is a new contract that continues ongoing carpet cleaning services to the various buildings in Carson City and Reno, on an as-needed basis and at the written request and approval of a Buildings and Grounds designee.				
		Term of Contract:	03/27/2015 – 03/31/2019	Contract # 16466		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION	HEALTHY TREES	FEES: BUILDINGS & GROUNDS RENT INCOME FEES	\$25,000	
	Contract Description:	This is a new contract to provide ongoing professional arborist services, labor, and equipment for various state facilities in Northern Nevada on an as-needed basis and at the written request and approval of a Buildings and Grounds designee.				
8	082	DEPARTMENT OF ADMINISTRATION – PUBLIC WORKS DIVISION	LUMOS & ASSOCIATES	OTHER: AGENCY FUNDS FEDERAL RECEIPTS	\$23,600	
	Contract Description:	This is a new contract to provide professional civil engineering and construction administration services at the Harry Reid Training Center Gate Upgrade and Fencing, Nevada Army National Guard, Army Aviation, and Stead Facility; CIP Project No. 15-A014; Internal SPWD Contract No. 19259. The scope of work includes a supplemental topographic survey, engineering documents and construction administration.				
9	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – COMMISSION ON TOURISM	NCOT CHINA LTD/HONGXIA CHEN	OTHER: LODGING TAX	\$49,000	
	Contract Description:	This is the third amendment to the original contract to maintain operation of a representative office for the State of Nevada, Division of Tourism in the People's Republic of China, which helps increase the Chinese visitor volume to Nevada. This amendment increases the maximum amount from \$788,575 to \$837,575 for continued representation in China.				
10	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	ISRA-CONNEXT, LTD.	GENERAL 50% OTHER: PRIVATE DONATIONS	\$45,000	
	Contract Description:	This is a new contract to provide representation of Nevada's interests and support agency staff with accessing key Israeli markets in an effort to expand exports and recruit Israeli companies to Nevada. Israeli growth markets include aerospace and defense, mining, materials, manufacturing, logistics and operations, information technology, clean energy, health and medical services, tourism, and gaming.				
11	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES	EN POINTE TECHNOLOGIES SALES, INC./EN POINTE TECHNOLOGIES, INC.	FEES	\$20,537	
	Contract Description:	This is a new contract to perform an independent review and assessment of the State's Domain Name Service and Active Directory environment along with the infrastructure for all agencies in the State of Nevada.				
12	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES	EUREKA COUNTY	OTHER: REVENUE	\$18,070	
	Contract Description:	This is a new revenue interlocal agreement to provide rack rental space at Mary's Mountain in Eureka County with Eureka County Television District for Public Safety communications in the area.				
		Term of Contract:	07/01/2015 – 06/30/2019	Contract # 16473		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13	180	DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES – NETWORK TRANSPORT SERVICES	TOWER SITES, INC.	FEES: MICROWAVE REVENUE	\$17,500	
	Contract Description:	This is the fourth amendment to the original lease agreement, which provides rental space for the agency and Department of Transportation’s microwave equipment located at Pequoop Summit in Elko County. This amendment increases the maximum amount from \$404,600 to \$422,100 to provide funding for continued services through September 30, 2015.				
		Term of Contract:	10/01/2005 – 09/30/2015	Contract # CONV1793		
14	240	DEPARTMENT OF VETERANS SERVICES	LEGACY HEALTH & WELLNESS, LLC	OTHER: MEDICAID AND PATIENT COLLECTIONS	\$10,000	
	Contract Description:	This is a new contract to provide behavioral intervention services to residents covered under Medicaid and to residents who are not qualified under Medicaid, but the facility chooses to provide this service.				
		Term of Contract:	04/16/2015 – 03/31/2017	Contract # 16573		
15	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION	ALARMCO, INC.	GENERAL 53% FEDERAL 47%	\$3,249	
	Contract Description:	This is the second amendment to the original contract, which continues ongoing fire system alarm monitoring at Desert Regional Center, continues burglary alarm monitoring for two Desert Regional Center satellite locations: 5550 W. Flamingo Road and 720 South 7th Street. This amendment increases the maximum amount from \$11,419 to \$14,668 for installation and monitoring of a burglary alarm for a new satellite office located at 9089 South Pecos Boulevard, Suite 3600, Las Vegas, and includes the addition of \$600 for alarm response fees on an as needed basis.				
		Term of Contract:	11/17/2011 – 12/31/2015	Contract # 12813		
16	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION	NYE COUNTY	OTHER: REVENUE FROM COUNTY	\$35,000	
	Contract Description:	This is a new revenue interlocal agreement that continues ongoing service to children with intellectual disabilities and provides allows county reimbursement of the non-federal share of funding for services.				
		Term of Contract:	07/01/2015 – 06/30/2017	Contract # 16462		
17	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE, FINANCING & POLICY	MYERS AND STAUFFER, LC	FEDERAL 50% OTHER: COUNTY OF AUDIT 50%	45,003	
	Contract Description:	This is the third amendment to the original contract for a Certified Public Accounting firm to perform reviews of Cost Allocation Plans and cost reports submitted by governmental entities that provide services such as targeted case management, school based services, administrative services, and are reimbursed using the methodology of certified public expenditures. This amendment increases the maximum amount from \$253,440 to \$298,443 due to the additional audits requested.				
		Term of Contract:	10/01/2011 – 09/30/2015	Contract # 12513		
18	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH	BITFOCUS, INC.	FEDERAL	\$25,000	
	Contract Description:	This is a new contract that continues ongoing integration of the Projects for Assistance in Transition from Homelessness (PATH) Program’s online Homeless Management Information system across multiple state agencies and the federal government. This contract upgrades the current system to remain compliant with the format specified by the Substance Abuse and Mental Health Services Administration for the PATH Annual Performance Report, and allows auditing of the data to ensure successful and accurate submission of the annual report.				

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES	DEPENDABLE HIGHWAY EXPRESS	GENERAL 35% FEDERAL 65%	\$15,550	
	Contract Description:	This is the fourth amendment to the original contract, which continues ongoing commercial freight delivery services for the Division’s Publications unit printed paper products between state locations in Carson City and Las Vegas. This amendment extends the contract termination date from June 30, 2015 to June 30, 2016, increases the maximum amount from \$33,773 to \$49,323, and revises Attachment C: Vendor Proposal, and Attachment E: Pricing.				
20	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES	DALLAS FLOOR DESIGNS, LLC	GENERAL	\$17,971	
	Contract Description:	This is the first amendment to the original contract, which provides new floor covering in the four Family Learning Homes located at Northern Nevada Child and Adolescent Services at 2655 Enterprise Road in Reno. This amendment increases the maximum amount from \$31,904 to \$49,875 in order to add floor covering campus-wide.				
21	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES	K. SHERRY, PLLC	GENERAL	\$24,680	
	Contract Description:	This is a new contract to provide psychiatric consultations, upon referral by the Division, for children within the Rural Region. The essential focus of the consultation is to determine whether a child or youth has a mental health diagnosis that is appropriate for the current prescribed psychotropic medication.				
22	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES	AAA AIR FILTER COMPANY, INC.	GENERAL 43.5% FEDERAL 54.1% OTHER: RENTAL INCOME 2.4%	\$48,136	
	Contract Description:	This is a new contract that continues ongoing service for HVAC Air Filters located in eleven state owned buildings located at 6171 W. Charleston Blvd., Las Vegas.				
23	440	DEPARTMENT OF CORRECTIONS	FREEMAN’S CARPET SERVICE, INC.	GENERAL	\$29,295	
	Contract Description:	This is a new contract to provide installation of flooring in various areas within High Desert State Prison.				
24	440	DEPARTMENT OF CORRECTIONS	BOARD OF REGENTS NSHE	OTHER: DETR – CAREER ENHANCEMENT PROGRAM	\$22,000	
	Contract Description:	This is a new interlocal agreement that continues ongoing services to provide for the required independent review of the Purpose, Respect, Integrity, Determination, and Excellence program.				
25	611	GAMING CONTROL BOARD	DALE DOUGLAS RAY	GENERAL	\$45,000	
	Contract Description:	This is a new contract that continues ongoing racing steward services for the state's equine racing program pursuant to NRS 466 and Regulation 30.				

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26	611	GAMING CONTROL BOARD	DAMON CLYDE	GENERAL	\$24,990	
	Contract Description:	This is a new contract that continues ongoing translation and interpreter services from Japanese to English to assist in special investigations of Japanese gaming license holders.				
		Term of Contract:	04/17/2015 – 12/31/2016	Contract # 16571		
27	651	DEPARTMENT OF PUBLIC SAFETY – HIGHWAY PATROL	ABM JANITORIAL SERVICES - SOUTH CENTRAL, INC.	HIGHWAY	\$37,500	
	Contract Description:	This is a new contract to provide ongoing janitorial service for the new Highway Patrol substation located at 9043 Ackerman Avenue, Las Vegas.				
		Term of Contract:	03/27/2015 – 08/31/2018	Contract # 16319		
28	702	DEPARTMENT OF WILDLIFE	PISCES MOLECULAR, LLC	FEES: AIS DECAL FEE	\$23,650	
	Contract Description:	This is a new contract to provide lab services for plankton water samples as needed seasonally to evaluate the presence of mussel species to determine invasive species in various lakes, reservoirs, and rivers.				
		Term of Contract:	03/24/2015 – 12/31/2016	Contract # 16475		
29	702	DEPARTMENT OF WILDLIFE	O'FARRELL BIOLOGICAL CONSULTING	FEDERAL	\$24,500	
	Contract Description:	This is a new contract for services to identify bat species through acoustical data collection and interpretation to determine bat species and potential related impacts to bats in Nevada.				
		Term of Contract:	04/06/2015 – 11/30/2018	Contract # 16491		
30	702	DEPARTMENT OF WILDLIFE	PRAXAIR DISTRIBUTION, INC.	FEDERAL 75% FEES: SPORTSMEN 25%	\$24,999	
	Contract Description:	This is a new contract for liquid oxygen services and supply systems for the Nevada Department of Wildlife Fish Hatcheries. This service is necessary to sustain fish in the hatcheries until they are released into natural water bodies throughout Nevada.				
		Term of Contract:	04/01/2015 – 08/30/2015	Contract # 16505		
31	702	DEPARTMENT OF WILDLIFE	ASAP PUMP & WELL SERVICE DOMESTIC PUMP & SUPPLY	FEDERAL 75% FEES: SPORTSMEN 25%	\$24,999	
	Contract Description:	This is a new contract to provide maintenance and repair services on an as needed basis for department residential staff housing.				
		Term of Contract:	04/13/2015 – 02/28/2017	Contract # 16551		
32	704	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – PARKS DIVISION	NELSON ELECTRIC COMPANY, INC.	FEES: UTILITY SURCHARGE FEES	\$30,000	
	Contract Description:	This is a new contract to provide on call service for electrical issues for Sand Harbor, Memorial Point, Cave Rock, and Spooner Lake. The service will cover any emergency or on call service including: diagnostics, troubleshooting, and repair of electrical distribution system. This shall also include wiring and basic electrical controls for motors, switch gears, electrical panels, small transformers, and related components.				
		Term of Contract:	04/06/2015 – 11/01/2017	Contract # 16509		
33	705	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – DIVISION OF WATER RESOURCES	WEBSOFT DEVELOPER'S, INC.	OTHER: WATER BASIN FUNDS	\$49,870	
	Contract Description:	This is a new contract to provide database programming services where the contractor will be updating some custom software that the division uses to track meter readings installed on wells throughout Nevada. The updates will provide more efficient data capturing methods as well as multi-year reporting and updated web code.				
		Term of Contract:	03/27/2015 – 07/31/2015	Contract # 16478		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34	706	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – FORESTRY DIVISION	SMITH VALLEY FIRE DISTRICT	OTHER: REVENUE - FIRE PROTECTION DISTRICT FUNDS	\$20,000	
	Contract Description:	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2015 – 06/30/2017	Contract # 16476		
35	706	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – FORESTRY DIVISION	LINCOLN COUNTY	OTHER: REVENUE – LINCOLN COUNTY FUNDS	\$100,000	
	Contract Description:	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2015 – 06/30/2017	Contract # 16485		
36	706	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – FORESTRY DIVISION	CENTRAL LYON COUNTY FIRE PROTECTION DISTRICT	OTHER: FIRE PROTECTION DISTRICT FUNDS	\$25,000	
	Contract Description:	This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement the division and the district will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.				
		Term of Contract:	07/01/2015 – 06/30/2017	Contract # 16486		
37	901	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION - REHABILITATION DIVISION	BOARD OF REGENTS-UNR	GENERAL 21.3% FEDERAL 78.7%	\$36,305	
	Contract Description:	This is the second amendment to the original intrastate interlocal agreement, which provides new surveys, longitudinal analysis and proposed project innovation to determine customer satisfaction with services provided by the Division and to assess basic needs of individuals with disabilities who seek employment. This amendment extends the termination date from May 31, 2015 to May 31, 2017 and increases the maximum amount from \$174,130.46 to \$210,434.81 due to the continued need for these services.				
		Term of Contract:	01/11/2011 – 05/31/2017	Contract # 11728		
38	901	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION - REHABILITATION DIVISION	ALARMCO, INC.	OTHER: BUSINESS ENTERPRISE SET ASIDE	\$10,000	
	Contract Description:	This is the first amendment to the original contract which provides repair, replacement and maintenance services for security and surveillance equipment, key and digital locks and cameras, Closed Circuit Television (CCTV), access control systems and locksmith services for all Business Enterprise of Nevada sites in Southern Nevada, including 3 sites at the Hoover Dam. Services include bi-annual inspections; monthly service for the 9-camera CCTV system and monitoring of the burglar alarm system at the Arizona Lookout Site at Hoover Dam; and monthly monitoring of the fire alarm system at the High Scaler Cafe and gift store at Hoover Dam. This amendment updates Attachment AA.1 - Bureau of Reclamation Rules and Regulations with the most current version dated October 2014, extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$15,000 to \$25,000 due to the continued need for these services.				
		Term of Contract:	08/13/2013 – 06/30/2017	Contract # 14355		

#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39	901	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION - REHABILITATION DIVISION	BOARD OF REGENTS-UNR	GENERAL 5% FEDERAL 95%	\$45,000	
	Contract Description:	This is a new interlocal agreement to create customized employment opportunities for eligible clients who have written Individual Plans of Employment specifying the need for supported or customized employment. Participants must be eligible for Regional Center services and enrolled in the Path to Independence 2-year program.				
		Term of Contract:	04/11/2015 – 06/30/2017	Contract # 14483		
40	901	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION - REHABILITATION DIVISION	BOARD OF REGENTS-WNC	GENERAL 21.3% FEDERAL 78.7%	\$21,840	
	Contract Description:	This is a new interlocal agreement to provide an instructor and soft skills training curriculum for each four week cohort at the Starbucks Academy Inclusion Program.				
		Term of Contract:	04/17/2015 – 06/30/2017	Contract # 16500		
41	B013	BOARD FOR THE REGULATION OF LIQUEFIED PETROLEUM GAS	KAEMPFER CROWELL	OTHER: AGENCY FUNDS	\$21,000	
	Contract Description:	This is a new contract to provide lobbying and legislative assistance services to the Nevada Board for the Regulation of Liquefied Petroleum Gas for the 2015 Legislative Session to secure the interests of the Board in any legislative measures that may affect the Board's regulatory duties and subjects.				
		Term of Contract:	12/01/2014 – 06/30/2015	Contract # 16399		

DETAILED AGENDA

May 12, 2015

1. PUBLIC COMMENTS

Comments:

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

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

A. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, the Department of Administration, Purchasing Division requests authority to contract with a current College of Southern Nevada, Lead Faculty to provide in person, sign language translation and interpretive services for deaf and hard-of-hearing persons. ****This request relates to MSA #11 on this agenda****

Clerk’s Recommendation: I recommend approval.

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

Comments:

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

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

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

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

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

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

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

A. Department of Veterans Services

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

Resident	Current Rate Per Day	Proposed Rate Per Day	Difference Per Day	% Difference
Veteran	\$110.00	\$125.00	\$15.00	13.63%

Clerk’s Recommendation: I recommend approval.

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

Comments:

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

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

A. Scott Bartlett

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

Clerk's Recommendation: I recommend approval.

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

Comments:

***7. FOR POSSIBLE ACTION – LEASES**

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

Clerk's Recommendation: I recommend approval.

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

Comments:

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

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

Clerk's Recommendation: I recommend approval.

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

Comments:

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

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

Clerk's Recommendation: I recommend approval.

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

Comments:

10. 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 March 24, 2015 through April 20, 2015.

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

Comments:

11. INFORMATION ITEM

A. Department of Veterans Services

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

Comments:

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

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

Additional Information:

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

Comments:

12. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

Comments:

*13. FOR POSSIBLE ACTION – ADJOURNMENT

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

MINUTES

MEETING OF THE BOARD OF EXAMINERS

April 14, 2015

The Board of Examiners met on April 14, 2015, in the Guinn Room on the second floor of the Capitol Building, 101 N. Carson St., Carson City, Nevada, at 10:00 a.m. Present were:

Members:

Governor Brian Sandoval
Attorney General Adam Paul Laxalt
Secretary of State Barbara K. Cegavske
Ann Wilkinson, Clerk

Others Present:

Peggy Lerbowen (sp?), Member of the Public
Leo Drozdoff, Department of Conservation and Natural Resources
Katteri Carraher, Public Employees Benefits Program
Dawn Lietz, Motor Carrier Division
Keith Wells, Department of Administration, Fleet Services Division
Greg Smith, Department of Administration, Purchasing Division
Bruce Gilbert, Silver State Health Exchange
Damon Haycock, Silver State Health Exchange
Steve Fisher, Division of Welfare and Supportive Services
Naomi Lewis, Division of Welfare and Supportive Services
Dr. Tracey Green, Division of Public and Behavioral Health
Chelsea Szklany, Division of Public and Behavioral Health
Mike Adams, Solutions Recovery
Donna Lopez, Public Employees Benefits Program
Celeste Tina Glover (sp?), Public Employees Benefits Program
Mindy Martini, Department of Education
Lisa Young, Department of Education
Marco Erickson, Department of Education
Katie Armstrong, Counsel
Jim Wells, Department of Administration

1. PUBLIC COMMENTS

Comments:

Governor: Good morning, everybody. I will call the Board of Examiners Meeting to order. Can you hear us loud and clear in Las Vegas? It's good? That's good. All right. 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? If you would identify yourself for the record, please.

Peggy Lerbowen (sp?): My name and my words for the record, Peggy Lerbowen. And my public comment concerns the concept of waiver and the concept of approving people in positions that might put the state in a bad light if it were thought that a person had been put in a position and maybe it wasn't agendized with the name on the Agenda as such, and that a problem may have been incurred such as Washoe County School Board incurred in naming their interim director. Not saying anything about any individual, but saying about the process.

The other concern pertains to waiver. The State of Nevada has programs in place regarding its employees' insurance, retired and active employees and spouses and the program, where under another administration a program was brought forth and asked for waiver for A and B Medicare folk for state employees and retirees, in that process of creating the new program with a high deductible. And, in fact, what was taken place was all employees, active, state, non-state, retirees and everyone, the entire program and the high deductible program came into place. And the only waiver that was sought from this Board was one pertaining to the A and B Medicare recipients so that they could be put on an insurance exchange that was handled in the State of Utah. And the question was always asked where these programs will finally go out to bid. And, in fact, an extension was granted in recent meetings so these programs, if the extension goes through as planned, will not have ever gone out to bid in the nine years of their existence. And I think it's a loophole that should concern you as the Attorney General, the Governor and the Secretary of State.

When the first A and B program was granted the waiver, they were told as far as the rest of the people were concerned, it was either part of the package or that it wasn't time for them go out to bid yet. It will mean nine years that a massive program for the State of Nevada has not had a competitive bid and has resulted in us having a company that is our hospital of record and our insurance company all owned under the same umbrella of Hometown Health. And people are not being served well by not having the competition so that your doctor's no longer notified in Northern Nevada if you go to Renown Hospital, because the hospital covers you. You're a prisoner in the system and you have to beg for your life and say it's an unsafe discharge to be served.

And I am concerned that the waiver process has been diminished by the idea of extensions, by the idea of saying that, oh, yes, it was part of the package so you draw everybody else in, or, oh, yes, it's not time for them to go bid yet. And I don't want you to have to make decisions on less than a positive way and in a full environment of knowledge. Thank you very much.

Governor: Thank you. Is there any other public comment? Any public comment from Las Vegas? No comment from Las Vegas.

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

Governor: We’ll move to Agenda Item No. 2, which is the approval of the March 10, 2015 Board of Examiner Meeting Minutes. Have the members had an opportunity to review the minutes, and are there any changes?

Secretary of State: No, move for approval.

Governor: Secretary of State has moved for approval. Is there a second?

Attorney General: I second.

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

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: Motion passes 3-0.

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

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

A. Public Employees Benefits Program (PEBP)

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

Governor: We'll move to Agenda Item No. 3, Approval of a Critical Labor Shortage. Good morning, Ms. Wilkinson.

Clerk: Thank you, Governor. Thank you, Attorney General and Secretary of State. I'm here serving today as the Deputy Director in Mr. Wells absence over at the legislature. Item 3 is a request by the Public Employee Benefits Board to obtain critical labor shortage status for an interim executive director. Mr. Leo Drozdoff who serves as the Chair of that Board is here this morning to present the item and answer any questions that you may have.

Governor: Now, there's -- Ms. (inaudible) raises a valid question. Why isn't the person identified?

Clerk: This is just an item for critical labor shortage status. The person who was actually hired was hired by the PEB Board and was agendized at their meeting. So Mr. Drozdoff could probably answer any of those specific questions.

Governor: Good morning.

Leo Drozdoff: Good morning, Governor Sandoval, Attorney General Laxalt, Secretary of State Cegavske. It's nice to see you.

Governor: If you'd identify yourself for the record, please.

Leo Drozdoff: Yeah, my name is Leo Drozdoff. I'm the Director of the Department of Conservation and Natural Resources in this capacity. I'm also the Chair of the Public Employees Benefits Program. And with me is Katteri Carraher who is the acting interim director for the Public Employees Benefits Program. We're here to present the item about a critical labor shortage. And I guess I'd just simply start by saying the Board did follow all appropriate procedures in terms of alerting the public and the like on this choice. The Board made it clear that it did not want to have somebody acting in an interim capacity that would then serve as the director. We felt that would give anybody a leg up.

Consequently, what we confront is a situation where we're essentially hiring somebody for a three to six month period. It's a very small pool of folks. I don't think anybody is going to take an interim three to six month job. The program is responsible for 40,000 lives. It's a very critical time right now because we're in-session, and we're also setting rates. So we certainly felt that having an acting or an interim director was necessary. And then when you take a look at who the potential pool of applicants are, there really is not many folks, other than Ms. Carraher, to essentially draw from, because, as I said, you're not going to hire somebody to take a three to six month job who has no chance of competing for the current job.

Governor: And, Leo, why don't you go a little bit -- because the logical question is, isn't there somebody there that can step in and who's working at PEBs right now who could step in and do the work?

Leo Drozdoff: The answer is yes, but that person would want to compete for the actual job. And beyond that, I would say no.

Governor: So there's one you're saying that...

Leo Drozdoff: Yeah, well, there's one or two, and I think one or two of them may also choose to apply for the interim job. And that sort of makes the point, right? We don't want to put one in and perhaps create an unfair advantage.

Governor: And that was the policy decision that was made by the PEB's Board was...

Leo Drozdoff: Mm-hmm.

Governor: ...that very reason is that if you were to put somebody in interim that was currently employed at PEBs and was interested in taking on that position, that that would create an unfair advantage for that individual to move into the permanent position.

Leo Drozdoff: That's correct.

Governor: And would that also discourage perhaps folks from out-of-state applying for the position as well?

Leo Drozdoff: I think it would, and I think it would also impact folks in-state that would look at it and say, well, hmm, I would -- maybe I'm interested, but, you know, why should I subject myself to this process? Most of the folks probably have current jobs right now, and this would be a public process. So I think it might discourage not only out-of-state folks, but in-state folks.

Governor: Okay. And if you'd proceed, please.

Leo Drozdoff: And the only -- I was just about finished. I believe that we are -- well, the process is moving along. The applications, we worked with Purchasing. The applications are on the contract. We worked with Personnel rather. The applications are coming in as we speak.

Governor: So you've already put out a notice of...

Leo Drozdoff: Right.

Governor: ...opening. Yeah.

Leo Drozdoff: Yep. And we are going to move as expeditiously as possible. But, again, it was the Board's position, as articulated again, that we did not want to have somebody with an unfair advantage. We felt it was critically important to have somebody in place. Ms. Carraher in particular has served multiple functions within PEB. She is a current retiree. But she has acted as an interim director in the past. She's acted as their Attorney General. She's acted as their Business Manager. So she is uniquely qualified for a position that is of critical importance.

Governor: And I don't think there's any question with regard to qualifications. Let me back up. Of the applications that you have received, are any of them from current employees?

Leo Drozdoff: I have not seen any from current employees, but I've been of -- but I've been advised that there will be.

Governor: Well, let's get to the nub of this, because I think the issue is going to be collection of retirement and of salary.

Leo Drozdoff: Sure. So let me -- I mean, let me just say this. I understand why there was a law passed several years back, and it was passed because there were some -- frankly there were some misdeeds done through sort of hiring former employees, and sort of sweetheart situation. So I understand what the problem was and what the fix was. And I think it was well intention. But if you really think about it, I think it's sort of a little bit misguided or overkill, because if I had an applicant who was a retiree from California or 48 of the other states and they applied for this job, I wouldn't be here. They can apply fine. If I had a federal employee that wanted to apply for this job, I wouldn't be here, and they would be double dipping as well.

And so, you know, like I said, I understand why the law was passed. It dealt with a problem issue. But at the end of the day, you know, even that law did provide for, you know, in unique circumstances, the ability to hire somebody in-state, in this state, which I think is needed. If we were to hire somebody cold from outside the state who had no familiarity with the program, by the time three months past, they would maybe start to get up to speed.

And so, you know, like I said, the Board felt and I feel that it was the right thing to do for our participants. Like I said, it's 40,000 people. And we have somebody who's uniquely qualified and can get the job done while we select our next executive director.

Governor: No, and I feel a little responsible for this because I stole Mr. Wells away to be the Budget Director.

Leo Drozdoff: I was avoiding that.

Governor: Yeah. But have there been any hiccups since Ms. Carraher, is that how you say it?

Katteri Carraher: That's correct.

Governor: I'm still (inaudible) with -- since she's come on?

Leo Drozdoff: No, there haven't, but I think that's because she's come on. Because there are some unique and timely issues. You know, later on on this Agenda we'll be talking about other contracts and the like, and we've had to make presentations over at the legislature, both budget hearing and policy hearings, and as well as an Interim Finance Committee meeting. And Ms. Carraher essentially was able to jump right on it and deal with an issue that I'm not convinced anybody else would've been able to.

Governor: And, you know, I guess, globally this isn't a unique situation. There are many retired state employees that are working over at the legislature as we speak, and they collect both the retirement and whatever salary they're earning over there, correct?

Leo Drozdoff: That's correct. And, as I said, there are also examples of retired state employees from other states and federal agencies that are collecting salaries as well.

Governor: Well, let me ask this, and, Ms. Carraher, I don't mean to put you in a awkward position. Would this position not be desirable to you if you were only to collect temporarily the salary that's paid as part -- as being the interim director?

Katteri Carraher: Thank you, Governor. I'm Katteri Carraher. And Madam Secretary, Mr. Attorney General. Certainly it's more desirable to have -- to be able to do both. I would have to think about whether or not I would be able to continue on if this isn't granted. I'm not sure that it is a deal breaker, but it's certainly more advantageous to have both. This will be a short time. We have applicants coming in, and they appear to be qualified, the ones that we -- the applications that we have seen. We need to get through the legislature as we all do. PEB's open enrollment begins in May. I anticipate that this position -- I would only need to keep this position through the end of June, maybe another month after that, but probably not. So it really is a very short-term commitment.

Governor: Well, and I'm -- in your defense, you're retired. You don't have to do this.

Katteri Carraher: That's true.

Governor: Your life is probably just great.

Katteri Carraher: I highly recommend...

Leo Drozdoff: It's probably better.

Katteri Carraher: I highly recommend retirement, Governor.

Governor: And so you're not looking to get, you know, unjustly enriched, and you're doing this, in my mind, as a favor to the State of Nevada, to step in, and when, you know, a very valuable employee moved over, you were willing to step out of your retirement, which I said sounds pretty nice, and go to work for a short amount of time until that point that somebody can

step in. And there should be a value to that. And so that's what I'm thinking. And, you know, it's hard because, you're right, Leo, in the past I think there were situations where somebody would come on, but let's get to the reality of the situation. There's a very large group over at the legislature who's doing just that, that doesn't have to come in front of a committee like this, and doesn't have to get this approval. So at the end of the day, for me, you know, if you -- as I said, you have stepped out of a comfortable situation to take on a very complicated one at a very difficult time to get the state through this so that we don't bring in somebody cold who doesn't really have an idea of what's going on, and so that we can get a qualified candidate that can do the job moving forward. So, yeah, I guess enough of my speechifying, but other questions from Board members? Ms. Secretary of State.

Secretary of State: Thank you, Governor. And thank you so much for being here. I've looked at this, and somebody who has been in the legislature and was there for this discussion in 2007, we did put the clause in there that said, you know, for emergency situations. I understand that. But it's the precedence that we would be setting that has me concerned. I think when Senator Smith, now Senator Smith, put this in, there was a lot of discussion. We had a lot of debate. And I can't speak for the people that are over there at LCB that are working and getting both incomes, but I do know what our intent was. And our intent was not to have this happen. And we did it for reasons. And I guess I'm having a hard time with understanding why we're doing the additional step, why we need to bring somebody in when we should be, you know, looking at the application process, having somebody come in normally, if there's somebody in staff that you could put in that position that's already currently there. And then you look at the applicants and do hiring.

Now, I understand we're government and we're very slow at that process, and it is concerning to me that we are taking that additional step and going through this. Now, I do not diminish any of your qualifications. I think you are above highly -- you know, qualified for everything that you're doing, and we do appreciate your willingness to come forward, but I do have to say at this time that I would have to not support us doing that, because I think we are setting a precedence. And I think that we need to be very cautious at that.

Katteri Carraher: Can I respond?

Leo Drozdoff: Sure.

Katteri Carraher: Is it proper for me to respond to you, Madam Secretary?

Secretary of State: Oh, sure, absolutely.

Katteri Carraher: This is a small agency. We have 32 full-time employees. The two people who might be able to step into the position, one is a financial person. We're in the middle of budgets. We're in the middle of setting rates. And while I think she could do an adequate job, then her position would be left unfilled, and she has a very small section in her office. So there really isn't anybody who could do her job if she did this job. There's another person who could do this job as well, step in from the office, but he runs the operations of the office, and we're

about to go into open enrollment. There will be an increase in phone calls. There will be an increase in mail, in mailers that go out. The point I'm making is these two individuals would be qualified, but then their positions are open at a very critical time for the agency, because of session and because of open enrollment.

Secretary of State: And I really do appreciate that, and I guess what I'd be looking for then is if you would be willing to do this for the one salary at this time. And, again, it's setting a precedence that I think we don't want to go there. And I understand what the Governor is saying about LCB. I think that I'll have to tell Senator Smith that she's going to have to clean up her house after her bill, but that is another issue.

Governor: I guess I'll sign this because I -- say this, I sign the bill. And the intent was not to ever hire somebody who's retired. The intent was to be very careful in terms of the positions that we fill. And actually we have done this already as a Board of Examiners since I've been on this Board to fill some temporary positions because of an urgent situation. And, again, respectfully I think this situation falls into that particularly with Ms. Carraher explaining those two positions would be left open. And frankly I don't want to create a situation where there could be jeopardy toward those that are enrolled are beneficiaries because one of those other two people would be taking on those positions. But any event, Leo?

Leo Drozdoff: Yeah, thank you, Governor. Leo Drozdoff for the record. And I guess I was just going to perhaps echo that, that I feel that the precedent actually has been set because this has been done previously. And I do think it's a very narrow window for sure. But I really feel that this does qualify. And the other point, in addition to taking away from those folks, is it then ensures that neither of those folks can apply for the job. And so, like I said, I understand where you're coming from. We didn't take this position and thought lightly. But I guess the feeling is, for all the reasons that both the Governor and Ms. Carraher have stated, as well as my own, which is that there is this -- there is this exemption and the precedent has been touched upon in the past. And I felt like we had made a reasonable or a good argument on why all of the unique factors add up that I don't think you're going to be adding to the precedent.

Governor: Okay. Mr. Attorney General?

Attorney General: Thanks. May I just ask a little bit about the mechanics? So are you being paid now? What status are you in?

Katteri Carraher: Katteri Carraher. I had to suspend my retiree benefits pursuant to the outcome of whatever this Board does. So I'm currently being paid as a state employee with suspended retirement benefits.

Attorney General: And assuming this is all public information, are you at a loss now being paid by the state versus your retirement?

Katteri Carraher: No. I receive -- this is Katteri Carraher again. I receive more in this position than I receive in retirement.

Attorney General: Okay. Well, it would be my preference as well that you'd be willing to hopefully work under a salary for the next few months, and it sounds like we absolutely need you. And I hope you'll consider doing that, especially in light that you're not working at a loss in your presumably fixed income. But I am concerned as well about the precedent. And I know that there is an emergency escape hatch for probably situations like this. But I would also request that you'd be willing to just work on the main salary and flip back in a few months when they find a replacement.

Governor: Do you need some time to think about that?

Katteri Carraher: That would probably -- that would probably be a good idea, Governor.

Attorney General: Governor, sorry, do we have any interim capacity to make a decision short of the next meeting before -- if we are faced with an all or nothing option from her?

Governor: No. I mean, that's -- we're down to it. And I want Ms. Carraher to think about it. And it may be, you know, if she decides not to do it, I respect that. And so, you know, my preference would be to table this until she's decided what she wants to do. And as I said, I want to publicly thank you for stepping out of your retirement and taking this on, because this is not an easy job. And 40,000 lives are counting on you or counting on this position to get it right. And I'm sorry, miss. There's no time for that, for public comment. So in any event, as I said, I'd prefer to give you some time to think about this. And if you decide not to do it, you know, again, there's nothing wrong with that. You know, with the agreement of the Board, I'd prefer to table this and wait for Ms. Carraher to let us know or let Leo know what she's going to do and take it from there. Any objection to that?

Secretary of State: No.

Attorney General: No objection.

Governor: Okay.

Katteri Carraher: Thank you very much.

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

The 2013 Legislative Session made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet certain salary deficiencies for fiscal year 2015 that might be created between the appropriated money of the respective departments, commissions, and agencies and the actual cost of the personnel of those departments, commissions, and agencies that are necessary to pay for salaries. Under this legislation, the following amounts from the General Fund and/or Highway Fund are requested:

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

Governor: We will move to Agenda Item No. 4, Salary Adjustment. Ms. Wilkinson.

Clerk: Thank you, Governor. This request is a request from DMV. They're seeking an appropriation from the Board of Examiner's Salary Adjustment Fund to cover a shortfall that has occurred in the Director's Office -- the DMV Director's Office Budget Account 4744. And their request is to receive \$31,345 that is paid out of the Highway Fund Adjustment piece of that account. And I believe someone from DMV is supposed to be here, if there are questions.

Governor: Ms. Wilkinson, this is pretty routine, isn't it?

Clerk: This is routine. This is the first one that we've had this year. But there's funding available and this is the maximum amount that is requested, so...

Governor: Why don't you just -- if you -- would you state your name for the record, please?

Dawn Lietz: I'm Dawn Lietz, and I'm the Deputy Administrator for the Motor Carrier Division. And I'm here for the contracts piece.

Clerk: Okay.

Governor: Oh, man, that's not fair.

Clerk: Wow, and that's not fair. Sorry, I didn't mean to put you on the spot.

Governor: Ms. Lietz, go ahead and sit down. Yeah, I have no questions. This is routine.

Clerk: This is routine.

Governor: Yeah, so...

Secretary of State: So moved.

Governor: So the Secretary of State has moved for approval of Agenda Item No. 4 in the sum of \$31,345. Is there a second?

Attorney General: I second.

Governor: Second by the Attorney General. Any questions or discussion? All in favor please say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

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

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

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

Clerk’s Recommendation: I recommend approval.

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

Comments:

Governor: Let’s move to Agenda Item No. 5, State Vehicle Purchase.

Clerk: Agenda Item 5 is a request from agencies to purchase four replacement vehicles, two from Fleet, one for the OSHE program under the Business and Industry, and one for the Department of Conservation and Natural Resources.

Governor: Board members, any questions? I have none.

Secretary of State: Just wondered, are these brand-new vehicles, or are they used?

Clerk: Which?

Secretary of State: That vehicles that they’re buying.

Clerk: For the Fleet vehicles...

Secretary of State: Yes.

Clerk: ...or Conservation?

Secretary of State: They're all new or they're used?

Clerk: I believe that they're all new replacement vehicles.

Secretary of State: Okay.

Clerk: Three of them were involved in accidents and need to be replaced. And the fourth one with Conservation and Natural Resources is a new vehicle that was included in their budget request.

Secretary of State: Okay, thank you.

Governor: We have Keith here, so he can take us through it real quick.

Keith Wells: Hello, Governor.

Governor: Good morning.

Keith Wells: Members of the Board. For the record, Keith Wells, Fleet Services Administrator. The two vehicles for the Fleet Services Division, those are replacing vehicles that were totaled in an accident, and they will be new vehicles. The OSHE vehicle was totaled in an accident as well. That's not my division, but I'm aware of the situation. And it will be replaced with a new vehicle. The NDF vehicle I don't know, but I'm confident that's gonna be new too. It's not typical for the state to buy used vehicles.

Secretary of State: Okay, just wanted to ask. Yes.

Greg Smith: If I might, Greg Smith, Purchasing Administrator, I will say though however as a result of the recession, we have seen some buying habits change, and numerous agencies are looking at used vehicles, far more than they ever have. But, again, these are new.

Secretary of State: Okay, thank you.

Governor: We've approved the purchase of used vehicles before. In fact...

Secretary of State: That's why I was just curious.

Governor: ...I think it was Wildlife or someone like that, it purchase a used vehicle that had low miles at 100 or 120. Keith, while you're here, how's the leasing program going?

Keith Wells: I currently have two vehicles in the process for Wildlife that are going to be on the ground in about a month and a half. Then I have another proposal for Wildlife, and that vehicle should be on the ground in a couple months, if they approve that, but that's just a proposal. And then I'm working with a few other divisions as a pilot program to see what they want to do. But the two for Wildlife, I mean, that's a done deal and those are going to be on the ground. And the Department of Public Safety's Motor Carrier Division is leasing five I believe. So we're now starting to move through the process and we'll eventually just get more and more vehicles going.

Governor: Okay. Madam Secretary of State.

Secretary of State: Thank you, Governor. Did you have anything noted in here? Is there insurance money coming back towards the vehicles that were in accidents?

Keith Wells: Yes.

Secretary of State: Okay. On each of them?

Keith Wells: One of them was a state's fault, so the risk management -- our own insurance, so the state money will fund part of the replacement vehicle. However, the other one was another party's fault, so we are recovering third party insurance on that, yeah.

Secretary of State: Okay, that's great. Thank you, Governor.

Governor: Okay. Any other questions? Thank you, Keith.

Attorney General: I move.

Secretary of State: Second.

Governor: Attorney General has moved to approve Agenda Item No. 5, State Vehicle Purchase. The Secretary of State has seconded the motion. Any questions or discussion? All in favor say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

***6. FOR POSSIBLE ACTION – LEASES**

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

Governor: We'll move on to Agenda Item No. 6.

Clerk: Agenda Item 6 reflects five leases that are presented today for the Board's consideration.

Governor: Any questions on the leases? I do have one. Bruce, I see you're here on the Silver State Exchange.

Bruce Gilbert: Good morning, Governor.

Governor: Yeah.

Bruce Gilbert: Members of the Board. Bruce Gilbert on behalf of Silver State Health Insurance Exchange.

Governor: So my questions is this, this is an extension for three years, eight months?

Bruce Gilbert: This is actually a lease taking over additional square footage where we are now to put in our call center. As you know Xerox is going away on Thursday. And we're going live on Thursday actually in this space.

Governor: I can only smile. It doesn't show on the record, but there is federally, you know, discussion of eliminating state based exchanges. So given this is a long-term lease, do we have the ability to get out of this lease if something federally were to happen to change the law?

Bruce Gilbert: Again, Bruce Gilbert, for the record. My understanding is that were there to be such a change, that would be available to us. Mr. Haycock would know that better than I.

Damon Haycock: Damon Haycock, Chief Operating Officer, for the record. Thank you, Governor and members of the Board. There's always the non-appropriations clause that is built into all leases and contracts at the State of Nevada. I think Mr. Smith can attest to that. And if for whatever reason the Exchange was not to be available or to continue on its operation, then we would not have the funding to continue that lease and then we'd be able to use that non-appropriation clause.

Governor: And I would be negligent if I did not ask. How did everything go; enrollment and all those statistics?

Bruce Gilbert: Thank you, Governor. Again, Bruce Gilbert. We did pretty well. We had just over 73,000 people go through the application and enrollment process, which is more than twice as many as the prior year. Our latest figures indicate that over 60,000 of those have paid and secured coverage. So last year was a low bar, but we cleared it pretty easily. We did twice as well as last year.

Governor: And those are 60 -- is that 60,000 that have purchased plans? That doesn't include the statistics for those that have signed up for Medicaid?

Bruce Gilbert: That is correct.

Governor: And do you know the Medicaid number off the top of your head?

Bruce Gilbert: I do not know, but I saw Mr. Fisher here, and I expect that he would.

Governor: Good morning, Mr. Fisher. Good to see you again.

Steve Fisher: Our enrollment numbers for Medicaid as of March, 563,634.

Governor: That's the total enrolled. Do you know how many newly enrolled there were in this last year?

Steve Fisher: I don't have that number in front of me. I can just tell you from February to March we increased by about 8,000. I can't remember what our beginning number was. I'm looking back at what our number was prior to open enrollment? Do you remember, Naomi?

Naomi Lewis: So the total (inaudible) enrollment is 171,000. Sorry, for the record, Naomi Lewis, Deputy Administrator. The total (inaudible) enrollment is 171,028. That's your expanded population as a result of (inaudible).

Governor: So I'm not going to do the math off the top of my head. So you'd take the 171 and subtract the 73,000, and that would give you your Medicaid number for this past year of new enrollees?

Naomi Lewis: So the Health Insurance Exchange numbers are not in the Medicaid numbers.

Governor: Oh, okay.

Naomi Lewis: So if you add the two together, you have your total.

Governor: So that would be approximately 240,000 of new enrollees this past year. All right. Any other questions, Board members? Thank you. Board members, any other questions with regard to Agenda Item No. 6?

Secretary of State: Would you like a motion for approval?

Governor: Yeah.

Secretary of State: Move to approve.

Governor: Secretary of State has moved for approval of Agenda Item No. 6. Is there a second?

Attorney General: I second.

Governor: Attorney General has seconded the motion. All in favor say aye.

Secretary of State: Aye.

Governor: Aye.

Attorney General: Aye.

Governor: Motion passes 3-0.

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

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

Clerk: On today's Agenda for Agenda Item No. 7 we have 48 contracts that are presented today for the Board's consideration. We've received notice that Item 22, which is a contract between Public and Behavioral Health and Solution Recovery is an item that a member would like to have discussed.

Governor: Yes. I had that one circled. So I have -- first contract I'd like to ask questions about is No. 17, Department of Education and the Board of Regents. Is there anyone here from the Department of Ed.?

Clerk: I don't see anyone.

Governor: Do you know, Ms. Wilkinson, off the top of your head, what the administrative fee from the university is on this contract?

Clerk: Off the top of my head, no, Governor, I don't, but I will gladly find that out and report it back to you.

Governor: Okay. And I'm just curious because I've not heard of this before. What is the Nevada Now is the Time Project?

Clerk: Department of Education would need to help us.

Governor: Well, maybe you can send a text over there and...

Clerk: Certainly.

Governor: ...we can trail this, and maybe somebody could come over. So the next was 22, Department of Health and Human Services and Solutions Recovery.

Secretary of State: That was mine. (Inaudible) with the questions that I have. As a former State Senator this Solutions Recovery was in my Senate district, and so I am aware of the organization. And I was surprised because I saw them on Charleston, and I thought that their main address was on Rainbow. Did they still have the Rainbow?

Dr. Tracey Green: For the record, Dr. Tracey Green. I serve as Chief Medical Officer for the Division of Public and Behavioral Health. You know, I don't have the answer to that question.

Secretary of State: Okay. That was where their main one. And I was hoping somebody from there would be here to answer some of the questions. That's why I asked to have it pulled last week. The questions that I have are in the Section 11, down in Las Vegas, where they have bought many houses, and due to the economy, they bought quite a few. And the residents there had some issues about the upkeep and maintenance of the homes. And I just needed some answers to whether or not those homes have been brought up to the city and counties ordinances of what needs to happen. And I know that they originally had last week, but I wanted to know if they were still being maintained, and I have not heard on that at all. So this is an awful lot of money.

And then I'd also asked about what the graduation rate is and if there's repeat -- you know, if they're coming back, what we've seen in some of the recoveries and what their aftercare program is, because that was one of the big issues that needed to be talked about. And this has been since they've established business there.

Dr. Tracey Green: For the record, Dr. Tracey Green. So some of that information I do have, and I'd be happy to get the graduation and repeats for you. So this is a supported living contact, and so these are not intended to go beyond a 12-month duration. So while we might use the term graduation, they are a limited timespan. So somebody would go, say, from this level to either an independent apartment or if they had not done well, they could step down. But this is what I would consider to be a moderately high level of independence, because it is either in an apartment or in a home with -- a room within a home.

Secretary of State: Right.

Dr. Tracey Green: So this is a more independent level of care.

Secretary of State: right. And I understand that because I've -- when they opened up, and I've seen all of the -- what they have. But I just need those concerns. And I just wanted to know if they'd moved their office or if they're still there, because, like I said, I didn't know about the West Charleston office, but I did know about the Rainbow. That's where their main

headquarters. They had quite a bit of that property right there. I think it's either Terra or Oki where they are.

Governor: Chelsea?

Dr. Tracey Green: Chelsea's fine. She's the Deputy Administrator of our Clinical Services. She might have some answers as well.

Secretary of State: Okay, great. Thank you, Dr. Green. It's always nice to see you.

Chelsea Szklany: Good morning. This is Chelsea Szklany, the Deputy Administrator for Division of Public and Behavioral Health. And the West Charleston address is the mailing address. It's not their main address.

Secretary of State: So it's still on...

Chelsea Szklany: Did I answer your question?

Secretary of State: It's still on Rainbow, the main...

Chelsea Szklany: Correct. So they have a location on Rainbow. Mm-hmm.

Secretary of State: And do you know the status of the residence and if they are and have been kept up?

Mike Adams: Yeah, good morning. This is Mike Adams. I'm the Vice President of Clinical Operations for Solutions Recovery. And all of our homes are very well maintained and we continually do upgrades on them. There never has been a question of the homes not being up to the neighborhood standards.

Chelsea Szklany: And this is Chelsea Szklany again, the Deputy Administrator. In the past we have not had complaints or concerns, but should we have complaints or concerns, these are under the certification of the Division, and we would immediately follow-up and investigate. And I can be on call for those sorts of concerns if they were raised.

Secretary of State: Well, I do take exception to the comment, because as the Senator, I did go from house to house, and I, in fact, called the CEO, told them of the improvements that needed to be done, and the complaints of the neighbors. There were numerous complaints that not only I was getting, but the county was getting in reference to the upkeep. And so I do know, because I personally talked to them and I went to every home that you had up in Section 11. So that is a fact that it did happen and that those homes were not in a very good state when I found them. And they had improved them. Now, I'll go by this weekend again and I'll go look, because I know where each one of the houses are. I don't know if you have additional ones or not, but I do know where they are because neighbors know and keep track and watch. Because it is a

significant area where some of those homes are on acre lots, so it is an issue in the neighborhood, so I just wanted to make sure.

Dr. Tracey Green: And for the record, Dr. Tracey Green. We would like to work with you, Madam Secretary...

Secretary of State: Thank you.

Dr. Tracey Green: ...that if there are any issues that you find and/or concerns, we would like to work directly with you to assure that they are being taken care of.

Secretary of State: Thank you. And then the aftercare, just like to know about that.

Dr. Tracey Green: Absolutely.

Secretary of State: Thank you. Thank you very much. Thanks, Governor.

Governor: Thank you. And, Dr. Green, I had circle this one as well, but my question's a little different tack is, where does this fit within the portfolio of services that we provide with regard to mental health patients and Rawson-Neal and that whole situation?

Dr. Tracey Green: For the record, Dr. Tracey Green. This is actually on the continuum of care. So oftentimes when we discharge individuals, we always assure that they have some level of housing. So this is one of the discharge housing or residential types. Supportive living, again, tends to be a short-term for a higher performing individual who is more independent, because we're striving to get individuals to their highest level of independence. Again, this is usually 6 to 12 months. They tend to be either their own apartments or a room within a home with wraparound services. And that's what I think is also important about this. It provides a transition where their housing is somewhat more independent, but they still get all of the services, therapeutic services, the ability to care for themselves, with services that we would call habilitation, where they learn how to do things like keep checking accounts, take care of their budget. So that level of services as well as their mental health services are provided.

Governor: Is that a voluntary admission?

Dr. Tracey Green: Absolutely. Absolutely. I mean, they are -- once they're discharged from our hospital, they're no longer at risk to themselves or others, and they have to want to be in a home. You know, there are some challenges with individuals that have lived homeless for a long period of time, but this level of housing would not be the level for that particular individual. Our housing continuum, we have long-term homes. We have what we call intensive supportive living. Then we have this level, supportive living. We have what's called transitional, which is somewhat shorter. And then we have very long-term, more permanent housing where people actually are working and then paying some of the rent while we are supporting some of the additional rent. So it's really a continuum of care to assure stable housing for our clients.

Governor: What's the census like there? I mean, is it pretty full or...

Dr. Tracey Green: This particular contract is actually for 40 beds. But because it's anywhere between 3 and 12 months, we anticipate approximately 160 individuals per year are served in this particular scenario. And that's looking at if everybody only stayed three months. So it's anywhere between, say, 14 and 150, depending on the duration of their stay. But there are 40 slots available. So not 14, but 40 to 160, depending on their length of their stay.

Governor: But if the Secretary were to walk in this weekend, what would you estimate the number of beds that are filled there?

Dr. Tracey Green: All 40 of the beds are filled. And they're filled in unique communities. So if she were to go, she would go to multiple communities, which she's very familiar with, and see, say, one individual in Summerlin, another individual in another community, perhaps two individuals in an apartment or in a home. So these are very spread out amongst the entire valley.

Governor: And then piggybacking a little bit on the Secretary's question, what do you estimate the record of success is? Because that's part of what we're trying to stop is this cycle of, you know, individuals are patients coming back through the emergency rooms.

Dr. Tracey Green: Right. Well, at this level of care, we do see success, but I wonder if Mike could give some more information, because they actually track the individual and would then track them from when they leave this particular level of housing to the next step. So perhaps Mike could speak to his population.

Mike Adams: For the record, Mike Adams, Solutions Recovery. In terms of completion rates, we've not run that data recently. The last time we ran was about two years ago. And the completion rate of people entering the program that actually completed the program was in excess of 90 percent for completion. We also have somewhat anecdotal, but lots of examples of very marked turnaround in people's functioning. We have lots of people that was kind of a surprise to us. We've been operating this program for six years. And originally, as far as I know, this is the only program that is specifically geared towards treating the duly diagnosed, chronically mentally ill and addicted population. And with that population, we had anticipated much more -- or actually much less treatment progress, but we see lots of people that not only do they end the cycle of visits back to the emergency room, not only do they get involved in recovery, but a surprising number of those people move on to independent housing and independent employment, which is something that we didn't expect when we first started the program. But we would be happy to, you know, run those numbers, you know, for you year-to-date.

Governor: I'd appreciate that. I'd like a little more contemporary information with regard to the patients there. So if you could follow-up on that, Dr. Green.

Dr. Tracey Green: Sure.

Governor: I'd appreciate it. Any other questions with regard to Agenda Item No. 22 -- or Contract No. 22?

Attorney General: I do, Mr. Chairman.

Governor: Mr. Attorney General.

Attorney General: Dr. Green, so these 40 beds that are described, you're saying this isn't one facility? These are 40 beds that are just managed throughout the valley, throughout the Las Vegas valley?

Dr. Tracey Green: For the record, Dr. Tracey Green. That's correct.

Attorney General: Okay. Could you -- all we get is one little line here on the bid process. Do you have any details on how many people applied for this particular...

Dr. Tracey Green: Absolutely. This was an RFP. There were three respondents, and the award was then to Solutions Recovery. And I do have the complete RFP, but, again, there were three other applicants. And we went through the formal RFP process.

Attorney General: Well, I certainly appreciate how important this is on the continuum and we'll support it, but I do hope that you guys will kind of (inaudible) just a little bit to the Secretary's concerns and make sure everything's all right on their actual conformity...

Dr. Tracey Green: Absolutely.

Attorney General: ...with the county.

Governor: Madam Secretary of State.

Secretary of State: Thank you, Governor. I just wanted to back up what the Governor had asked the question, as I did in reference to repeat and how many actually graduate stay sober, how long. And that is something that I believe was required to track, that we had asked for that in the past, and so I'm kind of amazed that you haven't kept the records in the last two years for that. So I would really hope that starting now you would make sure that we know the numbers of the clients that come in, how long they stay, if there's a repeat. I know that's something that we had talked about, Dr. Green, with the Rawson-Neal as well. So there's numbers are very, very important to us to see -- to make sure that the money that we're spending is well-spent and that the clients are getting the services that they need. So I would appreciate that that being part of any information that you give us when you come before us again. Thank you.

Governor: All right. Any further comments on Contract 22? Greg.

Greg Smith: I just moved over here. I saw people starting to put sunglasses on from the reflection off my head, so I figured better move over.

Governor: You can wear a hat. All right. We'll move to -- I have Contract 27, and I'm not sure if you're in a position to respond to that one, Dr. Green. It's with regard to the telemedicine and tele-psychiatry services.

Dr. Tracey Green: Do you want to start with it, Mike?

Governor: And here's my question. I mean, it's not with regard to whether this is good or bad. I'm just curious as how it's working because I know that it may be expanding and, you know, I have a concern about access in the rural areas. And I want to make sure that the patients that need it are getting it, and that it's working well for them.

Dr. Tracey Green: Absolutely. For the record, Dr. Tracey Green, again, Chief Medical Officer for the Division of Public and Behavioral Health. So I will say that this is one of our most valuable resources for the rural communities to receive psychiatry services. We use it not only for adults and children. And with the recent legislature, I think we're going to see an even further expansion should those bills pass. But what has been done is that actually there's been an expansion through the Medicaid program, so that we can now also provide psychiatry Telehealth not just from urban to rural, but also urban to urban. So we have really seen an expansion in the availability of this services and the utilization of this service.

And I would also add that this service is great for clients, but it's also good for consultation. So if, for example, we have a primary care physician in a rural community who may have a client with a psychiatric issue that they're not quite sure how to handle or what they should do, they can receive consultation via tele-health. So psychiatrists are primary care. And this has also expanded the access and resources for our rural communities and for our urban communities with the psychiatric shortages that we have.

Governor: Will you walk me through, if I live in Battle Mountain, and I need these types of services, how does it work?

Dr. Tracey Green: Absolutely. For the record, Dr. Tracey Green. So currently the way it works is that you would go, say, to our Battle Mountain clinic. We have a community health clinic. And you could meet with our community health nurse who we have the tele-video equipment available. You would come in and you could have a scheduled appointment with a psychiatrist that, say, was at Rawson-Neal or at their private office. The call would be initiated on the side of the client. And then the psychiatrist would be on the other end of the phone and the service would be initiated. If in fact the nurse or the midlevel provider just wanted a consultation about a client, it could be initiated in that same way.

In the future, we hope that there may be the availability for you to be in another location, perhaps at your home or at a community center. But currently we would have you come into one of our offices and then initiate the tele-health communication.

Governor: Because the other piece, I mean, you would think it's logical, most people would want to do it at home, but you have to have wifi access...

Dr. Tracey Green: That's correct.

Governor: ... access as well or access to the internet.

Dr. Tracey Green: Right. There are some secure -- it would have to be a fully secure line. The (inaudible) administration has a very interesting product which is called a tele doc in a box. And actually what it is, is the nurse can travel with the telecommunication device to a full scheduled appointment in people's homes. And so we're also looking at the opportunity, especially in rural Nevada, to do something very similar. So they carry the telecommunication to the client's home and then initiate the call to the physician or psychiatrist wherever they are. And that's a way to get those that don't have the wifi resources to actually have access to Telehealth.

Governor: How are we doing with regard to supply and demand? Is the demand greater than what we're able to do right now?

Dr. Tracey Green: Absolutely. You know, we're looking at groups. We're looking at the opportunity of transporting clients. Again, with the Affordable Care Act and with individuals having Medicaid, one of the benefits of Medicaid is the transportation piece. So we're working very closely with our sister agency to really enhance getting clients where they need to be. But we clearly still have a physician shortage and a psychiatrist shortage, and, in fact, a nurse practitioner shortage. So Telehealth really gives us an opportunity to expand access and to provide group services. So it really is a critical benefit as we move forward in the delivery of healthcare.

Governor: And last question, are the medical provider or the doctor, Washoe County, Clark County, where are they typically from?

Dr. Tracey Green: They can be from anywhere. Our largest number of providers is Clark County, so we tend to have more from Clark County. But we do have some rural psychiatrists that we use throughout the rural area, so we have some contract psychiatrists that are specifically used for Telehealth, and so they would serve all of the rural areas, and actually hubbed in one of our rural clinics. But the greatest population of providers is in Clark County.

Governor: Okay. Any other questions? Madam Secretary.

Secretary of State: Thank you, Governor. Thank you so much. I remember when you first brought this to the legislature and we got to see it, and it was the future. And I am so happy to see where you have gone with this. This is so incredible. And I remember the rural legislators that were so excited about this. And I remember the nervousness of some of the legislators to go ahead with the telemedicine, because they were looking at liability, all of those issues. And you've been able to resolve all of that. And I just want to thank you because I know that it's working in the rural areas, that it is really well received. Our only problem is, of course, the

service providers. We do have a problem with that. But thank you for all that you're doing at this, because this is a fabulous -- and I think they've even started to do it with the veterinarians, if I'm not mistaken. They've really been able to do it all over. And also pediatricians. So thank you. I just see it growing. So thanks for what you're doing. Thank you, Governor.

Governor: Thank you.

Dr. Tracey Green: And I just wanted to add, for the record, Dr. Tracey Green, that we are looking at nurse practitioners, so we're working with our local schools to enhance the psychiatry training program for our nurse practitioners, so we're getting specialized nurse practitioners in psychiatry, and that will also expand our resource base of providers, which is critically important.

Secretary of State: Thank you.

Governor: Anything else? Thank you, Doctor. Next I have 30 through 33, which are those contracts with respective counties. And only because there's a significant amount of money involved, I thought it'd be important to make a record for that. Is there somebody here for that?

Steve Fisher: Good morning, Governor. For the record, Steve Fisher. I'm the administrator for the Division of Welfare and Supportive Services. These are three contracts with -- these are contracts for our District Attorneys' offices, who provide the child support enforcement support, the Child Support Enforcement Program. And so these contracts are a -- it's a two-year extension of the existing contract that we have with the counties for those services.

Governor: So take us through, for example, Clark County. That's \$70 million.

Steve Fisher: That's correct. So it's a \$70 million contract. It was, prior to that, I think we added two years' worth of funds to that existing contract, so I think previously it was a five year contract, and then we've added two additional years to it. So I don't know if that answers your question.

Governor: No, just -- and, again, I'm just making a record for what exactly is happening here as a result of this contract.

Steve Fisher: And so we just added two additional years' worth of funds to an existing contract, to Clark County's contract, so they could provide the two additional years of child support services.

Governor: Okay. So they're getting \$70 million to do child support collection; is that what that is?

Steve Fisher: They provide -- they do not only child support collections, but they do the child -- they go to court and they work with the custodial parent and the noncustodial parent and work out the agreements on child support. And then they enforce that and make sure they collect the

dollars from the noncustodial parent, and make sure that those dollars are transferred to the custodial parent.

Governor: Okay. Any other questions from Board members? I have Contract 43, DMV. Now...

Dawn Lietz: Now it's my turn. Good morning, Governor and members of the Board. For the record, I'm Dawn Lietz. And the Deputy Administrator for the Motor Carrier Division at the Department of Motor Vehicles.

Governor: Now, I've asked this to be pulled because it's with Xerox, and I'd like to know -- it says sole source. How's it going?

Dawn Lietz: Xerox has multiple facets within their company of different types of products and services they provide. And the computer service that Xerox provides for us is for our IFTA program. And we've had it since 1998. We did...

Governor: So what is IFTA?

Dawn Lietz: IFTA is the International Fuel Tax Agreement. And it's where the commercial motor vehicles, their fuel taxes that they pay for traveling through different states. Anyone that's based in Nevada files their returns with the State of Nevada. And this system processes those tax returns and then distributes the money to the other jurisdictions. And we've had this contract with them since 1998. They've changed names through the years, and most recently they went under the Xerox Corporation. This particular contract, we're only asking for five one-year extensions to go with our existing services. And it's because of the system modernization project that the DMV is proposing. And so we didn't want to lock-in to a long-term contract with them knowing that we may be needing to get out of that contract in the next couple of years.

Governor: So there is the ability to exit this contract?

Dawn Lietz: We have to stay with them on a year-to-year basis for the next five years, but, yes, each year we'll be back before this Board to get approval for the next year's extension, and it'll be based on whether or not system modernization moves forward or...

Governor: Well, that's part of the budget. It's in the budget.

Dawn Lietz: That's part of the budget.

Governor: And so we're basically working with the same technology we were in 1998?

Dawn Lietz: That's correct, Governor.

Governor: And what -- are you satisfied with Xerox's performance up until this time?

Dawn Lietz: Xerox's performance has been acceptable. We used to have the international registration plan under the Xerox Corporation too, and we moved that in-house back in 2009 with the intent to move the IFTA program there as well. And then as we began looking at system modernization, that was put on hold. Are there more efficient services out there? Probably so. Does it meet the needs that we have today without a lot of additional cost to the state? Yes.

Governor: So what kind of technology are you using if it's 17 years old?

Dawn Lietz: Well, some of it is the old green screens that you log into, very old computer technology.

Governor: So who even services that?

Dawn Lietz: They do.

Governor: They do?

Dawn Lietz: Yes.

Governor: So green screen, help me with that.

Dawn Lietz: Green screen is like when you got your very first -- yes, the old terminal, the CRT terminals and the little box and you had to type in your CICSCSA, whatever, to get to a function. It's not based off of the web. It is a very old antiquated system. And, like I said, it works for what our needs are. It's not efficient, but we're able to process our tax returns more efficiently than we could do it if we had to do this manually.

Governor: Right. Well, and I suppose in Xerox's defense, they're having to work with an old technology as well.

Dawn Lietz: That's correct. And they do have some newer technology, and they are working on it, but there's a cost associated with that. And at this point we haven't looked at modernizing our contract -- our technology with them as we wait to see what's going to happen with the system modernization.

Governor: Well, and I know, and this isn't really relevant to your issue, but there is technology at DMV that's even older than that.

Dawn Lietz: Motor Carrier's using it, Governor.

Governor: And which one is that?

Dawn Lietz: Paradox.

Governor: Paradox.

Dawn Lietz: Yes.

Governor: And how old is Paradox?

Dawn Lietz: I don't know when it first came into existence, but it's one of the original database programs back when WordPerfect and Lotus and Paradox, they all came out in that same...

Governor: I just have this vision of this room like IBM when it first started and all these huge computers filling this complete room to do a small task.

Dawn Lietz: They're not big computers. The programs fit, but we don't have anyone to service the programs anymore. So if they break, our historical data is gone with it.

Governor: Well, I'm leading a little bit, but that's one of the important components of this budget is to modernize some prehistoric technology that exists over there at DMV and some of those risks that reside over there as a result of that. Mr. Smith.

Greg Smith: Governor, Greg Smith, Purchasing Administrator. Just in support of what the agency has said, a couple items here. First of all, it's listed as a sole source. It's not really. It's a contract extension justification. For the purposes here it's probably potato, potato, but we can't enter in this current system anyway different. Of course, to preserve the status quo and keep things up and operating, but I wanted to assure you that the folks at DMV, numerous folks at the DMV, have been working very aggressively with our office on the modernization project, had hoped to have that RFP out probably in the March or April timeframe. It now looks more like it's going to be this summer. But that's not a bureaucratic slowdown in any event. The IT folks, the professional over at DMV are further refining and defining the criteria for that RFP. It's the old go slow now to go fast later deal, and they really are doing a good job of specifying what they want.

Governor: No, and I've only heard this anecdotally, but there's even some Cobalt (sp?) over there.

Dawn Lietz: That is the DMV application is a Cobalt based system. So everything that we run on over there is very old and antiquated. You're correct, Governor.

Governor: But the backend of that comment is that there are only a couple employees at DMV that know how to work on Cobalt that are getting very close to retirement. And so that, again, extenuates the need to modernize. Yeah, Madam Secretary of State.

Secretary of State: Thank you, Governor. My concern lies with when we have a one-year contract. There are usually additional fees or it costs more when you do just an annual contract. And I wondered if you had weighed that at all and what the -- what I would call an over-cost to do a yearly contract.

Dawn Lietz: Madam Secretary, actually Xerox has been very good at working with us. In fact, when the state had its financial crisis in late 2008, early 2009, they actually cut their contract by 10 percent for us. And there is a cost of living factored in, but they did not increase the rate for us to go on a year-to-year for the next five years. We've been their customer for a very long time, and they continued with the same 5 percent cost of living that they've had in the contract for many years without any additional costs.

Secretary of State: And if I can, Governor, well, that brings me to, how long have we been doing the yearly?

Dawn Lietz: this will be -- our last contract with them was a four-year with two one-year -- or one two-year or two one-year extensions. I can't recall what it was exactly. This is the first time we've gone on a year-to-year with them. And we told them up front why we needed to go on a year-to-year plan, and they were agreeable to that.

Secretary of State: But there's no upfront cost for doing the year? They've stayed within what you were doing and understood it's a year-to-year?

Dawn Lietz: That's correct.

Secretary of State: Thank you for the clarification. Thank you, Governor.

Governor: All right. Any other questions?

Secretary of State: No.

Governor: All right. Thank you.

Dawn Lietz: Thank you.

Governor: All right. Finally, I have a series of public employee benefits contracts. Ms. Carraher, you can come up here as well. You're still working.

Unidentified Female Speaker: We didn't want to scare you away.

Governor: And my question is not a specific one, just generally, what's happening through these contracts?

Donna Lopez: Thank you, Governor, fellow Board members. For the record, my name is Donna Lopez. I'm the Quality Control Officer with the Public Employees Benefits Program. So items 44, 45 and 46 are with Healthscope Benefits who serves as PEB's third-party claims administrator, primarily for the medical claims which touches the individuals who are enrolled in the consumer driven health plan, also known as a PPO plan. So they process all the medical and vision claims with that contract. The other one is Healthscope Benefits serves as the claims administrator for the self-funded PPO dental plan. And the dental benefits are offered to all of

the HMO participants or members, as well as the participants of the consumer driven health plan. And then the other contract, sorry, I didn't go quite in order here.

Governor: That's okay.

Donna Lopez: Healthscope Benefits also provides a national PPO for the Public Employees Benefits Program. And that contract allows participants of the consumer driven health plan to access medical providers who are out of the State of Nevada, as well as individuals who reside in the State of Nevada, to access those same providers as well, including Centers of Excellence, which is really important to some of our folks.

Governor: All right. And at least with regard to those three, this is an extension, correct?

Donna Lopez: Yes, sir.

Governor: And did you contemplate putting this out for an RFP?

Donna Lopez: We did. And what's unique about Healthscope Benefits, as compared to prior administrators that we've had, PEB contracts with a health plan auditor. And he goes in. His job is to go in and audit our claims administrator every quarter. And what's unique about Healthscope Benefits is they have -- the better word, the only word I can think of, they have passed every quarterly audit for the last seven audits that they've had. I've worked with PEB since 2001, and that's unheard of. And so we believe that it was in the best interest of PEB and to the participants of the program, as well as to the state of Nevada to extend the services with Healthscope Benefits because they do an outstanding job for all of us.

Governor: And I guess the reason I ask the question is this takes us through 2020.

Donna Lopez: Correct.

Governor: And so I'll be long gone.

Donna Lopez: I may be too. I may be with Katteri in retirement.

Governor: But that's what -- and I'm not quibbling. They've performed extremely well, but that just -- I guess it's 2015, but it is a long time to not have an opportunity for someone else to come in and perhaps see if they could do a better job. If you have any comment on that. I mean, should we be doing it through 2020?

Donna Lopez: My opinion, yes. Because they do such an outstanding job for us. I could give you just a little bit of history if you're interested. Prior to PEB going out to bid for these services, Megan Sloan, who's in the audience with us today, serves as PEB's contract manager. And what we did before we went out to bid is we went out and interviewed potential bidders because at that time it was a little bit volatile with PEB, and we weren't sure if anybody even wanted to do business with us. So we went out and interviewed three potential bidders to see if

they were interested. And we had the opportunity to see their office, to meet their personnel. They went through a series of questions with us. So we went -- we did what I think exception due diligence to get to the point where we're at right now. And we continue to do that due diligence with our third-party administrator through the quarterly audits that we perform. So I believe that Healthscope Benefits is probably the best that we would ever find, even if we were to go out to bid right now or in the near future.

Governor: And, I mean, purely hypothetical, but if it didn't go well, is there an escape hatch between now and then?

Donna Lopez: Absolutely there is.

Governor: Mm-hmm. And what is that?

Donna Lopez: We have the notice which -- I can't remember the notice for all of these contracts, but for the medical claims administration is 180 days. And then of course we have the allocation of authority. We have that out as well. I don't see that happening, but absolutely we could terminate the contract earlier. And we did do that with the prior administrator that we had. We terminated their contract a year earlier and went out to bid for those services.

Governor: Okay. Attorney General has a question. Mr. Smith, did you have a comment on...

Greg Smith: Well, if I could just provide a little bit of information on the process, Governor. For the record, Greg Smith, Purchasing Administrator. Might even help the lady who made the public comment earlier. And I think Chairman Drozdoff would probably agree with me. I've met with then Executive Director Jim Wells, who's now Department of Administration Director. We've been meeting with their staff over the past couple years. And I've been sensitized to the fact that the insurance products that PEBs generally solicits for don't fit very well into the standard RFP process that we do here at the state. Certainly on some occasions they don't fit very well into the four-year policy. And keep in mind, all contracts per policy of SAM are re-solicited every four years. It's not a law, it's not a regulation. My guess is it's probably 95 percent adhered to. By far all of the state's contract fit into the four-year policy.

A former member of the PEB's board who was involved in the insurance arena kinda sensitized me and members of their staff to the fact that he was aware that there were a great number of insurance companies who weren't even willing to propose on PEB's products because of the RFP process that we run. To a certain extent, I guess, initially I was a little bit defensive and thought, well, that's some of the challenges of doing business with a public body. The fishbowl that we live in, the rates being disclosed and so on and so forth. But NRS 332 which governs local government, Clark County, cities, counties, school districts, they actually have exemptions provided for these very things.

And so we were starting to work with Jim when he came over to Administration. We look forward to working with whoever the next executive director is on furthering how can we come up with a balance of both, whether it be a request for qualifications process with more retriggers,

because I will assure that the staff at PEBs was never backing away from the desire to re-compete, just not in the standard RFP process. Jim even mentioned at one time, I wish he was here to speak to this, but whether we had a pool of vendors who we would prequalify, who we could annually or biannually compete those prices again. Again, giving kind of the best of what the RFP process does have to offer with what the best of the request for qualifications, getting solid vendors who agree to our terms and conditions and all of those kinda things. So we were kinda right at that time when we had the meeting to talk about these contract extensions here.

Governor: Thank you. Mr. Attorney General

Attorney General: I see these contracts are all set to expire without this next summer or summer of '17.

Greg Smith: Sounds about right.

Attorney General: I guess my general question, is there any reason we wouldn't wait this process out? Why the rush to do this extension now, as opposed to allowing a little bit more time throughout if there's another way forward?

Donna Lopez: I'm trying to remember why we did do that as Mr. Smith, I think, so very well-articulated to all of you, that what we were attempting here to do is make sure that the individuals, the PEB participants do not experience any kind of -- gosh, why can't I think of the word? Disruption, thank you, to their health insurance benefits. And I think all of you know we touch a lot of people. And this program over the years has been disrupted many times. And right now it's pretty stable. In fact, it's very stable in regards to the benefits that are offered through PEB, administered by Healthscope Benefits. And so it was our intent to make sure that there was no disruption to the PEB participants for a long time.

Governor: Satisfied?

Attorney General: Mm-hmm.

Governor: All right. Any other questions on 44, 45 or 46? I wanted to move to 47 if we could. Talking about a \$250 million total contract. This is a \$25 million addition.

Celeste Tina Glover (sp?): Correct. So my name is Celeste Tina Glover. I'm the Chief Financial Officer for the Public Employees Benefits Program. So this last contract is our HMO provider, Hometown Health. Just due to the increase in rates over the years, this is based on their experience in the plan, those rates -- initially when the contract was set up, we project out how much we believe we're going to pay, obviously. And with updated information, we've determined that in order to get to the end of this contract period, we needed to extend the authority within that contract to pay those.

Governor: So they need more money?

Celeste Tina Glover: They need more money.

Governor: And that's because there's more utilization? Is that...

Celeste Tina Glover: Our utilization is about the same on the HMOs. It's just the medical costs themselves have gone up. Drug costs are skyrocketing at this point. We've got a lot of new drugs coming on. The new drug costs are resulting in higher than expected trend, so the increase, the inflation is higher than we initially thought it would be. So we've gone through several years of good experience. We're now starting to kinda go the other direction.

Governor: But are we -- or are you absorbing that? Will that result in any type of rate increase?

Celeste Tina Glover: So our rates have been fairly stable over the last few years. Coming into plan year '16 we have just started finalizing those rates. They'll go into our budget amendment in the next week or two. And, yes, those rates have gone up slightly, but they've gone up on a lower base. So they are going up, but they're going up a lesser amount than they would had, had we not been stable this last several years.

Governor: And then how long are we -- or is PEBs in contract with Hometown Health?

Donna Lopez: Again, for the record, Donna Lopez. We are in contract with Hometown Health through June 30, 2016.

Governor: So that's right around the corner.

Donna Lopez: Yes, and if I may add.

Governor: Yes.

Donna Lopez: Sorry, Governor. One of the other reasons why we're extending this contract is we have two HMOs. We have one in Southern Nevada, which is Health Plan of Nevada, and the other one obviously is Hometown Health. The Southern Nevada HMO is scheduled for termination on June 30, 2017. So what we're also, in addition to what Ms. Glover just said, is we're aligning those contracts to terminate on the same day which is June 30, 2017, so that when we create the bid, the RFP, we will go out to bid for an HMO. It could be statewide. It could be a Southern Nevada. It could be a Northern Nevada. So that's just to bring the two contracts into alignment with each other.

Governor: And you anticipated my question, because I just wanted to make sure that for something of this importance, that it does go out for an RFP. And it sounds like by extending this by the year, that might attract more applicants because it would be a statewide contract versus a regional one.

Donna Lopez: Absolutely. That's what we hope to get.

Governor: Which would get us a better deal. Right? Perhaps?

Unidentified Male Speaker: Yeah, perhaps.

Donna Lopez: Perhaps we could, yes.

Governor: All right. Other questions?

Secretary of State: Just one.

Governor: Madam Secretary of State.

Secretary of State: Thank you. I just want to confirm that the other -- the 33 percent is what the employees pay in; is that the -- on here you have other for 44, 45, 46 and 47. Is that correct, what the other is?

Donna Lopez: Yes, yes.

Secretary of State: Okay. All right. I just wanted to make sure that I understood that right. Thanks for the clarification. And thank you ladies for what you do. We appreciate you. Thanks.

Donna Lopez: You're welcome.

Secretary of State: Thank you.

Governor: Thank you. Any other questions?

Secretary of State: Nope.

Governor: Board members, any other questions with regard to Contracts 1 through 48? Ms. Wilkinson.

Clerk: With request to your questions regarding Contract 17. We have (inaudible) from the Department of Education if you want to (inaudible).

Governor: I forgot, so that's -- thank you for the reminder.

Mindy Martini: Thank you. I'm Mindy Martini, Deputy Superintendent for Business and Support at the Department of Ed. This is a contract with UNR to evaluate the Project Aware Grant. It's the first evaluation. And UNR was our partner in developing the grant. And so they would be the group that we're hoping to evaluate this program.

Governor: So tell me, it says Nevada Now is the Time Project. So tell me a little more about that.

Mindy Martini: Well, I can tell you a little bit, and I also have our expert here who is Marco Erickson. But there are essentially three parts to this grant. It promotes safe and respectful learning by doing those positive intervention, behavioral intervention techniques. And then also increases access to mental health services for the kids. And then also supports the early identification of mental health services. So those are the three goals. Do you want to expand on that?

Marco Erickson: Nope, you got it just right.

Mindy Martini: Okay.

Governor: Great program then. And then my other question, and I ask this all the time, is with regard to -- when we deal with the university system, there's typically an administrative cost. Do you know what that is?

Mindy Martini: Lisa Young, our ASO.

Governor: Will you identify yourself for the record?

Lisa Young: Sure. Lisa Young, and I'm the Administrative Services Officer for the Department of Education. So this is a grant, and the administrative charges that are included in anything that we pay to UNR were included in that grant. So let me quickly...

Governor: Yeah, and that's fine. Take your time.

Mindy Martini: Are you asking if those are in...

Lisa Young: They're included. And it's 24 percent.

Governor: Okay. I've heard better, I've heard worse, so...

Lisa Young: We are looking at working with UNR on future grants. These were actually included, that specific amount, in the grant award. And so we carried that forward to through to this contract. But we are working with UNR to get those costs down.

Governor: Yeah, and my objective is, is to get as much money to the actual service versus the administrative fee, so that's -- I'm not picking on UNR, but that's what my goal is, because then we can serve that many more clients.

Lisa Young: And we are aware of that issue and, as I said, we're working with them on a continuing basis to get it down.

Governor: All right. Thank you.

Mindy Martini: The other item that I just want to promote is that we are -- during the interim we will be looking at contract management at the department overall. And we requested a position that will analyze that, look at that and look at some negotiation techniques that may help with that, so that's our goal.

Governor: Okay. Well, I appreciate your coming over. I didn't mean to panic anybody. But I'm just completely serious about that. Any other questions, Board members, on Contract 17?

Secretary of State: No.

Attorney General: No, Governor.

Governor: If there are none, the Chair will accept a motion for approval of Contracts 1 through 48.

Attorney General: Move to approve.

Secretary of State: Second. And then I have a question.

Governor: Attorney General has moved for approval of Contracts 1 through 48 in Agenda Item No. 7. Secretary of State has seconded the motion. Questions or discussion? Madam Secretary of State?

Secretary of State: Yes, if we grant any of these and there's an issue, can we rescind our action based on knowledge that we find out they're not performing their duties, or is there -- it doesn't - - when it's over, it's over?

Governor: My answer would be no, but I'm going to defer to our counsel.

Katie Armstrong: Thank you, Governor and Madam Secretary of State. This is Katie Armstrong, for the record. The terms of the contract would control, so we would have -- you know, you can't rescind your vote on that. We'd have to look at the terms in the contract and their termination provisions and follow those.

Secretary of State: Okay. Thank you.

Katie Armstrong: Thank you.

Governor: Any other questions or discussion? All in favor of the motion say aye.

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

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

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

Governor: Move on to Master Service Agreements. Ms. Wilkinson.

Clerk: Item No. 8 on the Agenda presents three Master Service Agreements for the Board's consideration. Two of them pertain to educational furniture, and one is for bulk fuel tanks that are owned by the state.

Governor: I have no questions. Board members?

Greg Smith: Governor, I make just one comment to highlight something I think you'll find particularly pleasing.

Governor: Yes.

Greg Smith: For the record, Greg Smith. Regarding to the first two contracts on this, the educational furniture, you may have asked yourself how much educational furniture does the state buy and why are we involved in this. The reason I wanted to highlight this, and the answer is the state doesn't buy all that much. But cities, counties, school districts, in particular school districts and our Higher Education folks do. This was an effort by our office, and we're going to try to do more of these, where we coordinated through the Western States Contracting Alliance, a 15-state consortium. I was successful in getting a representative from UNLV and also one on the Clark County School District on the sourcing team for this contract. Huge savings. Those are both big entities, but the prices they received here are far lower than what they could have done on their own.

So what I just wanted to pledge to you is there's going to be a lot more cooperation. Any contract we do, cities, counties, school districts are what they call intended third-party beneficiaries, and we plan on pushing that a lot more.

Governor: Congratulations. And I appreciate your bringing that to our attention, because that gives us incredible negotiating power...

Greg Smith: That it does.

Governor: ...which saves taxpayers money.

Greg Smith: Yes, sir.

Governor: All right. If there are no questions, the Chair will accept a motion to approve the Master Service Agreements described in Agenda Item No. 8.

Attorney General: Move to approve.

Secretary of State: Second.

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

Secretary of State: Aye.

Attorney General: Aye.

Governor: Aye. Motion passes 3-0.

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

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

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

Comments:

Governor: Let's move to Agenda Item No. 9, Contracts Approved by the Clerk of the Board.

Clerk: Agenda Item 9 presents 42 contracts under the \$50,000 threshold that have been signed and approved between the period of February 13 through March 23 of 2015.

Governor: I have no questions. Board members?

Attorney General: No questions.

Secretary of State: No.

10. INFORMATION ITEMS

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

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

Comments:

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

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

Comments:

C. Public Employees Benefits Program (PEBP)

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

Comments:

Governor: We will move on to Agenda Item No. 10, Information Items.

Clerk: Agenda Item 10 is also an informational item. It presents three technical corrections that we wanted to disclose to the Board, two of them are related to contract dates and one is related to a dollar amount where we had caught a subtotal amount versus a total dollar. So informational. And we're putting some systems in place to hopefully reduce and eliminate this need in the future.

Governor: Any questions from Board members? Thank you, Ms. Wilkinson.

11. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

Comments:

Governor: Agenda Item 11. Any Board member comments?

Attorney General: Nope.

Governor: Do we have any public comment from Carson City? If you would state your name for the record, please.

Peggy Lerbowen (sp?): Peggy Lerbowen, for the record. My name and my words for the record, please. I want to thank you very much for the time and energy that you expended today on these events. There's one area that I have a concern for, the employees of the State of Nevada, present and past, and into the future maybe. But I'm concerned with one thing that's transpiring about a certain benefit through a wellness program. And what used to happen is if we went through all of hoops, meaning the requirements to be a participant and be accepted into the wellness program, we received a reduction in premium costs which meant \$50 a month and every paycheck if we went through with what was required. And as now the way it stands that rather than the \$50 a month into every person's paycheck who is a -- who serves at the pleasure of their departments and their entities in the State of Nevada, making the state great and strong, that money is going to be without any ado be put into their savings account, health savings account as such, however I might use the wrong term, so I don't want to go there. I want the issue, not my bad memory on which alphabet soup to use.

And basically what happened for a couple of years now, \$600 a year for every employee, retiree, state and non-state have been able to -- who participated in the program, which is voluntary, have been able to have \$600 to spend within their community for food, rent, cars, whatever. And now it's being suggested when it was said that the majority of those folk who are involved in this program are healthy and not going to utilize a health savings program, and in the health savings program you can only use that money for health related costs, and if you haven't filed a claim within a year, or having used the money within a year of when the claim is filed, then you can't use it at all for that health expense because it's -- and it just sits in your account.

And I just feel that money is being taken out of underpaid workers' pockets, underpaid retirees' pockets for the purpose of putting it into an account where they might not be able to utilize it for who knows how long. And I'm suggesting that it might not be the Board of Examiners purview to be able to control things, but I think you guys know who to call, and ask that this money be handled as it has in the past. That if you qualify for the wellness program, that earn your \$50 a month premium reduction and so your paycheck is \$50 richer that month. And you can spend it within Nevada to sure up our foundations economically. And I thank you very much. And thank you for all your hard work. You're really appreciated.

Governor: Thank you. Any public comment from Southern Nevada? So, Mr. Wells, I'm going to put you on the spot because I'm going to go back to Board member comment and see if you can respond to that public comment, because I'm curious myself about that. And I know you're no longer the head of the PEB's Program, but I would imagine you have knowledge on this issue.

Jim Wells: Good morning, Governor. For the record, Jim Wells. I serve as your Director of Administration. The Board did change the way the incentives for the wellness program are to be awarded effective this coming July 1st. So up until now Ms. Lerbowen is correct, that they have been premium reductions for all of the participants. This year they will be premium reductions for those who are on the HMO because there's no way to have a health savings account or health reimbursement arrangement for that class of participants. But for those who are on the consumer driven health plan, the \$50 per month will be deposited into their HSA or HRA for use for medical care.

They made the decision for a couple of reasons. The first was state employee premiums were only about \$40 a month, so they were not ever getting the full benefit of the \$50 -- if they're employee only, were not getting the benefit of their \$50 premium reduction. They were only getting \$40. And there was a lot of requests from participants to get that \$10 a month back somehow. And so the Board decided that they would go ahead and just put the whole \$50 into the HSA or HRA. That's the primary driver behind that.

The usage of the funds, the funds can be used at any time. They roll over. If you incur a claim today, you have a year in which to file a claim to be reimbursed for that claim. It's the same process if you go to a doctor and that doctor files a claim for your visit today, they have 12 months in which time they have to file that claim in order for that claim to be paid by the program. If they file it 13 months later, that claim is denied as not timely filed. The same rules apply to being reimbursed from your HRA or HSA account. If you incur the claim today, you have 12 months from today in which to file the claim. If you don't file that claim, that balance just continues to roll over and you can use that for future healthcare related expenses.

Governor: Just one other question. I don't want to get too far into the weeds on this. But if the healthcare provider does not submit a bill to you within 12 months and you deny that claim, does it still have the ability to seek reimbursement from the patient?

Jim Wells: Again, for the record, Jim Wells. No, because the contracts prohibit the providers from going back against the patient if they are -- for not timely filing the claim.

Governor: Okay. All right. Thank you, Mr. Wells.

Jim Wells: Sure.

Governor: I see no other public comment.

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

Governor: Is there a motion to adjourn?

Secretary of State: So moved.

Attorney General: Second.

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

Secretary of State: Aye.

Attorney General: Aye.

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

Secretary of State: Thanks, Governor.

Respectfully submitted,

JAMES R. WELLS, CLERK

APPROVED:

GOVERNOR BRIAN SANDOVAL, CHAIRMAN

ATTORNEY GENERAL ADAM PAUL LAXALT

SECRETARY OF STATE BARBARA K. CEGAVSKE

Brian Sandoval
Governor



James R. Wells, CPA
State Budget Interim Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: April 1, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Stacey Johnson, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

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

Additional Information:

Preston Bass Interpreting Services is owned by Caroline Bass who is currently a Lead Faculty at the College of Southern Nevada; Dept. of International Language. Her current job is instruction vs. providing professional interpreter services. State work hours are in the evenings where the instruction takes place and there will be no interpretive services provided during that time. This is one of four contractors that met the qualifications for this solicitation to provide these services. Relates to contract #16508.

Statutory Authority:

BOE approval required pursuant to NRS 333.705.

REVIEWED: _____

Handwritten signature of SB in black ink.

ACTION ITEM: _____

Authorization to Contract with a Current Employee

Employee Name:	<u>Caroline L. Bass</u>
Employee ID number:	<u>00081288</u>
Job Title:	<u>Lead Faculty</u>
Current Agency:	<u>College of Southern Nevada; Dept of International Languages</u>
Current class and grade:	<u>Faculty</u>
Employment Dates:	<u>2002 to present</u>
Contracting Agency:	<u></u>

Please check which of the following applies:

Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.

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

a. Summarize scope of contract work.	This contract provides in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons.
b. Document the employee's current job description.	Instructor for classes; Lead Faculty responsible for scheduling adjunct faculty
c. Explain how this differs from current State duties.	Instruction vs. providing professional interpreter services
d. Explain why existing State employees within your agency cannot perform this function.	No class specification in State government to provide these services.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so; explain relationship and why this would not violate NAC 284.750.	N/A
f. List contractor's hourly rate.	\$80.00 - \$100.00 per hour
g. List the range of comparable State employee rates.	N/A
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more	N/A

than 10 percent.	
i. Identify the date and time the contract work will be performed.	Contract work will be performed on an as-needed basis.
j. Identify the State employee's work schedule.	State employee work hours are evenings where instruction takes place; office hours are flexible
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	All contract work is handled through the PBIS agency system and has a designated location where this occurs. There is no crossover of work.
l. Document the justification for hiring contractor.	People who are deaf or hard of hearing often request interpreters as an accommodation under the Americans with Disabilities Act (ADA) in order to access services and/or attend public meetings.

Comments:

Caroline L Bass 3-31-15
 Contracting Agency Head's Signature and Date

K. R. O. 3-31-15
 Current Employee's Agency Head's Signature and Date KEN UMLAND

Stacey Johnson 4/8/15
 Budget Analyst

 Clerk of the Board of Examiners

Brian Sandoval
Governor



James R. Wells, CPA
Interim Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: April 10, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Katrina Nielsen, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING & DISABILITY SERVICES DIVISION (ADSD)

Agenda Item Write-up:

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

Additional Information:

ADSD contracts for Care Manager Positions; no state employees perform these duties.

Statutory Authority:

BOE approval required pursuant to NRS 333.705.

REVIEWED: _____
ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

Administrative Office
3416 Goni Road, D-132
Carson City, NV 89706



(775) 687-4210 • Fax (775) 687-0574
adsd@adsd.nv.gov

RICHARD WHITLEY
Director

JANE GRUNER
Administrator

BRIAN SANDOVAL
Governor

April 06, 2015

To: James R. Wells, Director, Department of Administration
From: Jane Gruner, Administrator, Aging and Disability Services Division 
Through: Richard Whitley, Director, Department of Health and Human Services 
Subject: Authorization to Contract with a Current Employee

The Aging and Disability Services Division would like to request to contract with a current employee, as per NRS 333.705. This request is on behalf of the Autism Treatment Assistance Program (ATAP) to assist families in accessing evidence-based behavior therapy for children with Autism Spectrum Disorder (ASD). Additionally, the contracted employee would be providing service coordination, completing home visits and working with contracted providers to ensure treatment is being implemented. While this position is not a difficult to recruit position, it does require certain skills sets and experience working with families and children with ASD. The current employee is not previously employed by the Division, but rather was a student employee at the University of Nevada, Reno.

The "Authorization to Contract with a Current Employee" forms are attached for review and consideration. Should you have any questions, please contact Julie Kotchevar at (775) 687-0583.

Aging and Disability Services Division
Administrative Office
3416 Goni Road, D-132
Carson City, NV 89706
(775) 687-4210 ~ (775) 687-0574

Authorization to Contract with a Current Employee

Employee Name:	<u>Brittney Timmons</u>
Employee ID number:	<u>000151970</u>
Job Title:	<u>Graduate Research Assistant</u>
Current Agency:	<u>University of NV Reno</u>
Current class and grade:	<u>N/A</u>
Employment Dates:	<u>07/01/2014- 06/30/2015</u>
Contracting Agency:	<u>Aging and Disability Services Division</u>

Please check which of the following applies:

Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.

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

a. Summarize scope of contract work.	Provides case management services; develop treatment/service plans and monitor client and family progress; identify, obtain, coordinate, monitor and evaluate resources and services to meet client and family/care provider needs; assist clients in obtaining financial assistance; coordinate treatment and services with outside agency service providers. Care managers are responsible for 35-45 families and must make monthly and quarterly contact.
b. Document the employee's current job description.	Graduate Research Assistant helps organize and implement graduate level course. Job entails organization and coordination of students and educators. Writes reports, collects and analyzes data, and organizes paperwork and IRB submittals.
c. Explain how this differs from current State duties.	Does not provide case management services.
d. Explain why existing State employees within your agency cannot perform this function.	Care manager positions are all contracted through a temp agency, no state employees perform these duties.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so; explain relationship and why this would not violate NAC 284.750.	N/A
f. List contractor's hourly rate.	26.15 hourly cost to agency

g. List the range of comparable State employee rates.	Developmental Specialist 3, Grade 35 Step 1-Step 10 \$21.82-\$32.42
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent.	N/A
i. Identify the date and time the contract work will be performed.	40 hours per week M-F Anticipated start date 05/18/2015
j. Identify the State employee's work schedule.	M-F 8:00-5:00
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	Graduate Research Assistant work schedules vary widely. They are contracted for 20 hrs/week and work whatever schedule is required to get the job done, including nights and weekends. Hours now reduced to 10 hrs/week for this employee through the end of June.
l. Document the justification for hiring contractor.	It does require certain skill sets and experience working with families and children with Autism Spectrum Disorder (ASD).

Comments:

James Bruner, 4/7/15

Contracting Agency Head's Signature and Date

Jacque M. Ewing-Taylor, PhD, Associate Director, Raggio Research Center
for STEM Education, UNR, April 2, 2015 Changes Approved 4/7/15 JET

Current Employee's Agency Head's Signature and Date

Katrina Seelsoe, 4/10/15

Budget Analyst

Clerk of the Board of Examiners

APR 07 2015



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

Administrative Office
3416 Goni Road, D-132
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adsd@adsd.nv.gov

RICHARD WHITLEY
Director

JANE GRUNER
Administrator

BRIAN SANDOVAL
Governor

April 06, 2015

To: James R. Wells, Director, Department of Administration
From: Jane Gruner, Administrator, Aging and Disability Services Division 
Through: Richard Whitley, Director, Department of Health and Human Services 
Subject: Authorization to Contract with a Former Employee

The Aging and Disability Services Division would like to request to contract with a former employee, as per NRS 333.705. This request is on behalf of the Autism Treatment Assistance Program (ATAP) to assist families in accessing evidence-based behavior therapy for children with Autism Spectrum Disorder (ASD). Additionally, the contracted employee would be providing service coordination, completing home visits and working with contracted providers to ensure treatment is being implemented. While this position is not a difficult to recruit position, it does require certain skills sets and experience working with families and children with ASD. The former employee was a student employee at the University of Nevada, Las Vegas as a Research Assistant from 01/16/2012 to 08/30/2014, so it is within the two years as a former employee.

The "Authorization to Contract with a Former Employee" forms are attached for review and consideration. Should you have any questions, please contact Julie Kotchevar at (775) 687-0583.

Aging and Disability Services Division
Administrative Office
3416 Goni Road, D-132
Carson City, NV 89706
(775) 687-4210 ~ (775) 687-0574

APR 08 2015

Authorization to Contract with a Former Employee

Former Employee Name: Arianna Gonzalez-Bueno
Former Employee ID number: _____
Former Job Title: Research Assistant
Former Employing Agency: University of Nevada Las Vegas
Former Class and Grade: N/A
Employment Dates: 01/16/2012-08/30/2014
Contracting Agency: Aging and Disability Services Division


<p>Please check which of the following applies:</p> <p><input checked="" type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-i below.</p> <p><input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.</p>	
<p>a. Summarize scope of contract work.</p>	<p>Provides case management services; develop treatment/service plans and monitor client and family progress; identify, obtain, coordinate, monitor and evaluate resources and services to meet client and family/care provider needs; assist clients in obtaining financial assistance; coordinate treatment and services with outside agency service providers. Care managers are responsible for 35-45 families and must make monthly and quarterly contact.</p>
<p>b. Document former job description.</p>	<p>Assistance to administrators and coordinators in projects, review of journal articles, brainstorm ideas to improve protocols, treatments, overall function and productivity of Family Research and Services. Prepare or assist in the preparation of workshops. Answer telephones, assist in data entry, perform general day to day tasks necessary to run effectively and functionally.</p>
<p>c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?</p>	<p>N/A</p>
<p>d. Explain why existing State employees within your agency cannot perform</p>	<p>Care manager positions are all contracted through a temp agency, no state employees perform these duties.</p>

this function.	
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.	N/A
f. List contractor's hourly rate.	24.04 hourly cost to agency
g. List the range of comparable State employee rates.	Developmental Specialist 2, Grade 33 Step 1-Step 10 \$20.07-\$29.67
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	N/A
i. Document justification for hiring contractor.	It does require certain skill sets and experience working with families and children with Autism Spectrum Disorder (ASD).

Comments:

 4/7/15

 Contracting Agency Head's Signature and Date

 4/10/15

 Budget Analyst

 Clerk of the Board of Examiners

Brian Sandoval
Governor



James R. Wells
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: April 10, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Katrina Nielsen, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink that reads "Katrina Nielsen".

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 –
AGING & DISABILITY SERVICES DIVISION (ADSD) –
PROVIDER AGREEMENT FORMS**

Agenda Item Write-up:

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

- A. Nutritional Counseling Services
- B. Counseling Services

Additional Information:

The proposed Provider Agreements are specific to the individual services needed as follows:

Nutritional Counseling Services: This service includes assessment of an individual's nutritional needs, development, and/or revision of an individual's nutritional plan, counseling and nutritional intervention, and observation and technical assistance related to the successful implementation of the nutritional plan. These services include training, consultation for individuals, family members or support staff involved in the day-to-day support of the participant; comprehensive assessment of nutritional needs; incorporating the nutritional plan into the participant's Individual Service Plan; aid in menu planning and making healthy options; and developing quarterly summaries of progress on the nutritional plan.

Counseling Services: Counseling services include assessment, consultation, therapeutic interventions, support and guidance for waiver participants and/or family members, caregivers, and team members, which are not covered by the Medicaid State Plan and which improve the individual's personal adaptation and inclusion in the community. This service is available to individuals who have intellectual and/or developmental disabilities and provides problem identification and resolution in areas of interpersonal relationships, community participation, independence, and attaining personal outcomes, as identified in the Participant's Individual Service Plan. Services are provided by licensed professionals.

<p>REVIEWED: <u>SAH</u></p> <p>ACTION ITEM: _____</p>



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

3416 Goni Road, D-132
Carson City, Nevada 89706

(775) 687-0545 • Fax (775) 687-0573

mmedeiros@adsd.nv.gov


RICHARD WHITLEY
Director

JANE GRUNER
Administrator

DATE: March 25, 2015

TO: Katrina Nielsen, Budget Analyst IV
Department of Administration

FROM: Matthew Medeiros
Aging and Disability Services Division

THROUGH: Jane Gruner, Administrator 
Aging and Disability Services Division

REGARDING: Nutritional Counseling Services, and Counseling Services - Provider Agreement request to be approved to form.

Developmental Services has the responsibility to address the health and welfare needs of the people we serve with intellectual disabilities and related conditions in a proactive and timely manner utilizing a planned, person centered approach. Our participant base consists of over 6,000 Nevadans and approximately 1,500 community providers/partners who work directly with Developmental Services staff and our program participants, forming a service team to identify and deliver needed services and supports.

The individual support plan (plan) is the document that drives the service delivery system. It is reviewed as many times as necessary to meet the participant's needs and goals. Each time a revision is made to a plan, which could be monthly, quarterly or annually, a new individualized contract is developed. Once developed, the contract must be signed by the participant, staff, guardian, community providers, team members and internal agency staff. Each plan may go through ten or more individuals to complete the approval process every time it is revised and take weeks to implement. In order to be more responsive to the needs of our Participants and Providers, this process requires streamlining.

ADSD has a successful Provider Agreement process in place. Developmental Services Regional Centers (Desert Regional Center in Las Vegas; Rural Regional Center with offices throughout the rural communities and Sierra Regional Center in Sparks) would like to expand this process because it is a proven method to the establishment of a streamlined and timely service delivery system minus the labor-intensive paperwork process currently in place.

RECEIVED

APR 07 2015

The proposed Provider Agreements are specific to the individual services needed as follows:

Nutrition Counseling Services: This service includes assessment of an individual's nutritional needs, development, and/or revision of an individual's nutritional plan, counseling and nutritional intervention, and observation and technical assistance related to the successful implementation of the nutritional plan. These services include training, consultation for individuals, family members, or support staff involved in the day-to-day support of the participant; comprehensive assessment of nutritional needs; incorporating the nutritional plan into the participant's Individual Service Plan; aid in menu planning and making healthy options; and developing quarterly summaries of progress on the nutritional plan.

Counseling Services: Counseling services include assessment, consultation, therapeutic interventions, support and guidance for waiver participants and/or family members, caregivers, and team members, which are not covered by the Medicaid State Plan and which improve the individual's personal adaptation and inclusion in the community. This service is available to individuals who have intellectual and/or developmental disabilities and provides problem identification and resolution in areas of interpersonal relationships, community participation, independence, and attaining personal outcomes, as identified in the Participant's Individual Service Plan. Services are provided by licensed professionals.

Please don't hesitate to contact me if you have any questions regarding this request.

Matthew Medeiros
Aging & Disability Services Division
phone (775)-687-0545
fax (775) 687-0573
Contract unit

IN WITNESS WHEREOF, the parties approve the Aging and Disability Services Provider Agreement to form:

Nutritional Counseling Services and Counseling Services

James Bruner 3/30/15 Administrator, Aging and Disability Services Division
Jane Gruner Date Title

for Ellen M. Creeden 4/13/15 Director, Department of Health and Human Services
Richard Whitley Date Title

Approved as to form by:

[Signature] Senior Deputy Attorney General
Attorney General's Office Date Title
3/27/15

APPROVED BY BOARD OF EXAMINERS

Signature-Board of Examiners

Date

**Master Services Provider Agreement
State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
Developmental Services Regional Centers**

Nutritional Counseling Services

This Agreement between State of Nevada, Department of Health and Human Services, Aging and Disability Services Division, (hereinafter called Division) and the undersigned Provider or Provider Group and its members (hereinafter called Provider) is dated as set forth below per the Scope of Work (Attachment A); and is made pursuant to Nevada Revised Statutes, Chapter 427A, there under to provide appropriate and timely services authorized for reimbursement (hereinafter called "services") to eligible Participants (hereinafter Participants) receiving services from the Division. On its effective date, this Provider Agreement supersedes and replaces any existing contracts between the parties related to the provision of Services to Participants. The Nevada Aging and Disability Services Division is authorized to obtain, and the Provider is ready, willing and able to provide, such services. Therefore, in consideration of the mutual promises and other valuable consideration exchanged by the parties hereto:

I. Provider Agrees:

1. To adhere to standards of practice and requirements of a registered dietician as set forth in all applicable local, state and federal laws, statutes, rules and regulations, American Dietetic Association, as well as any applicable administrative policies and procedures set forth by the Division relating to the Provider's provision of services.
2. To enroll and maintain status as an approved Medicaid provider in good standing, pursuant to the Medicaid Service Manual, Chapter 100 and 2100 as applicable, and all Conditions of Participation in Chapter 102.1. Verification of these requirements must be provided prior to the approval of the initial provider agreement.
3. To maintain required training and criminal clearance checks for all employees and contractors, as a Medicaid Provider (Type 38).
4. To submit accurate, complete and timely claims based on prior authorization and actual services provided and bill for allowable Medicaid services.
5. To operate and provide services to Participants without regard to age, sex, race, color, religion, national origin, disability or type of illness or condition. This includes providing services in accordance with the terms of Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. § 794). To provide services in accordance with the terms, conditions and requirements of Americans with Disabilities Act of 1990 (P.L. 101-336), 42 U.S.C. 12101, and regulations adopted hereunder contained in 28 C.F.R. §§ 36.101 through 36.999, inclusive.
6. To provide services in accordance with the terms, conditions and requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and regulations adopted there under contained in 45 CFR 160, 162 and 164.
7. To provide services in accordance with the terms, conditions and requirements of the Home and Community Based Waiver for Individuals with Intellectual Disabilities and Related Conditions and Title XX as applicable.
8. To operate and provide services in a manner that facilitates the Participant's choices and

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right to decision making; protects rights; promotes and supports personal goals and desires through active participation in the Individual Support Plan process with systems for effective measurement of outcomes towards achievement of goals.

9. To report all incidents of denials of rights; abuse, neglect and/or exploitation and provide notifications on the use of restrictive interventions that occur with Participants to the Regional Centers in accordance with Division, policy and procedures.
10. To provide to the Regional Centers, a report of any instance of Medicaid fraud or abuse in accordance with Division, policy and procedures.
11. To obtain and maintain all licenses, permits, certification, registration and authority necessary to do business and render services under this Agreement. Where applicable, the Provider shall comply with all laws regarding safety, unemployment insurance and workers compensation. Provider will submit a copy of current licensure immediately upon every renewal.
12. To conduct initial and every five years thereafter, state and federal criminal clearance checks for any employee, contractor, and/or leaders of an organization and comply with the Nevada Medicaid Chapters 100 and 2100 Home and Community Based Waiver for Persons with Intellectual Disability and Related Conditions as well as crimes listed under NRS 449.174 when making hiring determinations or contracting with individuals or entities.
13. To check the List of Excluded Individuals/Entities on the Office of Inspector General (OIG) website prior to hiring or contracting with individuals or entities and periodically, but no less than annually, check the OIG website to determine the participation/exclusion status of current employees and contractors.
14. To disclose 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.
15. To conduct business in such a way that the Participant is afforded freedom of choice of provider, services and supports.
16. To ensure the organization has a system in place to protect against duplicate billing within and outside of the agency's service delivery system (e.g. Behavioral Health Services, Psychosocial Rehabilitative Services, Personal Care Attendant Services, etc.).
17. To exhaust all appeals processes prior to initiating any litigation against the Division.

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Developmental Services Regional Centers**

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18. To provide for adequate insurance coverage for any business liability and/or professional acts or omissions pursuant to this Agreement (refer to Attachment C). To the fullest extent permitted by law, provider shall indemnify, hold harmless and defend, not excluding the Division's right to participate, the Division from and against all liability, claims, actions, damages, losses, and expense, including, without limitation, reasonable attorneys' fees and cost, arising out of any alleged negligent or willful acts or omissions of Provider, its officers, employees and agents
19. That by signing this Agreement, Provider certifies 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 regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.
20. That the Provider's books, records (written, electronic, computer related or otherwise), including, without limitation, relevant accounting procedures and practices of Provider or its subcontractors, financial statements and supporting documentation, and documentation related to the Services and reimbursement claims under this Agreement shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location of Provider where such records may be found, with or without notice by the Division or its designee. All subcontracts shall reflect requirements of this paragraph.
21. That the Provider is associated with the State only for the purposes and to the extent specified in this Agreement, and in respect to performance of the agreed services pursuant to this Agreement, Provider is and shall be an independent contractor and, subject only to the terms of this Agreement, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Agreement. Nothing contained in this Agreement 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 Provider or any other party. Provider 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 Provider 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. Provider 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.
22. Provider will perform functions and/or activities that involve the use and disclosure of Protected Health Information in the provision of, or in claims for reimbursement for, Services as authorized by the Program; therefore, the Provider will be considered a HIPAA Business Associate of the Division unless Provider falls within an exception recognized by the federal Office of Civil Rights (HIPAA Privacy). It will be the responsibility of the Provider to fully document in writing to the Division the facts supporting any request to be recognized

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by the Division as being exempt from the execution of the Division's additional HIPAA Business Associate Agreement (Attachment B) (which upon execution shall be incorporated into this Agreement).

23. No services may be provided to a Participant, nor reimbursement claimed, prior to Provider's (and any of the Provider's applicable subcontractors') separate execution and delivery of the Division's HIPAA Business Associate Agreement or otherwise receipt of the Division's concurrence in writing that Provider's (or applicable subcontractor's) services fall within an exception from the HIPAA business associate requirements. Provider will have a duty to disclose to the Division any of its subcontractors that are providing business associate functions or activities (having access to Protected Health Information) including without limitation: claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, practice management, re-pricing, legal services, accounting services, consulting services, data aggregation, and office management.
24. Provider will furnish certificates of insurance or written evidence of self-insurance. Attachment C Insurance Schedule.
25. Both Parties Agree:
 1. That this Agreement may be terminated as follows:
 - a. Termination without Cause. Any discretionary or vested right of renewal notwithstanding, this Agreement may be terminated upon written 30-day notice by mutual consent of both parties or unilaterally by either party without cause. Provider agrees to provide ongoing, authorized services to a Participant until the termination date of the contract.
 - b. Division Termination for Nonappropriation. The continuation of this provider agreement 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 Division may terminate this agreement, and the Provider 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 Provider's funding from Division 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 Agreement may be terminated by either party upon 30-day written notice of default or breach to the other party. In the case of a report of abuse, neglect, or exploitation by Provider staff that was substantiated by the Developmental Services Regional Center or law enforcement agency, this agreement may be terminated immediately.
 - d. Division Termination For Default. The Division may terminate this agreement immediately when the Division receives notification or determines that the Provider no longer meets the professional credential and/or licensing and/or certification and/or insurance requirements.

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State of Nevada
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Aging and Disability Services Division
Developmental Services Regional Centers**

Nutritional Counseling Services

- e. Winding up Affairs upon Termination. In the event of termination of this Agreement for any reason, the parties agree that the provisions of this paragraph survive termination:
- 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 Agreement or the Program;
 - The Provider shall provide current, written service status summaries for each Participant;
 - Provider shall preserve, protect and promptly deliver into State possession all proprietary information owned by the State, if any.
 - Provider shall protect the confidentiality of all Participant records.
2. The State will not waive and intends to assert available NRS chapter 41 liability limitations in all cases. Agreement liability of both parties shall not be subject to punitive damages. Damages for any State breach shall never exceed the amount of outstanding unreimbursed claims submitted pursuant to the Program.
3. Neither party shall be deemed to be in violation of this Agreement 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 Agreement after the intervening cause ceases.
4. This Agreement 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-interest that would require the application of the law of any other jurisdiction. Provider consents to the jurisdiction of the Nevada district courts for enforcement of this Agreement.
5. This Agreement and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a 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 Agreement specifically displays a mutual intent to amend a particular part of this Agreement, general conflicts in language between any such attachment and this Agreement shall be construed as consistent with the terms of this Agreement. Unless otherwise expressly authorized by the terms of this Agreement, no modification or amendment to this Agreement 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.

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Developmental Services Regional Centers**

Nutritional Counseling Services

26. Reimbursement:

1. The Division will provide reimbursement payment for authorized and timely claimed services provided to qualified Recipients by the enrolled Provider, for any such services actually and properly rendered by the Provider in accordance with Division statutes, regulations, administrative policies and procedures, individual service plans and service authorizations unless direct billing to Medicaid has been established for certain Participants. The Division's reimbursement rates may vary over the term of this Agreement and must conform to the established reimbursement rates in force at the time the service was provided with respect to the Division's receipt of each Provider claim.
2. The Provider is responsible for the validity and accuracy of claims whether submitted on paper, electronically or through a billing service. The Provider agrees to reimburse the Division for payments that are not verified by Provider documentation.
3. Timeliness of billing is of the essence to the Agreement and recognition that the Division is on a fiscal year. All billings must be submitted within 30 days of the provision of services. Billings for services provided between June 1st and the 30th must be submitted to the Division no later than the first Friday in August of the same calendar year. All billing submitted late, which forces the Division to process the billing as a stale claim pursuant to NRS 353.097, will subject the Provider 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 Division of processing the billing as a stale claim and that this amount will be deducted from the stale claim payment due to the Provider.
4. The Provider, whether direct billing to Medicaid or the Division, agrees to pursue the Participant's other medical insurance and resources and take all steps necessary to maintain eligibility for third party benefits prior to submitting a claim for service to the Fiscal Agent. This includes but is not limited to Medicare, Medicaid, private insurance, Recipient co-payments, medical benefits provided by employers and unions, worker compensation and any other third party insurance. Failure to do so will result in reimbursement deductions equal to the amount of loss of the participant's applicable benefits.
5. The Provider shall accept payment from the Division as payment in full on behalf of the Participant, and agrees not to bill, retain or accept payments for any additional amounts except as provided for in the service authorization, as delineated in the ISP. The Provider shall immediately repay the Division in full for any claims where the Provider received payment from another party after being paid by the Division.
6. Provider agrees excess payments beyond authorized reimbursement to a Provider may be deducted from future payments.
7. Provider agrees to be responsible for federal or state sanctions or remedies including but not limited to reimbursement, withholding, recovery, suspension, termination or exclusion

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on any claims submitted or payments received. Any false claims, statements or documents concealment or omission of any material facts may be prosecuted under applicable federal or state laws.

27. Notices:

1. All notices must be in writing and shall be deemed received when delivered in person; by email; or, if sent to address on file by first-class United States mail, proper postage prepaid. Provider shall notify the Division and/or Fiscal Agent within five (5) business days of any of the following:
 - a. Any action which may result in the suspension, revocation, condition, limitation, qualification or other material restriction on a Provider's licenses, certifications, permits or staff privileges by any entity under which a Provider is authorized to provide Services including indictment, arrest or felony conviction or any criminal charge.
 - b. Change in corporate entity, servicing locations, mailing address or changes to key personnel or any other information pertinent to the operations and / or provision of services.
 - c. When there is a change in Provider business ownership, the new Provider must meet requirements for, at a minimum, provisional certification and adhere to Provider Standards. Existing Participant records must be kept confidential, and cannot be given to the new Provider until a new agreement with the Division has been fully executed. Existing service authorizations become void upon ownership change and must be renegotiated with the Division. In order to do so, the Division must be apprised of the change in ownership at least ninety (90) days in advance in order to assess certification status, agreement requirements and capability of the new owner to meet Participant service needs. Full disclosure of the terms of the sale must be provided to the Division.

**Master Services Provider Agreement
State of Nevada
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Developmental Services Regional Centers**

Nutritional Counseling Services

28. Term of Agreement:

This Agreement shall be in effect from _____ through _____
This Agreement will automatically renew for successive one-year terms unless terminated upon notice by either party.

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

Aging and Disability Services Division
3416 Goni Road, Building D-132
Carson City, NV 89706
Phone: 775-687-0545
Fax: 775-687-0573

Provider
Name:

Address: _____
Phone: _____
Fax: _____

(Authorized Signature)

(Print Name)

(Print Title)

Date

(Authorized Signature)

(Print Name)

(Print Title)

Date

**Provider Agreement
State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
Developmental Services Regional Centers
Nutritional Counseling Services
**ATTACHMENT A
SCOPE OF WORK****

This document is attached hereto and incorporated into the Provider Agreement, which is active and in force at the time of the execution of this Agreement for:

Provider Name (Organization/Service Provider)

Signature/Date

The purpose of this Agreement is to establish the obligations, expectations, and relationship between the Aging and Disability Services Division and the Provider to ensure quality Nutritional Counseling Services are made available to eligible Participants in accordance with the federal requirements in the Home and Community Based Waiver for Individuals with Intellectual Disabilities and Related Conditions (HCBS Waiver) and Division policies. The Provider has represented to the State Aging and Disability Services Division, the ability to provide Nutritional Counseling Services as defined in HCBS Waiver regulations, meets Division requirements and policy as of the effective date of this Agreement.

1. Nutritional Counseling Services:

This service includes assessment of an individual's nutritional needs, development, and/or revision of an individual's nutritional plan, counseling and nutritional intervention, and observation and technical assistance related to the successful implementation of the nutritional plan. These services include training, education, consultation for individuals, family members, or support staff involved in the day-to-day support of the participant; comprehensive assessment of nutritional needs; development, implementation and monitoring of the nutritional plan incorporated into the participant's ISP, including updating and making changes to the plan as needed; aid in menu planning and making healthy options; nutritional education and consultation; and developing quarterly summaries of progress on the nutritional plan.

2. This service is provided upon determination of medical necessity, and the individual's health must be at risk. Services may not exceed an annual predetermined budgetary limit. Under extenuating circumstances, additional hours require the written pre-approval of the Program Manager. This service does not include the cost of meals or food items.

3. Administration:

The Provider agrees:

- a. To maintain documentation in the file of each Participant receiving this service verifying that the service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).
- b. To participate fully and actively in Division required performance improvement activities.

4. Service Goals:

The provider agrees to:

- a. Provide services to promote the physical, emotional, and mental well-being of the Participant; to promote health and welfare.
- b. Provide training for the Participant to increase or maintain his/her nutritional skills to maintain a healthy lifestyle.
- c. Implement and monitor a person-centered plan that is supported by a specific assessed need and optimizes individual initiative, autonomy, and independence in making life choices. This plan will minimally consist of the following focuses: a common understanding of the Participant from a strengths/needs perspective, developing a shared vision of the future that reflects a shared commitment for a quality life for the Participant, a listing of the opportunities and obstacles for reaching that vision, and a review process for checking progress over time.

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**Provider Agreement
State of Nevada
Department of Health and Human Services
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Nutritional Counseling Services**

- d. Provide nutritional counseling based on the needs of the Participant and as documented in the ISP.
- e. Assure that Participants' rights are supported and protected; to assure that due process is properly followed.

- f. Provide a means to assess Participant satisfaction with nutritional counseling services.

- g. Establish the setting that ensures the individual receives services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services.

5. Service Limits and Restrictions:

Nutritional Counseling Services limits vary based on assessed needs, available funding, and Division policy.

6. Service Utilization

- a. Utilization varies based on the needs of the Participant as identified by the ISP process. The assessment of need is a collaborative process involving the Participant, community provider, the Division, and others as identified by the support team.
- b. The amount of nutritional counseling services authorized for each Participant is based on assessed needs. If the needs of the Participants change, the provider is obligated to initiate the collaborative planning process with the service coordinator or supervisor.

7. Record Keeping and Reporting Requirements (Refer to Attachment D for additional provider standards regarding record keeping requirements.)

- a. The Provider must maintain and submit the following documentation to the Regional Center, Participant, and/or legal representative within the time frames established by the Regional Center and Division:
 - i. Quarterly progress reports, including a written summary describing the specific service activities and the performance data that identifies the Participant's progress toward achievement of the support plans;
- b. The Provider must maintain written records to substantiate all services provided to the Participant, including date, time spent in the delivery of service, services provided and a notation of Participant response to the service and billed in accordance with program policy.
- c. The Provider must maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Division.

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State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
Developmental Services Regional Centers
Nutritional Counseling Services
ATTACHMENT B**

BUSINESS ASSOCIATE ADDENDUM

BETWEEN

The Department of Health and Human Services
Herein after referred to as the "Covered Entity"

and

Herein after referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, Public Law 111-5 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 the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the Contract. The Covered Entity and the 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, the HITECH Act, and regulation promulgated there under by the U.S. Department of Health and Human Services ("HIPAA Regulations") and other applicable laws.

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

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. The following terms in this Addendum shall have the same meaning as those terms in the 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.**

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1. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
2. **Contract** shall refer to this Addendum and that particular Contract to which this Addendum is made a part.
3. **Covered Entity** shall mean the HIPAA covered components of the Department listed above (Aging & Disability Services, Child and Family Services, Division of Public and Behavioral Health, Division of Health Care Financing & Policy) and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
4. **Parties** shall mean the Business Associate and the Covered Entity.

II. OBLIGATIONS OF THE 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.
 - a. Electronic, including e-mail and faxed transmissions shall be reserved only for situations when physical separation and the need for rapid response make it impractical to use a more secure means of communication.
 - i. Email containing protected health information must be encrypted.
 - ii. To fax protected health information the sender is required to:
 1. Verify the fax phone number prior to sending;
 2. Ensure that the recipient is an authorized recipient and is on site to receive the fax;
 3. Use a fax coversheet that contains a privacy warning;
 4. Ensure no protected health information is included on the fax coversheet;
 - b. Thumb drives, memory sticks or flash drives must not be used to store protected health information.
 - c. Protected health information mailed using the U. S Postal Service, FedEx, UPS or other company, must be sent by traceable means.
 - i. Outgoing mail must contain a coversheet that contains a privacy warning;
 - d. Except in emergency or urgent situations, protected health information shall not be discussed or texted on cell phones or other wireless communication devices due to vulnerability of unauthorized interception.
 - e. Leaving voice mail messages must not include protected health information.
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 the individual information required to provide an accounting of disclosures in accordance with HIPAA Regulations.
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors that 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.

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- 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 notify the Covered Entity immediately and provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently, to the extent that it is permitted to do so 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 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, 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

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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 Business Associate 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 that 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.

PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE 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.

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- b. Except as otherwise limited in 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 by this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making 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.

III. OBLIGATIONS OF THE 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 HIPAA Regulations, 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 HIPAA Regulations, if done by the Covered Entity.

IV. 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.

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- 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 is 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.

V. 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 this Addendum shall prevail over any provisions in the Contract that any 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.

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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 below.

COVERED ENTITY

Department of Health and Human Services

Aging and Disability Services Division

3416 Goni Road, Building D-132

Carson City, NV 89706

(775) 687-4210 Phone

(775) 687-0573 Fax

BUSINESS ASSOCIATE

(Business Name)

(Business Address)

(City, State and Zip Code)

(Business Phone Number)

(Business FAX Number)

(Authorized Signature)

(Authorized Signature)

(Print Name)

(Print Name)

(Title)

(Title)

(Date)

(Date)

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State of Nevada
Department of Health and Human Services
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Developmental Services Regional Centers
Nutritional Counseling Services
**ATTACHMENT C
INSURANCE SCHEDULE****

I. INDEMNIFICATION CLAUSE:

Contractor (also known as Provider) 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.

II. 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.

1. 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.

a. Commercial General Liability – Occurrence Form

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

- i. General Aggregate \$2,000,000
- ii. Products – Completed Operations Aggregate \$1,000,000
- iii. Personal and Advertising Injury \$1,000,000
- iv. Each Occurrence \$1,000,000

b. The policy shall be endorsed to include coverage for physical/sexual abuse and molestation.

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

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d. Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and non-owned vehicles used in the performance of this Contract.

- i. Combined Single Limit (CSL) \$1,000,000
- ii. The policy shall be endorsed to include the following additional insured language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor".

e. Worker's Compensation and Employers' Liability

- i. Workers' Compensation Statutory Employers' Liability
- ii. Each Accident \$100,000
- iii. Disease – Each Employee \$100,000
- iv. Disease – Policy Limit \$500,000
- v. Policy shall contain a waiver of subrogation against the State of Nevada.

This requirement shall not apply to individual Providers (those who do not have employees, are not incorporated, nor an LLC) when a contractor or subcontractor is exempt under N.R.S., AND when such contractor or subcontractor executes the appropriate sole proprietor waiver form.

f. Professional Liability (Errors and Omissions Liability)

The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Services of this contract.

- i. Each Claim \$1,000,000
- ii. Annual Aggregate \$2,000,000
- iii. In the event that the professional liability insurance required by this

Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.

III. 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.

IV. 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 State of Nevada, Department of Health and Human Services, Aging and Disability Services Division, 3416 Goni Road, Building D-132, Carson City, NV 89706, Attention Contracts.

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V. 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.

VI. 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. Page 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 State of Nevada, Department of Health and Human Services, Aging and Disability Services Division, 3416 Goni Road, Building D-132 Carson City, NV 89706, Attention Contracts. 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.

VII. 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.

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

For those contracts where Providers are involved in providing extensive in-home services, we have also included additional specifications for crime coverage. This coverage would be necessary to protect the client's loss of values or property. Crime policies should be endorsed to include **third party fidelity coverage** and list State of Nevada and the state clients' as **Loss Payee**.

XI. PROFESSIONAL SERVICE AGREEMENTS

Professional Contracts – Working with Children/Elderly or Disabled Persons

Many professional services involve working with or caring for children, the elderly, physically or developmentally disabled people. When these clients are in the care, custody or control of the contractor it creates an additional risk of liability for the State because of the severe and sensitive nature of the possible allegations of wrong-doing.

When services involve working with these groups of individuals, the insurance requirements in the contract must be revised to include coverage for "**sexual molestation and physical abuse**".

Coverage for this type of claim, or allegation, is excluded from standard general liability policies. Therefore, contractors whose services include working with and/or caring for children and disabled persons should have their policies specifically endorsed to include this coverage.

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In addition to the standard requirements of general liability, automobile liability, professional liability and workers' compensation insurance, the specifications included in this section also require coverage for sexual molestation and physical abuse.

Below is a reference checklist for your required insurance coverage:

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

- 1. **Commercial General Liability – Occurrence Form**
Policy shall include bodily injury, property damage and broad form contractual liability coverage.
 - General Aggregate \$2,000,000
 - Products – Completed Operations Aggregate \$1,000,000
 - Personal and Advertising Injury \$1,000,000
 - Each Occurrence \$1,000,000
 - a. The policy shall be endorsed to include the following additional insured language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor".

- 2. **Automobile Liability**
Bodily Injury and Property Damage for any owned, hired, and non-owned vehicles used in the performance of this Contract.
Combined Single Limit (CSL) \$1,000,000

- Worker's Compensation and Employers' Liability**

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

- 4. **Professional Liability (Errors and Omissions Liability)**
The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Services of this contract.

Each Claim	\$1,000,000
Annual Aggregate	\$2,000,000

- Sexual molestation and physical abuse** \$100,000

- 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 Provider's insurance coverage shall be primary insurance and non-contributory with respect to all other available sources.

Independent Provider's Signature Date Title

Signature-State of Nevada Date Title

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**ATTACHMENT D
Provider Standards
Organizational Providers**

A. Provider standards are included as an attachment and applicable depending upon the type of services rendered by the provider.

B. General Administrative

1. The organization maintains and submits copies of required business documents to the Developmental Services (DS) Regional Center, including the following:

- a. State business license and/or exemption from the Secretary of State's Office;
- b. Local business licenses, as applicable;
- c. General Liability Insurance;
- d. Worker's Compensation Insurance;
- e. Insurance against Crime/Employee Dishonesty;
- f. Insurance against Physical/Sexual Abuse and Molestation;
- g. Automobile Insurance and vehicle registration, as applicable;
- h. Articles of Incorporation and current listing of board of directors, as applicable;
- i. All other incorporated organizations must provide proof of incorporation (to include fictitious business name or DBA status);
- j. Responsible to assure notification to Regional Center of changes to key organization staff and financial status.

2. The organization has a system in place to routinely assess its financial solvency.

- a. For agencies with \$1,000,000.00 of revenue or greater, the provider performs external audits in accordance with Generally Accepted Auditing Principles (GAAP).
- b. For agencies with less than \$1,000,000.00, the provider will be able to furnish an annual financial statement that consists of a balance sheet, income statement, and statement of cash flows within 120 days after the fiscal year.
- c. The organization reviews their finances to ensure sufficient capital for working operations based on current contracts and expenses.

3. The organization maintains current written policies, meeting DS Standards that are pertinent to provider agency operations. Minimal requirements include the following:

- a. The agency's policies and procedures are congruent with DS and Regional Center policies and procedures.
- b. Abuse, Neglect and Exploitation to include:
 - i Whistle-blower clause;
 - ii Clear procedures for reporting alleged incidents of abuse, neglect and exploitation;
- c. Incident Management and Reporting to include:
 - i Clear guidelines on what constitutes a reportable incident;
 - ii Clear procedures for reporting incidents;
 - iii Clear and effective procedures addressing protections from self-abuse, and abuse and exploitation between individuals served;
- d. Disaster Planning, to include contingency planning for business continuity;
- e. Positive Behavioral Supports;

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- f. Human Resources Policies to include: hiring; orientation; ongoing staff development; performance feedback; complaint process; disciplinary procedures; job descriptions for all positions; and agency use of volunteers and interns;
 - g. Professional Conduct;
 - h. HIPAA/Confidentiality;
 - i. Financial Accountability (billing and management of individuals' funds);
 - j. Conflict of Interest Policy;
 - k. Academic Research Protections, as applicable.
- 4. The organization maintains current procedures meeting DS standards that are pertinent to provider agency operations and congruent with DS and Regional Center policies and procedures. Minimal requirements include the following:**
- a. Supporting Personal Rights and Responsibilities to include Due Process for Rights Restriction;
 - b. Health Care Supports to include Routine and Emergency Medical and Medication Supports for Individuals Served;
 - c. Infection Control and Standard Precautions;
 - d. Quality Assurance and Improvement Practices (designed to support compliance with standards and consistency in practice);
 - e. Record Protection, Retention and Maintenance;
 - f. Service provision, including: assessment and initiation of services; establishment of house rules, termination of services or transferring of individuals between living arrangements;
 - g. Complaint/Grievance Policy and Procedure for Individuals Served.
- 5. The organization has a system to ensure safe transportation of individuals receiving services by employees of the organization, including the following:**
- a. Proof of current vehicle insurance and current Nevada registration is on file for both organization and personal staff vehicles used for transportation of individuals served;
 - b. The organization has a system in place to ensure that all vehicles (organization and employee) used for transportation of individuals served are in sound and safe operating condition with documentation maintained on file;
 - c. Employees who transport individuals must have a current copy of their Nevada driver's license maintained on file.
- 6. The organization has a system in place to secure, protect and maintain a separate record for each individual receiving services, including the following:**
- a. Records are maintained and retained according to DS Regional Center and Medicaid policy;
 - b. Records are secured and protected from misuse and breach of privacy;
 - c. Direct support staff have immediate access to individuals' records, as needed, to perform their support duties.
- 7. The organization has a process to ensure timely and professional communication and interactions with outside Support Team Members (inclusive of other providers, family, guardians, DS Regional Center, providers of health care, etc.) including the following:**
- a. The organization ensures that necessary information (medication changes, medical appointments, program modifications, health and safety precautions, and risk factors etc.) is communicated to appropriate people or organizations to ensure quality and continuity of services;
 - b. Staff evidence training and demonstrate effective, responsive and professional interactions with Regional Center staff and Support Team members.

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- 8. The organization has a system in place to ensure accuracy in billing for Supported Living Arrangement Contracts with DS Regional Center, including the following:**
- a. The organization has an effective system and procedure for submittal of billing statements with required backup documentation within established DS Regional Center policy guidelines;
 - b. The organization has a well-developed system to monitor service agreements and contracts and provide staffing numbers that meet authorized staffing ratios and supervision needs of individuals as outlined in the ISP;
 - c. The organization has a system in place to protect against duplicate billing within and outside of the agency's service delivery system (e.g. Behavioral Health Services, PSR, PCA, etc.).

C. Personnel

- 1. The organization has a system and process for assessing employee performance and providing feedback to employees related to their job description, including the following:**
 - a. The organization maintains a copy of employees' signed and dated job descriptions which are reflective of essential functions of the duties they perform;
 - b. Job descriptions include qualifications required for the position;
 - c. The organization has a system for providing employees with feedback which reflect pertinent and current information related to strengths and identified staff development needs, based on supervisory monitoring and input from individuals supported by the employee.
- 2. The organization obtains and checks references on all employees (including re-hires and transfers), subcontractors, volunteers and interns prior to hire, including the following:**
 - a. Personnel files have evidence of 3 positive reference checks prior to hire (signed by the person completing the form) with no more than one being a personal reference. For applicants without sufficient employment history, or for whom the employer agency will not provide a reference, the organization's director may approve acceptance of alternate reference sources such as school teachers, civic or faith-based organization leaders, or other additional personal references. Attempts to obtain professional references must be maintained on file along with the director's approval to accept alternate references.
- 3. DS Employee Application Supplemental Questions completed and on file for each employee (effective for all hires after 03/01/10).**
- 4. The organization ensures that employees hired for Direct Support services are at least 18 years of age and have High School diploma or equivalent.**
- 5. The organization completes criminal clearance checks for all employees (including re-hires and transfers), subcontractors, volunteers, interns, and as applicable, officers and chief operating officers, including the following:**
 - a. Finger print cards are submitted for State and FBI background checks within 7 days of hire and every 5 years of employment thereafter, and the findings of the checks are maintained;
 - b. Employees with convictions in disqualifying offenses (as listed in NRS 449.174) or where charges are pending, and/or disposition status is "unknown", are not allowed to work in direct contact with individuals served by the DS Regional Center;
 - c. "Office of Inspector General (OIG) List of Excluded Individuals and Entities" is checked prior to hire, and rechecked on a schedule established by the organization's policy and procedure.

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- 6. Employees have appropriate and current credentials for their positions (Nurses, Behaviorists, Nutritionist, and Certification in Medication Administration or Crisis Intervention etc.). The organization must retain copies of current licensure and certifications on file including the following:**
 - a. Credentials/license and professional insurance for all subcontractors and employees as applicable;
 - b. CPR/First Aid Certification must be completed within 30 days of hire. Certification must be maintained through an accredited and approved course, i.e. American Red Cross, American Heart Association or the equivalent. (Note: Staff must maintain current CPR/First Aid certification in order to work independently with individuals served and certification must have been acquired through classroom training);
 - c. Medication Administration Certification through a DS approved program. Staff must maintain current certification status in order to assist with medication administration;
 - d. Crisis Prevention/Intervention Certification in a DS approved program is required for any employee who is likely to utilize restraint procedures. The organization must provide evidence of adherence to stipulations or standards of training as established by the approved program i.e. Safety Care, CPI, MANDT, SOARS, etc. An approved program requires national recognition and evidence of annual review and update of curriculum based on best legal/behavioral/ ethical practices of standards of care. This evidence is available on the organization's website or in its printed documentation. (Note: Only staff with current certification in an approved program may implement any type of restraint use.).
- 7. Appropriate government child licensing agency/approval of homes and employees as applicable.**
- 8. Each employee, volunteer, subcontractor and intern has a training record that documents orientation and annual training attendance, including: name and signature of instructor; date of training; number of hours; topic or subject; and employee signature.**
- 9. Each employee, volunteer, subcontractor, and intern, as applicable to their role, must complete orientation training within 90 days of hire and prior to working independently with individuals. Orientation training must include the following:**
 - a. Developmental Disabilities;
 - b. Abuse, Neglect and Exploitation (Note: Policy review must occur within first 24 hours of hire)*;
 - c. Incident Reporting*;
 - d. Personal Rights/Responsibilities, Dignity and Respect, and Due Process (including Human Rights Committee oversight)*;
 - e. Disaster and Emergency Preparedness (to include: fire evacuation (and in 24-hour homes, use of fire extinguisher), and as applicable, pool/spa safety and emergency protocols etc.);
 - f. Medical Supports and Identifying and Managing Medical Emergencies (including topics meeting specialized needs of individuals that the organization serves, i.e. medically fragile, aging, children and youth);
 - g. Medication Supports;
 - h. Standard Precautions and Infection Control to include Safe Food Handling;
 - i. ISP Planning, Person Centered Goals, Plan Implementation and Reporting on Progress;
 - j. HIPAA and Confidentiality*;

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- k. Handling Conflict and Complaints/Grievance Procedures (for both employees and individuals served);
- l. Positive Behavior Approaches and Supports*;
- m. Ethics, Boundaries and Professional Behavior*;
- n. Documentation and Billing Requirements*;
- o. "Hands On" job orientation specific to the assigned home's routine and special needs of individuals the staff will be supporting.

Note: Volunteers, interns and subcontractors will have evidence of trainings marked with * above and in areas specific and pertinent to their roles and functions.

- 10. Each employee volunteer, subcontractor and intern, as applicable to their role, must complete annual training to include:**
- a. Abuse, Neglect and Exploitation*;
 - b. Incident Reporting*;
 - c. Personal Rights/Responsibilities, Dignity and Respect, and Due Process (including Human Rights Committee oversight)*;
 - d. Disaster and Emergency Preparedness (to include: fire evacuation (and in 24-hour homes, use of fire extinguisher), and as applicable, pool/spa safety and emergency protocols etc.);
 - e. Medical Supports and Identifying and Managing Medical Emergencies (including topics meeting specialized needs of individuals the organization serves i.e. medically fragile, aging, children and youth);
 - f. Medication Supports;
 - g. Standard Precautions and Infection Control to include Safe Food Handling;
 - h. HIPAA and Confidentiality*;
 - i. Positive Behavior Approaches and Supports*;
 - j. Ethics, Boundaries and Professional Behavior*.

Note:

- **Organization must have a system to track employee training to ensure that all employees are current for required annual training.**
- **Volunteers, interns, and subcontractors will have evidence of trainings marked with * above and in areas specific and pertinent to their roles and functions.**

- 11. Staff training reflects a clear expectation of acceptable and unacceptable staff interaction with individuals served and risk factors for abuse, neglect and exploitation, including the following:**
- a. The organization's training curriculum must include risk factors, prevention strategies, signs and symptoms of abuse, neglect and exploitation, as well as reporting responsibility and procedures for effective and timely reporting.
- 12. The organization employs or contracts with a Qualified Intellectual Disability Professional (QIDP) who meets the HCBW (Home and Community Based Waiver) standards including the following:**
- a. Designated QIDP(s) must meet federal criteria: bachelor's degree in a human service field and one year professional experience in the field of developmental disabilities;
 - b. The organization's director is not the sole QIDP for the agency unless approved by DS Regional Center.

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- 13. The effectiveness of the QIDP meets HCBW standards including the following:**
- a. The organization provides sufficient QIDP coverage to ensure: timely (per DS Regional Center Policy) and sound support/habilitation plan development; adequate staff training; consistent implementation of support plans; coordination of services; and active monitoring of the implementation of support plans; assessment of progress; and effectiveness of supports provided to individuals;
 - b. The number of QIDP's employed or amount of contract hours required by a provider organization is dependent on: the needs of the individuals served; the expertise of provider staff working with the QIDP; and the ability of the QIDP to fulfill all functions of the position as measured by outcomes and fulfillment of waiver regulations.
- 14. The organization has a system to ensure staff coverage is adequate and sufficient to ensure health and welfare of individuals served and meet service authorizations including the following:**
- a. The organization has a system to assure appropriate "backup/fill in" staff is available when needed to ensure supports are provided in congruence with the Individual Support Plan (ISP).
- 15. The organization has procedures for the establishment of staff scheduling, which support individuals' specific needs and aids in the prevention of abuse and neglect through limiting an individual staff member's overtime usage (hours/day, hours/week, and hours/month).**

D. Internal Quality Assurance

I. Incident Reporting/Abuse, Neglect and Exploitation

- 1. The organization demonstrates a consistent practice of reporting accidents, injuries, other incidents, and suspicion and/or allegations of abuse, neglect, and exploitation, including the following:**
- a. Employees have working knowledge and comply with policy and procedures for reporting of accidents, injuries, other incidents and suspicion and/or allegations of abuse, neglect and exploitation per DS Regional Center policy guidelines;
 - b. The organization ensures that incident reporting forms to include: Incident Reports (IRs), Denial of Rights (DORs) and Restraint and Denial (RADs) are completed thoroughly and accurately and submitted to DS Regional Center within established reporting guidelines;
 - c. Provider demonstrates awareness of types of events that must be reported and use appropriate methods of reporting (e.g. IR, RAD, DOR).
- 2. The organization has a system to investigate allegations of abuse, neglect, exploitation and other serious incidents, including the following:**
- a. The organization has trained investigators and conducts timely and thorough investigations;
 - b. Investigation reports are well written, with sufficient information to substantiate findings and include action taken and plans to prevent future incidents;
 - c. The organization submits investigation reports within established guidelines and responds to requests for additions and clarification within agreed-upon time frames.
- 3. Incidents and accident reports are kept on file, reviewed, and analyzed to detect problems as well as identify trends and patterns for possible safety concerns, including the following:**
- a. The organization has an effective system for identification and remediation of repeated incidents or problems.

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II. Complaints and Grievances

1. The organization has a complaint process that includes:

- a. Review of complaints and concerns from individuals receiving services, family members, or advocates, timelines for prompt action, remediation, and review of aggregate data to identify trends and patterns of concerns;
- b. A well-developed process for soliciting satisfaction of services from individuals, families, and outside entities utilized to promote performance improvement.

III. Emergency Preparedness/Safety/Environmental

1. The organization has clear emergency procedures for staff to follow in case of emergency or disaster, including the following:

- a. Types of emergencies are specified, and backup for emergencies are clearly identified and include home, work and community-based emergencies;
- b. Plans for natural disasters, fire, power outage, missing persons, etc., are available and known by staff and individuals served, as appropriate;
- c. Emergency numbers are available in an accessible location.

2. There is a system in place to ensure adequate protections during emergency situations, which include the following:

- a. Disaster/emergency drills are conducted on a regular basis for all 24-hour homes;
- b. For all 24-hour homes, fire drills are conducted monthly at varying times (with at least one conducted every 6 months during sleep hours) and practicing varied routes of egress;
- c. Individuals living in intermittent SLA settings are assessed for safety. Fire/disaster and safety skills/drills training is provided, based on ISP team recommendation;
- d. Special planning occurs for individuals who reside in two-story homes: alternative escape routes individually designed to support individuals are reviewed and simulated; fire extinguishers, telephones, flashlights with batteries and collapsible safety ladders are located on the second floor;
- e. Post-evacuation safety measures including assigned meeting place and procedure to account for all individuals and staff;
- f. The organization ensures training for special assistance to individuals who may have identified support needs during emergencies, including refusals or reluctance to evacuate;
- g. The organization ensures individuals receive orientation on emergency procedures within 24 hours of moving into the home;
- h. The organization ensures staff receives orientation on emergency procedures upon hire and prior to working independently;
- i. Access to locked rooms is available in emergencies and locks and/or other barriers do not hamper evacuation.

3. The organization has a system in place to ensure that emergency supplies are readily available to include the following:

- a. A well-stocked emergency kit to include: flashlights; batteries; a battery-operated radio; matches; and items specific to the individuals' specialized needs;
- b. An adequate (5-day) supply of nonperishable food and bottled water within expiration guidelines (5 gallons of water per individual);
- c. Complete First Aid Kit including: gloves; thermometer; Band-Aids; ice pack; alcohol wipes; gauze; and in 24 hour homes a CPR mask;

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- d. A properly charged fire extinguisher in 24-hour homes and present in intermittent SLA services as applicable. If the fire extinguisher is rechargeable the service tag must be current within 1 year, for "one time use" extinguishers current date must be within 7 years of manufactured date on the extinguisher;
 - e. In 24-hour SLA arrangements, infection control supplies to include: face shield/mask; gloves; disinfecting solution; bucket; etc.
- 4. The organization has a system and procedures for ensuring safety within the home including the following:**
- a. The organization has a system for conducting and follow up of environmental quality assurance reviews on a routine basis;
 - b. All maintenance concerns are corrected in a timely manner;
 - c. Home is free of slipping and tripping hazards;
 - d. Operational battery back-up smoke detectors in all sleeping areas and common areas;
 - e. Each bedroom/sleeping area must have two unobstructed egresses readily accessible for evacuation (i.e. 2 doors or a door and a window that open with ease);
 - f. Bedroom and bathroom doors must be able to unlock from the inside with a single motion device;
 - g. Windows and doors that are frequently left open must have screens that are in good repair;
 - h. Home safeguards will be put in place based on the assessed needs of individuals (e.g. temperature regulating controls on water heaters, stoves, etc.);
 - i. The water heater's temperature is monitored and regulated so as to not exceed safe levels for the assessed health and safety needs and skills of individuals served. (Suggested temperature range 110 F not to exceed 119F.);
 - j. Adequate home temperature is maintained based on expressed desire of individuals living in the home;
 - k. Portable heaters are prohibited;
 - l. Air filters utilized are proper fitting and free of build up;
 - m. No frayed or electrical cords are being used;
 - n. Extension cords may be used on a temporary basis but must be UL approved;
 - o. Surge protectors in place must be UL approved;
 - p. Smoking areas are clearly defined and smoking policy is followed;
 - q. Smoking and fire materials, including matches, candles, fire places, etc., are used in a safe manner based on assessed safety skills of individuals served. In 24-hour homes, burning of fire places and candles may only be done under direct supervision of support staff;
 - r. Combustibles not stored near heat source;
 - s. Combustibles and caustics are locked and secured based on assessed needs of individuals;
 - t. Outside exits may not be key locked from inside unless there are active and maintained sprinklers throughout the home and DS Regional Center approval has been given;
 - u. Outside gates may not be key locked without appropriate Regional Center approvals;
 - v. Security bars must be operable and able to swing open freely from single motion inside device;
 - w. Weapons are prohibited in 24-hour support arrangements;
 - x. Environmental modifications are in good repair (ramps, handrails, shower chairs, grab bars, etc.);
 - y. Adaptive equipment (wheelchairs, walkers, shower chairs, etc.) is clean and maintained in good repair.
- 5. The organization has a system and procedure in place to assure environmental and sanitation requirements (the homes are maintained in a clean and sanitary manner) are met including the following:**

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- a. Homes are decorated in a manner reflective of the individuals' preferred tastes;
 - b. Homes are clean in a manner to support appropriate sanitation and infection control;
 - c. The condition of the walls and doors are maintained in a safe manner;
 - d. Interior window coverings allow sufficient privacy and are safe;
 - e. Flooring is in safe repair;
 - f. Flooring is free from unsafe debris and obstacles;
 - g. Furnishings are in good repair and functional for the individuals (mattresses, mattress covers, etc.);
 - h. There is adequate lighting with appropriate shades in all living areas and bedrooms;
 - i. Appliances are operable;
 - j. Appliances and food prep surfaces are clean and sanitary;
 - k. There is an adequate supply of cooking and eating utensils;
 - l. Food is thawed in refrigerator or microwave;
 - m. Individuals are encouraged to pack lunches in clean containers;
 - n. Attention is given to expiration dates of food and discarded promptly;
 - o. Food storage is in air tight containers (labeled and dated in 24-hour supervised homes);
 - p. Food is stored at appropriate temperature and may not be stored on floors;
 - q. Good hygiene practices are followed;
 - r. Liquid soap and paper towel is available in kitchen and bathroom areas;
 - s. There is adequate trash storage;
 - t. Waste materials disposed of in covered containers;
 - u. Free of rodents/insects;
 - v. Sanitation and infection control protocols are in place and maintained;
 - w. Standard precautions/infection control protocols are utilized and personal protective equipment and supplies are adequately stocked and available to staff;
 - x. Individuals do not share personal hygiene supplies;
 - y. Personal hygiene items are stored separately in clean containers;
 - z. Soiled clothing and linens are washed separately;
 - aa. Soiled clothing and linens are not allowed to accumulate and emit offensive odors;
 - bb. Pets are vaccinated against rabies and are licensed as applicable;
 - cc. Pets are properly cared for;
 - dd. Pet areas are clean and free of offensive odors and waste.
- 6. Homes with swimming pools and spas have safety features in place including the following:**
- a. The pool/spa is maintained in a healthy and sanitary condition;
 - b. Water/life safety equipment is readily accessible at pool side;
 - c. Organization ensures that individuals are monitored by support staff with sufficient skills to use emergency safety equipment and perform rescue if needed;
 - d. Pool rules are developed and are understood by users;
 - e. Special precautionary plans are in place for those individuals who may not understand pool rules;
 - f. Non-swimmers are identified and provided appropriate support and monitoring;
 - g. Organization ensures appropriate security is in place, based on formal assessed needs of individuals served, that may vary from understanding and ability to abide by established rules, to possibly including a locked fenced-in area surrounding the pool or spa area;
 - h. Organization ensures that protective pool or spa coverings are completely removed when in use.

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- 7. The organization has a system in place to ensure that exteriors of the homes are well maintained and reflect the standards of the neighborhood including the following:**
 - a. Lawn and shrubs are well trimmed;
 - b. Outside lighting is operable;
 - c. Window coverings are appropriate and screens on home are in good repair;
 - d. Exterior of home, yard, patio and sidewalks are maintained and free of safety hazards.

- 8. The organization has a system in place to ensure all homes considered for 24 hour supported living arrangements meets standards and are prior approved by the Regional Center.**

E. Assurances of Primary Health Care

- 1. The organization's health and wellness supports are individualized based on assessments, including the following:**
 - a. The organization ensures that all individuals receiving medication support will have current prescriptions, including those for PRN and will include identifiers and parameters for administration;
 - b. The organization ensures that health care assessments are completed according to DS agency policy, ISP team recommendations and submitted to the DS Regional Center prior to individual Support Plan (ISP) meetings;
 - c. Recommendations and medication/treatment changes from health care professionals are shared with team members who need to know as pertinent to their support role;
 - d. Recommendations and medication/treatment changes from health care professionals are acted upon as prescribed;
 - e. Assessment of individual's medication administration skills is completed per DS Regional Center policy and medication support is provided based on assessed skill level.

- 2. The organization ensures that only certified staff provides medication administration for those assessed as needing this level of support.**

- 3. The organization has an internal system to ensure accurate and efficient delivery of prescribed medications including the following:**
 - a. The organization has established procedures that ensure correct dosage, times, routes, etc. for individuals taking medication;
 - b. The organization has established procedures to assure individuals receive new medications and medication refills as prescribed and within timeframes directed by the health care professional so as to prevent delay or disruption in medication administration;
 - c. The organization has an established system for tracking, documenting and accounting for medication delivery and removal;
 - d. Medications will be secured based on the needs of individuals residing in the living arrangement, effective in preventing loss, misuse, and accidental ingestion;
 - e. All controlled substances shall be locked in all 24-hour supervised homes;
 - f. All controlled substances are counted at each shift and time of administration;
 - g. Medications are destroyed in an environmentally safe manner and records of destruction are maintained.

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- 4. The organization has a system for identifying, reporting and correcting medication errors including the following:**
 - a. Incident reports are submitted to the DS Regional Center for all medication errors which identify the cause and preventive measures to be taken;
 - b. The organization has a system for tracking and trending medication errors and taking corrective actions including systems change as appropriate;
 - c. Medication documentation (e.g. MARS and/or Medication Logs) is completed immediately and accurately upon administration, and upon any change of medication or dosage, as prescribed by the health care professional.
- 5. The organization ensures that individuals' health care needs are adequately assessed and supported, including the following:**
 - a. The organization has a process for assessing health care needs; development of health support plan; training to staff; and securing of adaptive equipment and home modifications, as applicable, prior to the initiation of services and/or upon discharge from hospital;
 - b. The organization has a system to ensure that health care appointments are scheduled and attended, with follow up on recommendations as prescribed;
 - c. The organization ensures physician recommendations for monitoring and treating signs and symptoms of health concerns are documented to include: seizures; blood pressure; blood sugar levels; behavioral data; nutritional status; input/output; weight; etc.;
 - d. The organization ensures that health care providers/physicians are provided with appropriate documentation including data on target health symptoms or behavioral issues needed to make effective treatment decisions;
 - e. The organization ensures health care recommendations/orders are implemented timely;
 - f. The organization ensures adequate documentation is maintained on all health care appointments and follow-up activity.
- 6. The organization has a system for immediately addressing health care emergencies, including the following:**
 - a. Staff demonstrates awareness of signs and symptoms of injury/illness and access to emergency health care;
 - b. Staff demonstrates awareness and compliance with organization's medical emergency policy and procedures;
 - c. Emergency contact numbers are communicated to all team members;
 - d. Staff makes immediate notifications to health care professionals, guardians and other team members of any health care emergency;
 - e. Staff makes immediate notifications to health care professionals and ISP team members of an individual's refusals of recommended treatment;
 - f. The organization has an effective system for alerting staff of changes in health care needs and safety precautions.
- 7. The organization provides for healthy nutritious meals including the following:**
 - a. Individuals are involved with menu planning and grocery shopping;
 - b. Individuals participate in cooking, preparing the table, serving themselves, and cleaning up after meals;
 - c. Nutritious foods (fresh fruits, vegetables, meat, dairy, etc.) are available;
 - d. Individuals are encouraged to make healthy choices;
 - e. Preferred snacks and beverages are available;
 - f. Restrictions are not implemented in the absence of a medical or dietary order;
 - g. Staff is knowledgeable of and support special dietary requirements;
 - h. Alternatives/options are available for restricted foods.

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F. Assurances of Fiscal Accountability

- 1. The organization has a system in place to ensure utilization and continuity of individuals' benefits (SSI, Medicaid, Waiver, Food Stamps, etc.) including the following:**
 - a. The organization submits re-determination paperwork to Medicaid and Social Security in a timely manner and protects against disruption of benefits;
 - b. The organization has a process in place to monitor and ensure that individuals' assets do not exceed Medicaid allowable resource limits;
 - c. Loss of revenue to the organization as a result of systems failure creating a benefit disruption is the responsibility of the organization and not passed on to either the individual or the DS Regional Center.
- 2. The organization ensures that personal and organizational funds are not co-mingled.**
- 3. The organization ensures that dividends from interest-bearing trust accounts are pro-rated as appropriate.**
- 4. The organization ensures that personal funds are managed only at the written request of the individual/guardian.**
- 5. The organization has safeguards to protect personal fund accounts from being drawn into negative balances.**
- 6. The organization has an accountability system utilized to ensure against misuse of individuals' money or financial exploitation including the following:**
 - a. In settings where staff are responsible for handling individuals' personal needs funds, personal fund ledgers are tallied at time of transactions and include both staff and individuals' initials for all transactions (as applicable);
 - b. Receipts are maintained for purchases made with the support of staff and cash ledgers are reconciled with receipts;
 - c. All cash, check, or pay card transactions between staff and individuals will be acknowledged by written receipt and signed by both the individual and staff.
- 7. The organization supports individuals to pay bills and other expenses (rent, utilities, etc.) in a timely manner including the following:**
 - a. The organization has systems in place to ensure individuals are provided information about their trust fund accounts and financial responsibilities;
 - b. The organization provides for immediate access to money by the individuals;
 - c. Individuals participate in bill paying and monthly reconciliation (when appropriate).
- 8. Late fee penalties as a result of systems failure are the responsibility of the organization and are not passed on to the individual or to the DS Regional Center.**

G. General

- 1. The organization ensures that employees are aware of and support individuals served to exercise personal rights and/or in development of skills required to exercise rights including the following:**
 - a. Rights training curriculum and/or materials are available and used by staff to support individuals' awareness, interest and skill development in the exercising of their rights;

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- b. Rights are not restricted without completion of due process per DS Regional Center policy, with the exception of emergency situations, in which health and/or welfare is at risk;
 - c. Staff complete and submit required documentation for emergency use of restrictive interventions as needed for health and welfare, following DS Regional Center policy.
- 2. The organization ensures that employees treat individuals served with dignity and respect, including the following:**
- a. Individuals are called by their preferred name and are treated as “people first” and with respect and high regard of their personal worth, individual talents and personal rights;
 - b.
 - c. Age appropriate interactions and activities are supported by all staff;
 - d. All rules of the organization are not restrictive without cause (safety, health, etc.) and house rules are established with the participation of individuals residing in the home;
 - e. Staff demonstrates respect and support of individuals’ cultural differences and interests;
 - f. Privacy, confidentiality and dignity in all aspects of personal life, healthcare and self-care are respected and adhered to.
- 3. The organization ensures that individuals served are supported to be involved in all aspects of home and daily routines to their fullest capabilities including the following:**
- a. The organization supports a culture of teaching, mentoring, and partnering with people, versus a “care giving” model of “doing for” people;
 - b. Individuals are supported and taught responsibilities of their home and facilitated to participate in all aspects of home and community life, irrespective of and in addition to habilitation plans;
 - c. Opportunities for decision making are actively provided;
 - d. Staff engages with, listens and converses with individuals receiving supports.
- 4. The organization implements positive behavioral support strategies and interventions including the following:**
- a. Staff demonstrates knowledge and skill in implementing positive behavioral supports;
 - b. Staff promote and facilitate effective means for individuals to communicate needs and feelings;
 - c. The organization implements strategies designed to determine function of challenging behavior.
- 5. The organization demonstrates competency in the development and writing of behavioral support plans, including the following:**
- a. Behavioral support plans include teaching of alternate skill sets designed to reduce or eliminate harmful or unsafe behavior;
 - b. Behavioral support plans are least restrictive in nature and include a skill development component;
 - c. Staff document data that clearly measures the effectiveness of support plans and interventions.
- 6. Organizations serving individuals with significant behavioral support needs must:**
- a. Employ or contract with a professional meeting the qualifications outlined in the Medicaid Manual for behavioral consultation, training and intervention;
 - b. Have the ability to conduct sound behavioral assessment, to include assessing environmental factors;
 - c. Demonstrate the ability to collect, analyze and present meaningful data;
 - d. Utilize data effectively in modifying/adjusting plans;
 - e. Utilize sound crisis prevention planning;

**Provider Agreement
State of Nevada
Department of Health and Human Services
Aging and Disability Services Division
Developmental Services Regional Centers
Nutritional Counseling Services**

- f. Utilize behavioral planning strategies, including differentiating between skill acquisition and reactive strategies;
 - g. Demonstrate collaborative relationships with ISP and/or IEP team members, behavior intervention committees, court system and health care providers, as applicable.
- 7. The organization has a process for support plan development and implementation based on thorough assessments of the individuals' skills, interests, desired outcomes and support needs, including the following:**
- a. The organization ensures evaluation of health, welfare and safety risks, with development and training to staff on assessed support plans/needs, prior to initiation of services;
 - b. The organization has a formal process for effectively assessing individuals' skills and risks to include: personal care, home management, safety, community life, health and welfare, and personal goals and desires within 30 days of initiation of services;
 - c. Re-assessments are conducted annually and upon changing needs of the individuals.
- 8. The organization has a process for effectively communicating to staff all precautions and safeguards based on assessed needs of the individuals.**
- 9. The organization has a process for support plan implementation including the following:**
- a. Support plans are well-developed and measurable and include teaching methods based on the individuals' learning style;
 - b. Staff is trained and demonstrates the ability to communicate effectively, both in writing and verbally, with individuals served and team members, in order to efficiently implement support plans per ISP Team recommendations and service authorization;
 - c. Staff document data that clearly measures the effectiveness of support plans and interventions.
- 10. The individual stays connected to natural support networks and the life of the community, including the following:**
- a. The organization has a system in place, including sufficient transportation, to ensure individuals served are supported and provided opportunities to develop and or maintain social connections with family and friends;
 - b. The organization supports individuals to participate in integrated social events and community activities and afford opportunities to develop social roles and build social capital;
 - c. The organization provides individuals with exposure to new activities, events, hobbies, clubs, etc. in order to cultivate new interests and opportunities.
- 11. The organization has systems in place to support continuity and stability of individuals': routines; health and welfare supports; staffing; living arrangements; and general service delivery.**
- 12. The organization ensures that individuals supported in 24-hour living arrangements have current contracts solely with the Regional Center, unless previously authorized by Regional Center administrators (i.e. no combined service populations without Regional Center prior approval).**
- 13. The organization involves individuals served to participate in decision-making processes, including the following:**
- a. Individuals served are involved in the hiring and evaluation of staff and as opportunities arise for participation in the organization's decision making bodies and processes, e.g. committees, advisory groups, boards, workgroups and in the hiring and evaluation of staff.

Brian Sandoval
Governor



James R. Wells
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: April 8, 2015

To: James R. Wells, Clerk of the Board
Department of Administration

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

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 VETERANS SERVICES

Agenda Item Write-up:

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

Additional Information:

In accordance with section 2 of NRS 417.147, the Department of Veterans Services is recommending changing the daily resident rate paid by veterans for residence at the Nevada State Veterans Home as depicted in the table below. This change would become effective July 1, 2015. All other rates will remain the same. The Nevada Veterans Services Commission met on March 25, 2015, to review and discuss the Home's resident rates.

Resident	Current Rate Per Day	Proposed Rate Per Day	Difference Per Day	% Difference
Veteran	\$110.00	\$125.00	\$15.00	13.63%

The agency's evaluation and justification for the recommendation is attached.

Statutory Authority:

NRS 417.147 2

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

NRS 417.147 Appointment of administrators; management, maintenance and operation; schedule of rates; location.

1. The Director shall:

(a) Appoint an administrator for each veterans' home in this State. Each administrator must be licensed as a nursing facility administrator pursuant to NRS 654.170.

(b) Take such other actions as are necessary for the management, maintenance and operation of veterans' homes in this State, including, without limitation, establishing and implementing rules, policies and procedures for such management, maintenance and operation.

(c) Apply for federal grants and other sources of money available for establishing veterans' homes. A federal grant must be used only as permitted by the terms of the grant.

2. With the advice of the Nevada Veterans Services Commission, the Director shall, on or before April 1 of each calendar year, recommend to the State Board of Examiners a schedule of rates to be charged for occupancy of rooms at each veterans' home in this State during the following fiscal year. The State Board of Examiners shall establish the schedule of rates. In setting the rates, the State Board of Examiners shall consider the recommendations of the Director, but is not bound to follow the recommendations of the Director.

3. The first veterans' home that is established in this State must be established at a location in southern Nevada determined to be appropriate by the Interim Finance Committee. The Interim Finance Committee shall give preference to a site that is zoned appropriately for the establishment of a veterans' home, that affords minimum costs of maintenance and that is located in an area where the members of the families of the veterans can easily visit the veterans' home. The site for the construction of the veterans' home in southern Nevada must be:

(a) Located in reasonable proximity to:

(1) A public transportation system;

(2) Shopping centers; and

(3) A major hospital that has a center for the treatment of trauma which is designated as a level II center by the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services.

(b) Not less than 5 acres in area.

4. If an additional veterans' home is authorized, it must be established in northern Nevada.

(Added to NRS by 1997, 2582; A 1999, 1957; 2001, 1121; 2005, 531; 2013, 2503)

Decision Paper – Rate Increase

From: Mark McBride

To: Kat Miller

12/31/2014

Please review and consider the following assessment for a rate increase.

Rate information from other neighboring State Homes:

- **Arizona State Veterans Home – Phoenix, AZ**
Veterans \$165.00 + meds/ancillaries
Non-Vets same (\$165 + meds/ancillaries)
They also use Functional Pathways for therapy
No vents
They accept a few residents on dialysis, partly because they have a dialysis center in close proximity.
- **Texas State Veterans Home - Texas:** The rate for a basic semi-private or private room at any Texas State Veterans Home, excluding Tyler, is **\$146.00** and **\$195.00/day**, respectively. The private pay rate for Tyler is **\$237.00**.
- **Washington State Veterans Homes (3) – Washington:** cost **\$231.00/day**.
- **California State Veterans Homes - California (6 different locations):** Regardless of fee calculations, residents shall retain **\$165.00/month**. Member fees are:
Residential Care: 47.5 percent of your income.
Residential Care for the Elderly or assisted living: 55 percent of your income.
Intermediate Care: 65 percent of your income.
Skilled Nursing Home Care: 70 percent of your income.
For residents with higher incomes, the fee is limited by a "fee cap" to prevent residents from paying more than the cost of their care. The fee caps are: SNF \$5,600, ICF \$5,000, RCFE \$4,500, DOM \$2,400
- **Utah State Veterans Home – Utah:** The rate is \$66.42/day for veterans, \$147.83 for non-veterans and \$91.54 (or a \$25.12 premium for private room/day)

Justification of the Rate Increase

- Cost of living in Nevada has increased vs. other neighboring states such as Utah
- Enhance services including 7-day/week Therapy/Rehab, larger bed/bed area sizes, enhanced meal plan including multiple alternate menu items
- Facility upgrades including wi-fi/internet stations in all 3 units, iPod pilot program
- Cost of supplies (including medications, medical supplies, briefs, wipes, etc.) has increased over the past 5 years
- Cost of food has increased (specifically beef, chicken, dairy and especially coffee) over the past 5 years. This is especially important as we offer an expanded menu offering
- Capital improvements necessary to maintain or enhance NSVH
- Expanded activities and volunteer program offerings

Staff Assessment

- 12/24/14 Per Shirley Admissions, If nominal increase would be some pushback but minimal. Has been over five (5) years since an increase.
- 12/15/2014 Also discussed with Nursing Administration and Business Office/CFO, all seem to be in agreement that we are due for an increase and it would be justifiable

My assessment

I believe we are due for a daily rate increase. I understand our last rate increase was 5 years ago in 2009. We are currently at \$110/day for Veterans and \$187/day for spouses & gold star family member and a \$25/day private room premium. Compared to neighboring states, we are low.

- Recommend a 10% price increase across the board:
\$121/day Veterans
\$206/day non-Veterans & gold star family members
\$31 private room premium

or

the following flat \$ increases to:

\$125/day for Veterans
\$199/day for non-Veterans
\$30 Private rooms premium

As mentioned, we would need to give residents/families a 30-day notice prior to the increases taking effect. These increases would still keep us *well below* most surrounding states. We would also begin accounting for the increased costs for offering goods and services.



Mark McBride
Administrator

Nevada State Veterans Home
(702) 332-6711 Administrative Line
(702) 239-8208 Mobile
(702) 332-6732 Fax
www.veterans.nv.gov

We Are "Caring for America's Heroes "

Final NDVS recommendation:

\$125.00 for Veterans
\$187.00 for non-veterans
\$25.00 private room premiums

Signed by

K. Miller
Dir, NDVS
15 Jan 2015

STATEWIDE LEASE INFORMATION

1. Agency: Nevada State Board of Architecture, Interior Design and Residential Design
 2080 East Flamingo Road, Suite 120
 Las Vegas, Nevada 89119
 Gina Spaulding 702.486.7300 fax: 702.486.7304 gspaulding@nsbaidrd.nv.gov

Remarks: This renewal was negotiated to include tenant improvements and covered parking; which resulted in a savings of \$5,946.00 for the first two years. The weighted result of this renewal proposes a zero percent (0%) increase over the six year term.

Exceptions/Special notes: This lease requires a nine (9) month renewal notice and a two (2) month holdover

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

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

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

5. Address of Lease property: 2080 East Flamingo Road, Suite 120
 Las Vegas, Nevada 89119

a. Square Footage: Rentable
 Usable 4,955

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Cost per square foot
\$8,423.50	12	\$101,082.00	November 1, 2015 - October 31, 2016	\$1.70
\$8,423.50	12	\$101,082.00	November 1, 2016 - October 31, 2017	\$1.70
\$8,671.25	12	\$104,055.00	November 1, 2017 - October 31, 2018	\$1.75
\$8,671.25	12	\$104,055.00	November 1, 2018 - October 31, 2019	\$1.75
\$8,919.00	12	\$107,028.00	November 1, 2019 - October 31, 2020	\$1.80
\$8,919.00	12	\$107,028.00	November 1, 2020 - October 31, 2021	\$1.80

Increase %

c. Total Lease Consideration: 72 \$624,330.00

d. Option to renew: Yes No 9 mo Renewal terms: One Five (5) Year Term

e. Holdover notice: # of Days required 60 Holdover terms: 5%/60

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: \$1.64 - \$2.45

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

m. Lease will be paid for by Agency Budget Account Number: B002

6. Purpose of the lease: To house the Board of Achitecture, Interior Design and Residential Design

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

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APR 07 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 _____

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

Mina Spaulding 4-6-15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20101138228</u>	Exp:	<u>2/28/2015</u>	9
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input checked="" type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T29023573</u>			

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

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

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

For Budget Division Use Only	
Reviewed by: <i>ETK</i>	9/9/15 <i>SPB</i>
Reviewed by: <i>W</i>	4/17/15 <i>4-17-15</i>
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: State of Nevada, Commission on Mineral Resources, Division of Minerals
 400 W. King St., Ste. 106, Carson City, NV 89703
 Linda Wells Program Officer II, (775) 684-7042; lwells@minerals.nv.gov
 Richard M Perry, Administrator (775) 684-7047; rmperry@govmail.state.nv.us
 Mike Visher, Deputy Administrator, (775) 684-7044; mvisher@govmail.state.nv.us
 (775) 684-7040 (phone); (775) 684-7052 (fax), ndom@minerals.nv.gov

Remarks: This is a renegotiation and extension of an existing full service lease with a savings of \$13,680.00 or 9.79% over the five year lease term.

Exceptions/ Special notes:

2. Name of Landlord (Lessor): Truck Underwriters Association
 Leasing Agent: Mike TabEEK, CCIM Managing Director, Global Corporate Services Newmark
 Grubb Knight Frank
 (702) 405-1750 mtabeek@ngkf.com

3. Address of Landlord: Truck Underwriters Association, Sarah Moore Associate Director (212) 871-1585
 c/o Zurich Alternative Asset Management
 165 Broadway
 One Liberty Plaza
 21st Floor
 New York, NY 10006

3a. LESSOR Rental Payments to: Truck Underwriter Association
 c/o Las Vegas Commercial Brokerage
 PO Box 749557
 Los Angeles, California 90074-9557

4. Property contact: Christine Overbay, Associate Director, Management Services
 Newmark Grubb Knight Frank
 3930 Howard Hughes Parkway, Suite 180
 Las Vegas, NV 89169
 Direct # (702) 405-1709; Main # (702) 733-7500; Cell (702) 326-9583; Fax (702) 862-8242
 coverbay@ngkf.com

5. Address of Lease property: 2030 East Flamingo Road, Suite 220
 Las Vegas, Nevada 89119

a. Square Footage: Rentable Usable 1,200

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	COST per square foot
Increase %	\$1,980.00	12	\$23,760.00	June 1, 2015 - May 31, 2016	\$1.65
3%	\$2,040.00	12	\$24,480.00	June 1, 2016 - May 31, 2017	\$1.70
3%	\$2,100.00	12	\$25,200.00	June 1, 2017 - May 31, 2018	\$1.75
3%	\$2,160.00	12	\$25,920.00	June 1, 2018 - May 31, 2019	\$1.80
3%	\$2,220.00	12	\$26,640.00	June 1, 2019 - May 31, 2020	\$1.85

c. Total Lease Consideration: 60 \$126,000.00

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/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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 APR 07 2015
 DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

i. Janitorial:	<input checked="" type="checkbox"/> Landlord	<input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day	<input type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day	<input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see remarks)
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord	<input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord	<input type="checkbox"/> 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:							4219

6. Purpose of the lease: To house the State of Nevada, Commission on Mineral Resources, Division of Minerals.

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

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] 4-7-15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20131100988	Exp:	2/26/2016	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<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:	T29006980A			

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] 4-7-15
 Authorized Signature Date
 Public Works Division

do For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i> 4-10-15
Reviewed by:	<i>[Signature]</i> 4/17/15
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Conservation & Natural Resources, Nevada Division of Environmental Protection (EPA)
 2030 E. Flamingo Rd. Suite 230, Las Vegas Nevada 89119
 Christine Andres, Bureau Chief; (702) 486-2850 x 232; candres@ndep.nv.gov;
 Fax: (702) 486-2863
 Gail Dansby (702) 486-2850 x 224; gdansby@ndep.nv.gov
 Greg Lovato, Deputy Administrator; (775) 687-9373; Fax: (775) 687-5856; glovato@ndep.nv.gov

Remarks: This is a renegotiation and renewal of an existing full service lease with a savings of \$94,745.40 or 9.79% over the five year term.

Exceptions/
Special
notes:

Agency address for Rent: 901 South Stewart Street, Suite 4001
 Carson City, Nevada 89701-5249
 Fax: (775) 687-5856

2. Name of Landlord (Lessor): Truck Underwriters Association
 Leasing Agent: Mike Tabeeq, CCIM Managing Director, Global Corporate Services Newmark Grubb
 Knight Frank
 (702) 405-1750 mtabeeq@ngkf.com

3. Address of Landlord: Truck Underwriters Association, Sarah Moore, Associate Director (212) 871-1585
 c/o Zurich Alternative Asset Management
 165 Broadway
 One Liberty Plaza
 21st Floor
 New York, NY 10006

3a. LESSOR Rental Payments to: Truck Underwriter Association
 c/o Las Vegas Commercial Brokerage
 PO Box 749557
 Los Angeles, California 90074-9557



DEPARTMENT OF ADMINISTRATION
 OFFICE OF THE DIRECTOR
 BUDGET DIVISION

4. Property Contact: Christine Overbay, Associate Director, Management Services
 Newmark Grubb Knight Frank
 3930 Howard Hughes Parkway, Suite 180
 Las Vegas, NV 89169
 Direct # (702) 405-1709; Main # (702) 733-7500; Cell (702) 326-9583; Fax (702) 862-8242
 coverbay@ngkf.com

5. Address of Lease property: 2030 East Flamingo Road, Suite 230
 Las Vegas, Nevada 89109

a. Square Footage: Rentable Usable 8,311

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	cost per square foot
Increase %	\$13,713.15	12	\$164,557.80	June 1, 2015 - May 31, 2016	\$1.65
3%	\$14,128.70	12	\$169,544.40	June 1, 2016 - May 31, 2017	\$1.70
3%	\$14,544.25	12	\$174,531.00	June 1, 2017 - May 31, 2018	\$1.75
3%	\$14,959.80	12	\$179,517.60	June 1, 2018 - May 31, 2019	\$1.80
3%	\$15,375.35	12	\$184,504.20	June 1, 2019 - May 31, 2020	\$1.85

c. Total Lease Consideration: 60 \$872,655.00

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/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

STATEWIDE LEASE INFORMATION

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: 3173

6. Purpose of the lease: To house the Department of Conservation & Natural Resources, Nevada Division of Environmental Protection

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

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
 4/8/15
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20131100988</u>	Exp:	<u>2/29/2016</u>	31
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>T29006980A</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

 4/8/15
 Authorized Signature Date
 Public Works Division

do For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	TG 4/9/15
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION
FIRST AMENDMENT**

1. Agency: Department of Employment, Training & Rehabilitation
Employment Security Division
500 East Third Street
Carson City, Nevada 89713
contact: Brandon Taylor 775.684.3901 fax 775.684.2020 bataylor@nvdetr.org

Remarks: **The Tenant has exceeded the mandated contract ceiling for FY15 per fiscal year. This First Lease Amendment will increase the Tenant Improvements by \$5,680.90, to be paid by the Tenant. (DETR Budget Account #4770).**

Exceptions/Special notes: This payment is in addition to the already approved rents noted below.

2. Name of Landlord (Lessor): Green Valley Commercial, LLC

3. Address of Landlord: c/o American Nevada Company, LLC
2275 Corporate Circle, Suite 300
Henderson, Nevada 89074

4. Property contact: Charles VanGeel
702.458.8855 fax 702.990.9859 charles.vangeel@anclv.com

5. Address of Lease property: 4500 East Sunset Road, Suite 40
Henderson, Nevada 89014

a. Square Footage: Rentable
 Usable 9,061

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
\$0.00	5	\$0.00	Months 1 - 5	\$0.00
\$16,309.80	7	\$114,168.60	Months 6 - 12	\$1.80
4% \$16,944.07	12	\$203,328.84	Months 13 - 24	\$1.87
4% \$17,668.95	12	\$212,027.40	Months 25 - 36	\$1.95
3% \$18,303.22	12	\$219,638.64	Months 37 - 48	\$2.02
3% \$18,937.49	12	\$227,249.88	Months 49 - 60	\$2.09
4% \$19,662.37	12	\$235,948.44	Months 61 - 72	\$2.17
4% \$20,477.86	12	\$245,734.32	Months 73 - 84	\$2.26
	84	\$1,458,096.12		
		Tenant Paid Improvements 1st Amendment \$5,680.90		

c. Total Lease Consideration: 84 \$1,458,096.12

d. Option to renew: Yes No Renewal terms:

e. Holdover notice: # of Days required Holdover terms:

f. Term: **Amendment to the Lease, no change in 7 year term.**

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: \$1.84 - \$2.44

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

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

6. Purpose of the lease: To house the Department of Employment, Training & Rehabilitation, Employment Security Division

7. This lease amendment 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

Increase %
RECEIVED

APR 08 2015

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20021160538</u>	12/31/2014
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>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

	<u>4/8/15</u>		<u>4/7/15</u>
Authorized Signature	Date	Authorized Signature - Agency	Date
Public Works Division, Buildings and Grounds Section			

For Board of Examiners YES NO

Brian Sandoval
Governor



Don Soderberg
Director

Office of the Director

April 1, 2015

To: Tiffany Greenameyer
Budget Analyst IV, Department of Administration

From: Mark Costa ^{MC}
Chief Financial Officer

RE: Retroactive Lease Amendment for 4500 East Sunset Road, Suite 40, Henderson, Nevada to be added to the May Board of Examiners (BOE) Meeting Agenda

During a visual inspection it was discovered this lease amendment was needed to correct low visibility into the new resource area. The initial design of the property resulted in the resource area being hard to supervise because of a high wall obstructing the line of sight. The area needs to be open to supervision by staff and security. DETR management noticed this issue and requested a change order.

Unfortunately a new DETR operations management employee misinterpreted this change order request as authorization to perform the work. He told the contractor to complete the job. Consequently this memo is now a request for the BOE to approve a lease amendment for work already completed.

DETR regrets this mistake and has taken steps to correct it. The new employee has been counseled and has been told to ensure he has the necessary approval before lease amendments are implemented. In addition, DETR is revising its procedure for office relocations and Operations Management is now integrated into the Financial Management Unit to facilitate coordination and planning.

Thank you for your consideration.

Pc: Teri Preston, Buildings and Grounds, Department of Administration

For Budget Division Use Only	
Reviewed by: <i>K. Nielsen</i>	<i>3/26/15</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION
FIRST AMENDMENT

1. Agency: Department of Health & Human Services, Aging & Disabilities Services Division
1391 South Jones Boulevard
Las Vegas, Nevada 89146
Darrel Hansen 702.486.6333 fax 702.486.6368 dlhansen@drc.nv.gov

2. Name of Landlord (Lessor): 9005-9089 South Pecos Road, LLC

3. Address of Landlord: c/o MIG Real Estate LLC
660 Newport Center Drive, Suite 1300
Newport Beach, California 92660
Scott Hamilton 949-474-5800 shamilton@migref.com

4. Property contact: Colliers Realty
Jessie Noche, Assistant Property Manager
702.836.3752 fax: 702.940.4106 jessie.noche@colliers.com

5. Address of Lease property: 9005-9089 South Pecos Road
Henderson, Nevada 89074

a. Square Footage: Rentable
 Usable 4,467

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
\$0.00	5	\$0.00	January 1, 2015 - May 31, 2015	\$0.00
\$8,040.60	12	\$96,487.20	June 1, 2015 - May 31, 2016	\$1.80
0% \$8,040.60	12	\$96,487.20	June 1, 2016 - May 31, 2017	\$1.80
3% \$8,263.95	12	\$99,167.40	June 1, 2017 - May 31, 2018	\$1.85
0% \$8,263.95	12	\$99,167.40	June 1, 2018 - May 31, 2019	\$1.85
3% \$8,531.97	12	\$102,383.64	June 1, 2019 - May 31, 2020	\$1.91

Increase %

c. Total Lease Consideration: 65 \$493,692.84

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

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

f. Term: Five (5) years Five (5) months

g. Pass-thrus & CAMS: None

h. Utilities: Landlord Tenant

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

j. Major repairs: Landlord Tenant

k. Minor repairs: Landlord Tenant

l. Taxes: Landlord Tenant

m. Comparable Market Rate: \$1.84 - \$2.44

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

o. Lease will be paid for by Agency Budget Account Number: 3279

6. Purpose of the lease: To house the Desert Regional Center

7. This lease constitutes:

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

a. Estimated moving expenses: \$2,000.00 Furnishings: \$22,000.00 Data/Phones: \$6,000.00

Remarks: This full service lease includes 5 months of abated rent and saving the agency \$57,642.36 or 15.08% over the term of the lease. This relocation was negotiated to accommodate DRC, due to prior premises being sold and new owner elected not to renew the lease.

Exceptions/ Special notes: This lease amendment changes the commencement date and termination date, due to the agency not taking occupancy until January 1, 2015

RECEIVED

MAR 24 2015


STATEWIDE LEASE INFORMATION

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20141011754</u>	<u>1/31/2015</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>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



 Authorized Signature
 Public Works Division, Buildings and Grounds Section
 Date 3-24-15



 Authorized Signature - Agency
 Date 3-17-15

For Board of Examiners YES NO

For Budget Division Use Only
Reviewed by: <i>H. Hudson</i> 3/31/15
Reviewed by:
Reviewed by:

STATEWIDE LEASE INFORMATION
AMENDMENT #2

Agency: Department of Department of Health and Human Services
Division of Child and Family Services
4126 Technology Way, Room 100
Carson City, Nevada 89706
Imran Hyman, (775) 684-7288; fax: (775) 684-4455; ihyman@dcfs.nv.gov

Remarks: The Tenant has exceeded the allotted \$1,999.99 per fiscal year. This Second lease amendment will increase the Tenant Improvemnets by \$264.00, to be paid by the Tenant. (DCFS Budget Account #3143)

Exceptions/ Special notes: The contractor does not install any monitors or I.T. equipment.

2. Name of Landlord: Holly Carson II, LLC

3. Address of Landlord: c/o Sperry Van Ness
311 N Up Carson Street
Carson City, NV 89701-4203

4. Property contact: Dan Shaheen (775) 883-0700 x 102; (775) 720-0075
dan.shaheen@svn.com

5. Address of Lease property: 4126 and 4150 Technology Way
Carson City, NV 89706

a. Square Footage: Rentable 98,746
 Usable

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
No changes to the current time frame or term costs.				
\$123,432.50	12	\$1,481,190.00	March 1, 2012 through February 28, 2013	\$1.25
3% \$127,135.48	12	\$1,525,625.76	March 1, 2013 through February 28, 2014	\$1.29
3% \$130,949.54	12	\$1,571,394.48	March 1, 2014 through February 28, 2015	\$1.33
3% \$134,878.03	12	\$1,618,536.36	March 1, 2015 through February 28, 2016	\$1.37
3% \$138,924.37	12	\$1,667,092.44	March 1, 2016 through February 28, 2017	\$1.41

Increase %

Increase %	cost per month	# of months in time frame	cost per year	time frame	cost per square foot
	\$123,432.50	12	\$1,481,190.00	March 1, 2012 through February 28, 2013	\$1.25
3%	\$127,135.48	12	\$1,525,625.76	March 1, 2013 through February 28, 2014	\$1.29
3%	\$130,949.54	12	\$1,571,394.48	March 1, 2014 through February 28, 2015	\$1.33
3%	\$134,878.03	12	\$1,618,536.36	March 1, 2015 through February 28, 2016	\$1.37
3%	\$138,924.37	12	\$1,667,092.44	March 1, 2016 through February 28, 2017	\$1.41

c. Total Lease Consideration: 60 \$7,863,839.04

d. Option to renew: Yes No Renewal terms:

e. Holdover notice: # of Days required Holdover terms:

f. Term: **Amendment to the Lease, no change in 5 year term.**

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

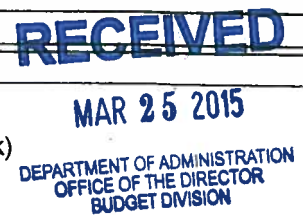
k. Comparable Market Rate: \$1.30 - \$1.50

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

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

6. Purpose of the lease: To house the Department of Health and Human 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

STATEWIDE LEASE INFORMATION
AMENDMENT #3

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] 5-13-15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20141106661			
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:	T27034447			

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

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

[Signature] 3-24-15
Authorized Signature Date
Public Works Division
do//
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	<i>4/6/15</i>
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION
AMENDMENT #1**

1 Agency: Department of Department of Health and Human Services
Directors Office
4126 Technology Way, Room 100, Carson City, Nevada 89706
Michelle Weyland (775) 684-4019; mweyland@dhhs.nv.gov

Remarks: The Tenant has exceeded the mandated contract ceiling for FY15 per fiscal year. This First Lease Amendment will increase the Tenant Improvements by \$1,629.50, to be paid by the Tenant. (DHHS Budget Account #3276)

Exceptions/
Special notes:

2. Name of Landlord (Lessor): Holly Carson II LLC
3. Address of Landlord: c/o Sperry Van Ness
311 N Up Carson Street, Carson City, NV 89701-4203
4. Property contact: Dan Shaheen (775) 883-0700 x 102; (775) 720-0075
dan.shaheen@svn.com
5. Address of Lease property: 4126 and 4150 Technology Way
Carson City, NV 89706

a. Square Footage: Rentable 98,746
 Usable

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	cost per square foot
No changes to the current time frame or term costs.				

Increase %						
		\$123,432.50	12	\$1,481,190.00	March 1, 2012 through February 28, 2013	\$1.25
3%		\$127,135.48	12	\$1,525,625.76	March 1, 2013 through February 28, 2014	\$1.29
3%		\$130,949.54	12	\$1,571,394.48	March 1, 2014 through February 28, 2015	\$1.33
3%		\$134,878.03	12	\$1,618,536.36	March 1, 2015 through February 28, 2016	\$1.37
3%		\$138,924.37	12	\$1,667,092.44	March 1, 2016 through February 28, 2017	\$1.41
	c. Total Lease Consideration:		60	\$7,863,839.04		

d. Option to renew: Yes No Renewal terms:

e. Holdover notice: # of Days required Holdover terms:

f. Term: **Amendment to the Lease, no change in 5 year term.**

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

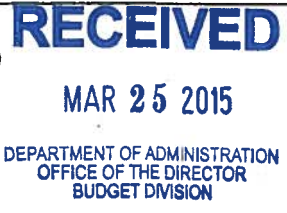
k. Comparable Market Rate: \$1.30 - \$1.50

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

6. Purpose of the lease: To house the Department of Health and Human Services, Health Division

7. This lease constitutes:

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



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

**STATEWIDE LEASE INFORMATION
AMENDMENT #1**

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 _____

not applicable

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

[Signature] _____ *3/24/15*
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20141108881</u>	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 Contractor's 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>T27034447</u>	

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

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

This is an amendment to the lease for change orders to the leased property.

[Signature] _____ *3-24-15*
Authorized Signature Date
Public Works Division

do//
For Board of Examiners YES NO

For Budget Division Use Only
Reviewed by: <u>MS 4/3/15</u>
Reviewed by:
Reviewed by:

STATEWIDE LEASE INFORMATION
AMENDMENT #3

Agency:	Department of Department of Health and Human Services Division of Public and Behavioral Health, Office of Vital Records 4126 Technology Way, Room 100 Carson City, Nevada 89706 Rick Morse (775) 684-5932; fax: (775) 684-4211; rmorse@health.nv.gov				
Remarks:	The Tenant has exceeded the allotted \$1,999.99 per fiscal year. This lease amendment will increase the Tenant Improvements by \$47,577.15, to be paid by the Tenant. (DPBH Budget Account #3190)				
Exceptions/ Special notes:	Tenant Improvements are not to exceed the project cost of \$50,000.00.				
2. Name of Landlord:	Holly Carson II, LLC				
3. Address of Landlord:	c/o Sperry Van Ness 311 N Up Carson Street Carson City, NV 89701-4203				
4. Property contact:	Dan Shaheen (775) 883-0700 x 102; fax (775) 720-0075 dan.shaheen@svn.com				
5. Address of Lease property:	4126 and 4150 Technology Way Carson City, NV 89706				
a. Square Footage:	<input checked="" type="checkbox"/> Rentable 98,746 <input type="checkbox"/> Usable				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	cost per square foot
	No changes to the current time frame or term costs.				
Increase %	\$123,432.50	12	\$1,481,190.00	March 1, 2012 through February 28, 2013	\$1.25
3%	\$127,135.48	12	\$1,525,625.76	March 1, 2013 through February 28, 2014	\$1.29
3%	\$130,949.54	12	\$1,571,394.48	March 1, 2014 through February 28, 2015	\$1.33
3%	\$134,878.03	12	\$1,618,536.36	March 1, 2015 through February 28, 2016	\$1.37
3%	\$138,924.37	12	\$1,667,092.44	March 1, 2016 through February 28, 2017	\$1.41
c. Total Lease Consideration:		60	\$7,863,839.04		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Renewal terms:				
e. Holdover notice:	# of Days required Holdover terms:				
f. Term:	Amendment to the Lease, no change in 5 year term.				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see remarks)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> 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:					
6. Purpose of the lease:	To house the Department of Health and Human Services				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input checked="" type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$ 0.00	Furnishings:	\$ 0.00	Data/Phones:	\$ 0.00

RECEIVED

APR 07 2015

STATEWIDE LEASE INFORMATION
AMENDMENT #3

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] 5-13-15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV2014110661</u>		
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input checked="" type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
d. Is the Contractor's 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>T27034447</u>		

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

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

[Signature] 4-7-15
Authorized Signature Date
Public Works Division

do/ll For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>MA</i>	<i>4/23/15</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): 6380 North Decatur, LLC

3. Address of Landlord: 14 Skillman Street
 Roslyn, New York 11576
 Ron Aghassi 212.891.9156 fax: 212.751.3738

4. Property contact: MDL Group
 3065 South Jones Boulevard, Suite 201
 Las Vegas, Nevada 89146
 Carol Cline-Ong 702.388.1800 fax: 702.388.1010 ccline-ong@mdlgroup.com

5. Address of Lease property: 6390 North Decatur Boulevard
 North Las Vegas, Nevada 89130

a. Square Footage: Rentable
 Usable 12,443

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$26,130.30	12	\$313,563.60	Months 1 - 12	\$2.10
\$26,130.30	12	\$313,563.60	Months 13- 24	\$2.10
\$27,499.03	12	\$329,988.36	Months 25 - 36	\$2.21
\$27,499.03	12	\$329,988.36	Months 37 - 48	\$2.21
\$28,867.76	12	\$346,413.12	Months 49-60	\$2.32
\$28,867.76	12	\$346,413.12	Months 61-72	\$2.32
\$30,236.49	12	\$362,837.88	Months 73 - 84	\$2.43
\$30,236.49	12	\$362,837.88	Months 85 - 96	\$2.43
\$31,729.65	12	\$380,755.80	Months 97 - 108	\$2.55
\$31,729.65	12	\$380,755.80	Months 109 - 120	\$2.55

Est of final date - Nov 1, 2015 -

10/31/2025

Increase %

0% \$26,130.30 12 \$313,563.60 Months 1 - 12

5% \$26,130.30 12 \$313,563.60 Months 13- 24

0% \$27,499.03 12 \$329,988.36 Months 25 - 36

5% \$27,499.03 12 \$329,988.36 Months 37 - 48

0% \$28,867.76 12 \$346,413.12 Months 49-60

5% \$28,867.76 12 \$346,413.12 Months 61-72

0% \$30,236.49 12 \$362,837.88 Months 73 - 84

5% \$30,236.49 12 \$362,837.88 Months 85 - 96

0% \$31,729.65 12 \$380,755.80 Months 97 - 108

5% \$31,729.65 12 \$380,755.80 Months 109 - 120

c. Total Lease Consideration: 120 \$3,467,117.52

d. Option to renew: Yes No 180 Renewal terms: One five (5) 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: \$224,210.00 Data/Phones: \$248,337.00

RECEIVED

APR 22 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 E. 742

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

 4/21/15
Authorized Agency Signature Date

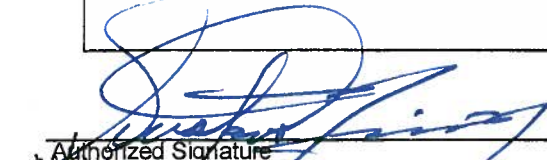
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20131141779</u>	Exp:	<u>3/31/2015</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 Office?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO
f. 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

 4-22-15
Authorized Signature Date
Public Works Division
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by: <i>WJ</i>	<i>4/23/15</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Motor Vehicles
555 Wright Way
Carson City, Nevada 89711
Randy Hobdy 775.684.4804 fax: 775.687.4692 rhobdy@dmv.nv.gov

Remarks: This Full Service lease was negotiated from a NNN, it triples the current space, which includes; 3,600 sqft office/client center, tenant improvements and a 3,600 square foot motorcycle testing area to better serve the public.

Exceptions/Special notes: **The \$1,200.00 deposit is credited in the first month of rent.**

2. Name of Landlord (Lessor): El Mirage, LLC

3. Address of Landlord: 5771 South Fort Apache Road, Suite 120
Las Vegas, Nevada 89148

4. Property contact: Steve Olson
702.367.7820 fax: 702.367.4642 smo@lvcoxmail.com

5. Address of Lease property: 3030 South Needles Highway, Suite 100
Laughlin, Nevada 89029

a. Square Footage: Rentable Usable 3,600

b. Cost:

	cost per month		# of months in time	cost per year	time frame	Approximate cost per square foot
Office Space	\$5,652.00	(\$1,200.00)	1	\$4,452.00	Months 1	\$1.57
	\$5,652.00		11	\$62,172.00	Months 2 - 12	\$1.57
Increase %	0%	\$5,652.00	12	\$67,824.00	Months 13 - 24	\$1.57
	2%	\$5,760.00	12	\$69,120.00	Months 25 - 36	\$1.60
	0%	\$5,760.00	12	\$69,120.00	Months 37 - 48	\$1.60
	2%	\$5,868.00	12	\$70,416.00	Months 49 - 60	\$1.63
	0%	\$5,868.00	12	\$70,416.00	Months 61 - 72	\$1.63
	2%	\$6,012.00	12	\$72,144.00	Months 73 - 84	\$1.67

Office Space Consideration: **84 \$485,664.00**

Testing Area

	\$936.00	12	\$11,232.00	Months 1 - 12	\$0.260
	\$936.00	12	\$11,232.00	Months 13 - 24	\$0.260
2%	\$954.00	12	\$11,448.00	Months 25 - 36	\$0.265
0%	\$954.00	12	\$11,448.00	Months 37 - 48	\$0.265
2%	\$972.00	12	\$11,664.00	Months 49 - 60	\$0.270
0%	\$972.00	12	\$11,664.00	Months 61 - 72	\$0.270
2%	\$990.00	12	\$11,880.00	Months 73 - 84	\$0.275

RECEIVED

APR 21 2015

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

Testing Area Consideration: **84 \$80,568.00**

c. Total Lease Consideration: **84 \$566,232.00**

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: Seven (7) 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: 4735

6. Purpose of the lease: To house the Department of Motor Vehicles

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: \$5,000.00 Furnishings: \$5,000.00 Data/Phones: \$3,500.00

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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


Authorized Agency Signature

4-21-15
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19941002810</u>	Exp:	<u>4/30/2015</u>	5
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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
f. States Office?				
g. State of Nevada Vendor number:	<u>T81002908</u>			

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

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


Authorized Signature
Public Works Division

4-21-15
Date

II
For Board of Examiners YES NO

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16514**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PETTY & ASSOCIATES INC
Agency Code: 082	Contractor Name: PETTY & ASSOCIATES INC
Appropriation Unit: 1550-33	Address: 1375 GREG ST 106
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: null775/359-5777
	Vendor No.: T80580350
	NV Business ID: NV19841014622
To what State Fiscal Year(s) will the contract be charged? 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 87.00 %
Highway Funds 0.00 %	X Other funding 13.00 % Transfer Reallocated Bond Authority from Treasurer

Agency Reference #: 109270

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
Contract term: **4 years and 61 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 the air handling units at Ely State Prison Phase II; Project No. 13-M11: Internal SPWD Contract No. 109270. The scope of work includes mechanical and electrical engineering services to review and verify the calculation and equipment design documents produced by the division, prepare bid documents, and provide construction administration services for the replacement of the air handling units serving Buildings 10, 11 and 12 at the Ely State Prison.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$69,875.00**
Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 CIP

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/01/2015 13:53:42 PM
Division Approval	dgrimm	04/01/2015 13:53:45 PM
Department Approval	dgrimm	04/01/2015 13:53:48 PM
Contract Manager Approval	dgrimm	04/07/2015 16:06:06 PM
Budget Analyst Approval	jrodrig9	04/08/2015 15:38:19 PM
BOE Agenda Approval	cwatson	04/20/2015 10:25:17 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16588**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HARRIS CONSULTING ENGINEERS
Agency Code: 082	Contractor Name: HARRIS CONSULTING ENGINEERS
Appropriation Unit: 1558-54	Address: LLC
Is budget authority available?: Yes	6630 SURREY ST STE 100
If "No" please explain: Not Applicable	LAS VEGAS, NV 89119
	Contact/Phone: null702/269-1575
	Vendor No.: T27003439
	NV Business ID: NV20011085889

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	30.00 %
Highway Funds	0.00 %	X Other funding	70.00 %

68% Transfer from Risk Management, 2% Transfer Reallocated Bond Authority from Treasurer

Agency Reference #: 109379

2. Contract start date:

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

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural services for the central plant equipment replacement at the Sawyer Office Building; CIP Project No. 13-S08: Internal SWPD Contract No. 109379. The scope of work includes providing new cooling towers on the roof, new chillers in the chiller room, and new boilers in the central plant along with providing refrigerant monitoring/purge control plans. In addition, plumbing work is limited to revised/updated plumbing connections to new mechanical equipment and electrical work is limited to new power points of connection to new mechanical equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$76,950.00**

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?

The vendor has demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/13/2015 15:10:50 PM
Division Approval	dgrimm	04/13/2015 15:10:52 PM
Department Approval	dgrimm	04/13/2015 15:17:48 PM
Contract Manager Approval	dgrimm	04/13/2015 16:18:59 PM
Budget Analyst Approval	jrodrig9	04/14/2015 10:49:53 AM
BOE Agenda Approval	cwatson	04/20/2015 10:29:18 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16575**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PENTA BUILDING GROUP LLC
Agency Code: 082	Contractor Name: PENTA BUILDING GROUP LLC
Appropriation Unit: 1590-46	Address: 181 E WARM SPRING RD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-4101
If "No" please explain: Not Applicable	Contact/Phone: null702/614-1678
	Vendor No.: T29025775
	NV Business ID: NV20081225302

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	56.00 %	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	32.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	12.00 % 6% transfer from Treasurer, 6% transfer from Las Vegas Mental Health

Agency Reference #: 109176

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
 Contract term: **4 years and 61 days**

4. Type of contract: **Contract**
 Contract description: **Owner-CMAR AGR**

5. Purpose of contract:

This is a new contract to provide professional owner construction manager at risk services for the renovation package of Building #3, Southern Nevada Adult Mental Health Services; Project No. 13-C08(C): Internal SPWD Contract No. 109176. The scope of work includes provision of all labor and materials, tools, utilities, transportation, equipment, and services required to perform and to complete the project within the established contracted project timeline.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,162,842.00**
 Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2013 CIP

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/07/2015 15:35:49 PM
Division Approval	dgrimm	04/07/2015 15:35:52 PM
Department Approval	dgrimm	04/07/2015 15:35:54 PM
Contract Manager Approval	dgrimm	04/07/2015 15:57:59 PM
Budget Analyst Approval	jrodrig9	04/07/2015 19:01:26 PM
BOE Agenda Approval	cwatson	04/20/2015 10:27:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16574**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ACCESS TECHNOLOGIES SERVICES
Agency Code: 082	Contractor Name: ACCESS TECHNOLOGIES SERVICES
Appropriation Unit: All Appropriations	Address: INC
Is budget authority available?: Yes	10225 BUTTON WILLOW DR
If "No" please explain: Not Applicable	LAS VEGAS, NV 89134-7595
	Contact/Phone: null702/649-7575
	Vendor No.: T29000869
	NV Business ID: NV19981414674

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109287

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Access PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services on an "as needed" basis: Internal SPWD Contract No. 109287.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility Plan checking services required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

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	04/07/2015 15:04:20 PM
Division Approval	dgrimm	04/07/2015 15:04:23 PM
Department Approval	dgrimm	04/07/2015 15:04:25 PM
Contract Manager Approval	dgrimm	04/07/2015 15:58:12 PM
Budget Analyst Approval	jrodrig9	04/09/2015 16:23:42 PM
BOE Agenda Approval	cwatson	04/17/2015 13:15:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16540**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AZTECH MATERIALS TESTING
Agency Code: 082	Contractor Name: AZTECH MATERIALS TESTING
Appropriation Unit: All Appropriations	Address: 4700 COPPER SAGE ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89115-0906
If "No" please explain: Not Applicable	Contact/Phone: null702/247-7645
	Vendor No.: T29021678
	NV Business ID: NV20091455548

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109190

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional materials testing and inspection plan checking services on an "as needed" basis: Internal SPWD Contract No. 109190.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Materials testing and inspection services to ensure safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Environmental Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 13:23:58 PM
Division Approval	dgrimm	04/06/2015 13:24:01 PM
Department Approval	dgrimm	04/06/2015 13:24:03 PM
Contract Manager Approval	dgrimm	04/07/2015 16:04:50 PM
Budget Analyst Approval	jrodrig9	04/07/2015 18:12:44 PM
BOE Agenda Approval	cwatson	04/17/2015 07:40:19 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16522**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BAGHERI, MAHNOUSH DBA APEX ENGINEERING
Agency Code:	082	Contractor Name:	BAGHERI, MAHNOUSH DBA APEX ENGINEERING
Appropriation Unit:	All Appropriations	Address:	30 Macfarlane Rd.
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-7614
If "No" please explain:	Not Applicable	Contact/Phone:	null775/827-3711
		Vendor No.:	T80969156A
		NV Business ID:	NV20091291112

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109223

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Struct PI Chk Serv**

5. Purpose of contract:
This is a new contract to provide ongoing structural plan checking services on an "as needed" basis: Internal SPWD Contract No. 109223.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$50,000.00**
Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?
Structural plan checking services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Structural Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

The vendor 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	04/02/2015 08:26:04 AM
Division Approval	dgrimm	04/02/2015 08:26:07 AM
Department Approval	dgrimm	04/02/2015 08:26:10 AM
Contract Manager Approval	dgrimm	04/07/2015 16:06:45 PM
Budget Analyst Approval	jrodrig9	04/13/2015 18:08:18 PM
BOE Agenda Approval	cwatson	04/17/2015 13:16:38 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16559**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BLACK EAGLE CONSULTING INC
Agency Code: 082	Contractor Name: BLACK EAGLE CONSULTING INC
Appropriation Unit: All Appropriations	Address: 1345 CAPITAL BLVD STE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-7140
If "No" please explain: Not Applicable	Contact/Phone: null775/359-6600
	Vendor No.: T27002047
	NV Business ID: NV19971293847

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109203

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional geotechnical investigation services on an "as needed" basis: Internal SPWD Contract No. 109203.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Geotechnical services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Geotechnical Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 15:18:48 PM
Division Approval	dgrimm	04/06/2015 15:18:51 PM
Department Approval	dgrimm	04/06/2015 15:18:53 PM
Contract Manager Approval	dgrimm	04/07/2015 16:09:42 PM
Budget Analyst Approval	jrodrig9	04/08/2015 14:42:20 PM
BOE Agenda Approval	cwatson	04/17/2015 07:49:52 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16519**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BLAKELY JOHNSON & GHUSN INC
Agency Code:	082	Contractor Name:	BLAKELY JOHNSON & GHUSN INC
Appropriation Unit:	All Appropriations	Address:	DBA BJK ARCHITECHTRE & ENGNRNG 449 S. Virginia St. 4th Floor
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89501
If "No" please explain:	Not Applicable	Contact/Phone:	null775/827-1010
		Vendor No.:	T29033305
		NV Business ID:	NV19921042277

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109224

2. Contract start date:

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

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Struct PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services on an "as needed" basis: Internal SPWD Contract No. 109224.

6. NEW CONTRACT

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

Other basis for payment: progress payments

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

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	04/01/2015 14:51:45 PM
Division Approval	dgrimm	04/01/2015 14:51:48 PM
Department Approval	dgrimm	04/07/2015 16:05:40 PM
Contract Manager Approval	dgrimm	04/07/2015 16:05:42 PM
Budget Analyst Approval	jrodrig9	04/07/2015 18:50:00 PM
BOE Agenda Approval	cwatson	04/17/2015 07:43:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16541**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BUREAU VERITAS NORTH AMERICA
Agency Code: 082	Contractor Name: BUREAU VERITAS NORTH AMERICA
Appropriation Unit: All Appropriations	Address: SUITE 400
Is budget authority available?: Yes	1601 SAWGRASS CORPORATE PKWY
If "No" please explain: Not Applicable	SUNRISE, FL 33323-2827
	Contact/Phone: null248-344-3048
	Vendor No.: T27026537
	NV Business ID: NV20061131022

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109242

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Code PI Chck Serv**

5. Purpose of contract:
This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109242.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Code plan checking required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Code Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 13:34:31 PM
Division Approval	dgrimm	04/06/2015 13:34:33 PM
Department Approval	dgrimm	04/07/2015 16:11:15 PM
Contract Manager Approval	dgrimm	04/07/2015 16:11:18 PM
Budget Analyst Approval	jrodrig9	04/10/2015 15:43:18 PM
BOE Agenda Approval	cwatson	04/17/2015 13:15:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16562**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CHARLES ABBOTT ASSOCIATES INC
Agency Code: 082	Contractor Name: CHARLES ABBOTT ASSOCIATES INC
Appropriation Unit: All Appropriations	Address: 27401 LOS ALTOS STE 220
Is budget authority available?: Yes	City/State/Zip: MISSION VIEJO, CA 92691
If "No" please explain: Not Applicable	Contact/Phone: null866/530-4980
	Vendor No.: T27011949
	NV Business ID: NV20071306494

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109244

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Code PI Chck Serv**

5. Purpose of contract:
This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109244.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Code plan checking required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Code Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 16:05:39 PM
Division Approval	dgrimm	04/06/2015 16:05:41 PM
Department Approval	dgrimm	04/07/2015 16:09:00 PM
Contract Manager Approval	dgrimm	04/07/2015 16:09:02 PM
Budget Analyst Approval	jrodrig9	04/08/2015 12:26:17 PM
BOE Agenda Approval	cwatson	04/17/2015 07:45:30 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16530**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CONVERSE CONSULTANTS
Agency Code: 082	Contractor Name: CONVERSE CONSULTANTS
Appropriation Unit: All Appropriations	Address: 4840 MILL ST STE 5
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-2376
If "No" please explain: Not Applicable	Contact/Phone: null775-856-3833
	Vendor No.: T80721610A
	NV Business ID: NV19971267942
To what State Fiscal Year(s) will the contract be charged?	2015-2017
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 %
	Varies depending upon the project requiring this service

Agency Reference #: 109221

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Env PI Chck Serv**

5. Purpose of contract:
This is a new contract to provide ongoing professional environmental plan checking services on an "as needed" basis: Internal SPWD Contract No. 109221.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Environmental plan checking required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Environmental Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/02/2015 16:03:24 PM
Division Approval	dgrimm	04/02/2015 16:03:27 PM
Department Approval	dgrimm	04/02/2015 16:03:30 PM
Contract Manager Approval	dgrimm	04/07/2015 16:07:48 PM
Budget Analyst Approval	jrodrig9	04/09/2015 16:32:14 PM
BOE Agenda Approval	cwatson	04/17/2015 12:44:50 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16545**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CSG CONSULTANTS INC
Agency Code: 082	Contractor Name: CSG CONSULTANTS INC
Appropriation Unit: All Appropriations	Address: 1247 Main Street
Is budget authority available?: Yes	City/State/Zip: Newman, CA 95360
If "No" please explain: Not Applicable	Contact/Phone: null209-862-9511
	Vendor No.: T29034138
	NV Business ID: NV20111353297

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2015**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Code plan chck serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109243.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Code plan checking required to ensure building safety and code compliance

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 14:04:56 PM
Division Approval	dgrimm	04/06/2015 14:04:59 PM
Department Approval	dgrimm	04/06/2015 14:05:01 PM
Contract Manager Approval	dgrimm	04/07/2015 16:10:38 PM
Budget Analyst Approval	jrodrig9	04/08/2015 15:15:44 PM
BOE Agenda Approval	cwatson	04/17/2015 07:48:43 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: **16521**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: DEFRIEZ, CRAIG M
Agency Code: 082	Contractor Name: DEFRIEZ, CRAIG M
Appropriation Unit: All Appropriations	Address: 1017 Buzzys Ranch
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: null775-883-4572
	Vendor No.: T27035108
	NV Business ID: NV20141412140

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109225

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional structural plan checking services on an "as needed" basis: Internal SPWD Contract No. 109225.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$50,000.00**
Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?
Structural plan checking services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Structural Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/07/2015 16:05:13 PM
Division Approval	dgrimm	04/07/2015 16:05:15 PM
Department Approval	dgrimm	04/07/2015 16:05:17 PM
Contract Manager Approval	dgrimm	04/07/2015 16:05:19 PM
Budget Analyst Approval	jrodrig9	04/07/2015 18:14:11 PM
BOE Agenda Approval	cwatson	04/17/2015 07:42:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16557**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	GARY GUY WILSON PROFESSNL CORP
Agency Code:	082	Contractor Name:	GARY GUY WILSON PROFESSNL CORP
Appropriation Unit:	All Appropriations	Address:	4945 W PATRICK LN
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89118
If "No" please explain:	Not Applicable	Contact/Phone:	null702/876-0668
		Vendor No.:	T81107521
		NV Business ID:	NV19741002629

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109291

2. Contract start date:

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

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Access PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services on an "as needed" basis: Internal SPWD Contract NO. 109291.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: progress payments based upon services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility plan checking required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

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	04/06/2015 14:34:48 PM
Division Approval	dgrimm	04/06/2015 14:34:51 PM
Department Approval	dgrimm	04/06/2015 14:34:55 PM
Contract Manager Approval	dgrimm	04/07/2015 16:10:20 PM
Budget Analyst Approval	jrodrig9	04/08/2015 15:07:00 PM
BOE Agenda Approval	cwatson	04/17/2015 13:12:58 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: **16566**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.
Agency Code: 082	Contractor Name: GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.
Appropriation Unit: All Appropriations	Address: 7150 PLACID ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-4203
If "No" please explain: Not Applicable	Contact/Phone: null702/365-1001
	Vendor No.: T81085017
	NV Business ID: NV19921050120

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109204

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Geotech Inv Serv**

5. Purpose of contract:
This is a new contract to provide ongoing geotechnical investigation services on an "as needed" basis: Internal SPWD Contract No. 109204.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Geotechnical Investigation services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Geotechnical Investigation Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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	04/07/2015 09:00:10 AM
Division Approval	dgrimm	04/07/2015 09:00:13 AM
Department Approval	dgrimm	04/07/2015 09:00:16 AM
Contract Manager Approval	dgrimm	04/07/2015 16:02:53 PM
Budget Analyst Approval	jrodrig9	04/09/2015 14:52:25 PM
BOE Agenda Approval	cwatson	04/17/2015 12:45:31 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: **16543**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: GML ARCHITECTS LLC
Agency Code: 082	Contractor Name: GML ARCHITECTS LLC
Appropriation Unit: All Appropriations	Address: 1575 DELUCCHI LN STE 120
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-6581
If "No" please explain: Not Applicable	Contact/Phone: null775/829-8814
	Vendor No.: T80615120
	NV Business ID: NV19981053945
To what State Fiscal Year(s) will the contract be charged?	2015-2017
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 %
	Varies depending upon the project requiring this service

Agency Reference #: 109290

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Access PI Chck SErv**

5. Purpose of contract:

This is a new contract to provide ongoing professional accessibility plan checking services on an "as needed" basis: Internal SPWD Contract No. 109290.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Accessibility plan checking required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

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	04/07/2015 11:41:59 AM
Division Approval	dgrimm	04/07/2015 11:42:01 AM
Department Approval	dgrimm	04/07/2015 11:59:02 AM
Contract Manager Approval	dgrimm	04/07/2015 16:00:32 PM
Budget Analyst Approval	jrodrig9	04/09/2015 15:25:26 PM
BOE Agenda Approval	cwatson	04/17/2015 12:46:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16561**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: INTERNATIONAL COMMISSIONING
Agency Code: 082	Contractor Name: INTERNATIONAL COMMISSIONING
Appropriation Unit: All Appropriations	Address: ENGINEERS WEST INC 800 N RAINBOW BLVD STE 212
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89107-1189
If "No" please explain: Not Applicable	Contact/Phone: null702/588-5780
	Vendor No.: T29021397
	NV Business ID: NV20071377893

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109234

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Thrd Prty Com PI Chk**

5. Purpose of contract:
This is a new contract to provide ongoing third party commission services on an "as needed" basis: Internal SPWD Contract No. 109234.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Third Party Commissioning services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Third Party Commissioning 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:
Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 15:35:28 PM
Division Approval	dgrimm	04/06/2015 15:35:31 PM
Department Approval	dgrimm	04/06/2015 15:35:33 PM
Contract Manager Approval	dgrimm	04/07/2015 16:09:23 PM
Budget Analyst Approval	jrodrig9	04/08/2015 14:33:46 PM
BOE Agenda Approval	cwatson	04/17/2015 07:46:08 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16542**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	INTERWEST CONSULTING GROUP INC
Agency Code:	082	Contractor Name:	INTERWEST CONSULTING GROUP INC
Appropriation Unit:	All Appropriations	Address:	NAFFA INTERNATIONAL INC 1613 Santa Clara Drive Suite 1 Roseville, CA 95661-3561
Is budget authority available?:	Yes	City/State/Zip	Roseville, CA 95661-3561
If "No" please explain:	Not Applicable		
		Contact/Phone:	null916-781-7597
		Vendor No.:	T29030819A
		NV Business ID:	NV20071166199

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109246

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Code PI Chck Serv**

5. Purpose of contract:
This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109246.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Code plan checking required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Code Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 13:46:26 PM
Division Approval	dgrimm	04/06/2015 13:46:28 PM
Department Approval	dgrimm	04/06/2015 13:46:31 PM
Contract Manager Approval	dgrimm	04/07/2015 16:10:55 PM
Budget Analyst Approval	jrodrig9	04/08/2015 15:25:40 PM
BOE Agenda Approval	cwatson	04/17/2015 07:49:20 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16570**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JENSEN ENGINEERING INC
Agency Code:	082	Contractor Name:	JENSEN ENGINEERING INC
Appropriation Unit:	All Appropriations	Address:	9655 GATEWAY DR STE A
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89521-2968
If "No" please explain:	Not Applicable	Contact/Phone:	null775/852-2288
		Vendor No.:	T27007578
		NV Business ID:	NV19921070456

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109371

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional electrical plan checking services on an "as needed" basis: Internal SPWD Contract No. 109371.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Electrical Plan checking services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Electrical Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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	04/07/2015 11:22:33 AM
Division Approval	dgrimm	04/07/2015 11:22:35 AM
Department Approval	dgrimm	04/07/2015 11:30:50 AM
Contract Manager Approval	dgrimm	04/07/2015 16:08:22 PM
Budget Analyst Approval	jrodrig9	04/07/2015 18:37:54 PM
BOE Agenda Approval	cwatson	04/17/2015 07:39:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16568**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JOHN A MARTIN & ASSOCIATES
Agency Code:	082	Contractor Name:	JOHN A MARTIN & ASSOCIATES
Appropriation Unit:	All Appropriations	Address:	NEVADA INC 4560 S. Decatur Blvd. Ste 200
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89103
If "No" please explain:	Not Applicable	Contact/Phone:	null702/248-7000
		Vendor No.:	T27012195
		NV Business ID:	NV19831016511

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109228

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional structural plan checking services on an "as needed" basis: Internal SPWD Contract No. 109228.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$50,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Structural plan checking services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Structural Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

The vendor 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	04/07/2015 09:32:07 AM
Division Approval	dgrimm	04/07/2015 09:32:10 AM
Department Approval	dgrimm	04/07/2015 09:32:13 AM
Contract Manager Approval	dgrimm	04/07/2015 16:02:25 PM
Budget Analyst Approval	cwatson	04/17/2015 13:13:35 PM
BOE Agenda Approval	cwatson	04/17/2015 13:13:39 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16565**

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?:	Yes	City/State/Zip:	CARSON CITY, NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	null775/883-7077
		Vendor No.:	T80912843
		NV Business ID:	NV19791006982

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109205

2. Contract start date:

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

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **2 years and 61 days**4. Type of contract: **Contract**Contract description: **Geotech Inv Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical services on an "as needed" basis: Internal SPWD Contract No. 109205.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation services required to ensure building safety and code compliance.

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

Professional Geotechnical Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **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:

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/07/2015 08:30:03 AM
Division Approval	dgrimm	04/07/2015 08:30:05 AM
Department Approval	dgrimm	04/07/2015 16:03:39 PM
Contract Manager Approval	dgrimm	04/07/2015 16:03:41 PM
Budget Analyst Approval	jrodrig9	04/07/2015 18:33:40 PM
BOE Agenda Approval	cwatson	04/17/2015 07:41:12 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16547**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: NINYO & MOORE
Agency Code: 082	Contractor Name: NINYO & MOORE
Appropriation Unit: All Appropriations	Address: 6700 PARADISE RD STE E
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-3744
If "No" please explain: Not Applicable	Contact/Phone: null702/433-0330
	Vendor No.: T27000873A
	NV Business ID: NV19961094658
To what State Fiscal Year(s) will the contract be charged? 2015-2017	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109206

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2015**
Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Geotechnical Serv**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical services on an "as needed" basis: Internal SPWD Contract No. 109206.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical services required to ensure building safety and code compliance

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

Professional geotechnical 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:
Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/07/2015 13:28:52 PM
Division Approval	dgrimm	04/07/2015 13:29:46 PM
Department Approval	dgrimm	04/07/2015 13:29:49 PM
Contract Manager Approval	dgrimm	04/07/2015 16:00:12 PM
Budget Analyst Approval	jrodrig9	04/09/2015 15:41:19 PM
BOE Agenda Approval	cwatson	04/17/2015 12:48:17 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16564**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	PLAN CHECK ASSOCIATES INC
Agency Code:	082	Contractor Name:	PLAN CHECK ASSOCIATES INC
Appropriation Unit:	All Appropriations	Address:	PC ASSOCIATES 3419 E CHAPMAN AVE # 480
Is budget authority available?:	Yes	City/State/Zip:	ORANGE, CA 92869-3812
If "No" please explain:	Not Applicable	Contact/Phone:	null714/730-0933
		Vendor No.:	T29005352
		NV Business ID:	NV20111069441

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109248

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109248.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$100,000.00**
 Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Code Plan checking services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Code Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 16:20:07 PM
Division Approval	dgrimm	04/06/2015 16:20:10 PM
Department Approval	dgrimm	04/07/2015 16:08:41 PM
Contract Manager Approval	dgrimm	04/07/2015 16:08:43 PM
Budget Analyst Approval	jrodrig9	04/09/2015 16:41:33 PM
BOE Agenda Approval	cwatson	04/17/2015 07:50:36 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16546**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RO ANDERSON ENGINEERING INC
Agency Code: 082	Contractor Name: RO ANDERSON ENGINEERING INC
Appropriation Unit: All Appropriations	Address: 1603 ESMERALDA AVE
Is budget authority available?: Yes	City/State/Zip: MINDEN, NV 89423-4201
If "No" please explain: Not Applicable	Contact/Phone: null775/782-2322
	Vendor No.: T29003022
	NV Business ID: NV19921072789

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2015**

Anticipated BOE meeting date 06/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Civ PI Chck Serv**

5. Purpose of contract:

This is a new contract to provide on going civil plan checking services on an "as needed" basis: Internal SPWD Contract No. 109187.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil plan checking services required to ensure building safety and code compliance.

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

Professional Civil Plan Checking Services are provided by 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	04/07/2015 11:58:46 AM
Division Approval	dgrimm	04/07/2015 11:58:48 AM
Department Approval	dgrimm	04/07/2015 11:58:51 AM
Contract Manager Approval	dgrimm	04/07/2015 16:01:20 PM
Budget Analyst Approval	jrodrig9	04/09/2015 15:33:28 PM
BOE Agenda Approval	cwatson	04/17/2015 12:47:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16569**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	ROUNDS ENGINEERING LTD DBA CR ENGINEERING
Agency Code:	082	Contractor Name:	ROUNDS ENGINEERING LTD DBA CR ENGINEERING
Appropriation Unit:	All Appropriations	Address:	5434 LONGLEY LN
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-1879
If "No" please explain:	Not Applicable	Contact/Phone:	null775/826-1919
		Vendor No.:	T29024113
		NV Business ID:	NV20041355601

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109365

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional mechanical plan checking services on an "as needed" basis: Internal SPWD Contract No. 109365.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Mechanical Plan checking services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Mechanical Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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	04/07/2015 16:01:57 PM
Division Approval	dgrimm	04/07/2015 16:02:00 PM
Department Approval	dgrimm	04/07/2015 16:02:02 PM
Contract Manager Approval	dgrimm	04/07/2015 16:02:05 PM
Budget Analyst Approval	jrodrig9	04/09/2015 15:21:32 PM
BOE Agenda Approval	cwatson	04/17/2015 12:46:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16527**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: All Appropriations Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: STANTEC CONSULTING SERVICESINC Contractor Name: STANTEC CONSULTING SERVICESINC Address: SUITE 100 6995 SIERRA CENTER PKWY RENO, NV 89511-2237 City/State/Zip: RENO, NV 89511-2237 Contact/Phone: null775/850-0777 Vendor No.: T81023418B NV Business ID: NV20101021081
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To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109185

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional civil plan checking services on an "as needed" basis: Internal SPWD Contract No. 109185.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$50,000.00**
 Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Civil plan checking required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Civil Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/02/2015 15:36:38 PM
Division Approval	dgrimm	04/02/2015 15:36:41 PM
Department Approval	dgrimm	04/02/2015 15:36:44 PM
Contract Manager Approval	dgrimm	04/10/2015 09:50:31 AM
Budget Analyst Approval	jrodrig9	04/10/2015 13:04:43 PM
BOE Agenda Approval	cwatson	04/17/2015 13:14:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16524**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	TANEY ENGINEERING INC
Agency Code:	082	Contractor Name:	TANEY ENGINEERING INC
Appropriation Unit:	All Appropriations	Address:	6030 S JONES BLVD STE 100
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89118-2659
If "No" please explain:	Not Applicable	Contact/Phone:	null702/362-8844
		Vendor No.:	T27007075
		NV Business ID:	NV20001434663

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109186

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Civil PI Chck Serv**

5. Purpose of contract:
This is a new contract to provide ongoing professional civil plan checking services on an "as needed" basis: Internal SPWD Contract No. 109186.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$50,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Civil plan checking services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Civil Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/02/2015 15:07:50 PM
Division Approval	dgrimm	04/02/2015 15:07:53 PM
Department Approval	dgrimm	04/02/2015 15:07:55 PM
Contract Manager Approval	dgrimm	04/07/2015 16:07:10 PM
Budget Analyst Approval	jrodrig9	04/10/2015 10:29:34 AM
BOE Agenda Approval	cwatson	04/17/2015 13:12:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16577**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TMCX NEVADA LLC
Agency Code: 082	Contractor Name: TMCX NEVADA LLC
Appropriation Unit: All Appropriations	Address: 5575 S DURANGO DR STE 102
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89113
If "No" please explain: Not Applicable	Contact/Phone: null702/252-7232
	Vendor No.: T27013220
	NV Business ID: NV20091633795

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109235

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Thrd Prty Comm**

5. Purpose of contract:
This is a new contract to provide ongoing third party commissioning services on an "as needed basis": Internal SPWD Contract No. 109235.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Third Party Commissioning services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Third Party Commissioning Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/07/2015 15:55:12 PM
Division Approval	dgrimm	04/07/2015 15:55:14 PM
Department Approval	dgrimm	04/07/2015 15:55:16 PM
Contract Manager Approval	dgrimm	04/08/2015 08:14:02 AM
Budget Analyst Approval	jrodrig9	04/13/2015 18:05:14 PM
BOE Agenda Approval	cwatson	04/17/2015 13:17:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16567**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	WESTERN TECHNOLOGIES INC
Agency Code:	082	Contractor Name:	WESTERN TECHNOLOGIES INC
Appropriation Unit:	All Appropriations	Address:	6633 W POST RD STE 100
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89118
If "No" please explain:	Not Applicable	Contact/Phone:	null702/798-8050
		Vendor No.:	T80821910
		NV Business ID:	NV19821000805

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109208

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

4. Type of contract: **Contract**
Contract description: **Geotech Inv Serv**

5. Purpose of contract:
This is a new contract to provide ongoing professional geotechnical services on an "as needed" basis. Internal SPWD Contract No. 109208.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Geotechnical Investigation services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Geotechnical Investigation Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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	04/07/2015 09:09:58 AM
Division Approval	dgrimm	04/07/2015 09:10:02 AM
Department Approval	dgrimm	04/07/2015 15:58:50 PM
Contract Manager Approval	dgrimm	04/07/2015 15:58:52 PM
Budget Analyst Approval	jrodrig9	04/07/2015 18:05:41 PM
BOE Agenda Approval	cwatson	04/17/2015 07:42:48 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16572**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WESTERN TECHNOLOGIES INC
Agency Code: 082	Contractor Name: WESTERN TECHNOLOGIES INC
Appropriation Unit: All Appropriations	Address: 6633 W POST RD STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: null702/798-8050
	Vendor No.: T80821910
	NV Business ID: NV19821000805

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109197

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional materials testing and inspection services an "as needed" basis: Internal SPWD Contract No. 109197.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$100,000.00**
Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Materials Testing & Inspection Plan checking services required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Materials Plan Checking and Inspection Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

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	04/07/2015 14:08:23 PM
Division Approval	dgrimm	04/07/2015 14:08:26 PM
Department Approval	dgrimm	04/07/2015 14:08:28 PM
Contract Manager Approval	dgrimm	04/07/2015 15:58:37 PM
Budget Analyst Approval	jrodrig9	04/09/2015 15:49:03 PM
BOE Agenda Approval	cwatson	04/17/2015 12:56:42 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16558**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: All Appropriations Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: WILLDAN ENGINEERING INC Contractor Name: WILLDAN ENGINEERING INC Address: 2401 E KATELLA AVE STE 450 City/State/Zip: ANAHEIM, CA 92806-5982 Contact/Phone: null714/978-8200 Vendor No.: T27029860 NV Business ID: NV19901017345
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To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service

Agency Reference #: 109250

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

5. Purpose of contract:
This is a new contract to provide ongoing professional code plan checking services on an "as needed" basis: Internal SPWD Contract No. 109250.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$100,000.00**
 Other basis for payment: progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?
Code plan checking required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Professional Code Plan Checking Services are provided by SPWB to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/06/2015 14:48:01 PM
Division Approval	dgrimm	04/06/2015 14:48:04 PM
Department Approval	dgrimm	04/06/2015 14:48:08 PM
Contract Manager Approval	dgrimm	04/07/2015 16:10:00 PM
Budget Analyst Approval	jrodrig9	04/08/2015 14:58:15 PM
BOE Agenda Approval	cwatson	04/17/2015 07:47:59 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 13180	Amendment Number: 2
Agency Name: COMMISSION ON TOURISM	Legal Entity Name: AMADOR STAGE LINES INC
Agency Code: 101	Contractor Name: AMADOR STAGE LINES INC
Appropriation Unit: 1522-31	Address: 1331 C ST
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95814
If "No" please explain: Not Applicable	Contact/Phone: Marni Donohue 916-444-7880
	Vendor No.: T29011695
	NV Business ID: NV19971361183

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2012**

Anticipated BOE meeting date: 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/30/2016**

Contract term: **3 years and 362 days**

4. Type of contract: **Contract**

Contract description: **FAM Transport 2**

5. Purpose of contract:

This is the second amendment to the original contract, which provides ongoing transportation for the familiarization tours in northern Nevada. This is the best way for tour operators to sell tours and travel journalists to write about Nevada is to see and experience the state for themselves by the agency offering hosted tours. This amendment increases the maximum amount from \$69,999 to \$109,999 due to increase of familiarization tours for media and sales & industry partners.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$20,000.00
2. Total amount of any previous contract amendments:	\$49,999.00
3. Amount of current contract amendment:	\$40,000.00
4. New maximum contract amount:	\$109,999.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Tourism conducts Familiarization (fam) tours as a tool to showcase the state to tour operators and media. The best way for tour operators to sell tours to Nevada is to see and experience the product for themselves. When they tour the state, they get a firsthand knowledge of what Nevada has to offer, and they can better reflect those offerings in their tours. Likewise, the best way for a travel journalist to write about Nevada is to see it firsthand. In fact, most journalists will not write about a destination they have not personally been to. Tours hosted by the Division of Tourism are an essential function of its media and sales departments. Division of Tourism staff must work with industry partners and vendors to convey the best experiences to their guests.

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

A large portion of time during fam tours is spent in a vehicle traveling from town to town. State employees are involved in the planning and travel during fam tours, and the Division of Tourism passenger van is used whenever possible. However, tours often require larger vehicles that are not available within State resources.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Northern Nevada has two local vendors available for this type of transportation need, so this is one of two ongoing contracts developed for transportation needs as they occur. When a fam is anticipated, a quote will be solicited from each vendor with selection based on the lowest bid or the availability of the vendor for the scheduled fam tour.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This is an amendment to the existing contract, and the quality of service has been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	03/31/2015 16:53:18 PM
Division Approval	amathies	03/31/2015 16:53:20 PM
Department Approval	amathies	03/31/2015 16:53:22 PM
Contract Manager Approval	amathies	03/31/2015 16:53:25 PM
Budget Analyst Approval	tgreenam	04/10/2015 10:31:26 AM
BOE Agenda Approval	myoun3	04/14/2015 08:56:25 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: **16458**

Agency Name: **DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE**

Agency Code: **400**
Appropriation Unit: **3195-18**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Consumer Credit Counseling Service of Southern Nevada**
Contractor Name: **Consumer Credit Counseling Service of Southern Nevada**
Address: **2650 JONES BOULEVARD**
City/State/Zip: **LAS VEGAS, NV 89146-5628**
Contact/Phone: **MICHELE JOHNSON 702-364-0341**
Vendor No.: **T29001911B**
NV Business ID: **NV1972000540**

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 % FUNDS FOR HEALTHY NEVADA (TOBACCO)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**
Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Information Referral**

5. Purpose of contract:

This is a new contract to provide the management and operation of 2-1-1 Information and Referral Center(s) that provides Nevada residents with high quality information about local health and human service programs, as well as community resources and disaster response information.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,400,000.00**

Other basis for payment: Upon receipt of invoice with an annual amount of \$700,000 per year for a total not to exceed amount of \$1,400,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 232.359 requires a system to provide nonemergency information and referrals concerning health, welfare, human and social services.

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

The agency does not have the staffing or facilities to run a 24/7, 365 days a year information and referral call center.

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 vendor scored the highest by the evaluation committee.

d. Last bid date: 12/16/2014 Anticipated re-bid date: 12/16/2016

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 currently has a subgrant with the Department of Health and Human Services Director's Office and the work is satisfactory.

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

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

Not Applicable

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

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	bvale1	03/12/2015 16:36:35 PM
Division Approval	ecreceli	04/06/2015 11:53:39 AM
Department Approval	ecreceli	04/06/2015 11:53:43 AM
Contract Manager Approval	bvale1	04/06/2015 12:17:57 PM
Budget Analyst Approval	nhovden	04/20/2015 12:50:59 PM
BOE Agenda Approval	nhovden	04/20/2015 12:51:03 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16512**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	UNITED HEALTHCARE INSURANCE CO
Agency Code:	402	Contractor Name:	UNITED HEALTHCARE INSURANCE CO
Appropriation Unit:	3156-16	Address:	9800 HEALTHCARE LANE
Is budget authority available?:	Yes	City/State/Zip:	MINNETONKA, MN 55343
If "No" please explain:	Not Applicable	Contact/Phone:	LAIN CRABTREE 952-931-4196
		Vendor No.:	T27014148
		NV Business ID:	NV19901045760

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/09/2019**Contract term: **3 years and 313 days**4. Type of contract: **Contract**Contract description: **United Healthcare**

5. Purpose of contract:

This is a new contract that continues the ongoing two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$655,700.00**

Other basis for payment: 100% of the low income benchmark for Nevada, as provided by the Centers for Medicare and Medicaid Services (CMS) plus a monthly administrative fee.

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

State employees are not authorized to perform the needed services.

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Previous contract or provider agreement with Aging and Disability Services: Satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tmyler	03/31/2015 09:07:06 AM
Division Approval	tmyler	03/31/2015 09:07:10 AM
Department Approval	ecrecli	04/03/2015 11:23:44 AM
Contract Manager Approval	jpruneau	04/08/2015 14:46:07 PM
Budget Analyst Approval	knielsen	04/08/2015 14:54:53 PM
BOE Agenda Approval	nhovden	04/20/2015 11:51:14 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16302**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Board of Trustees for Fund for Hospital Care to Indigent Persons
Agency Code:	403	Contractor Name:	Board of Trustees for Fund for Hospital Care to Indigent Persons
Appropriation Unit:	3157-00	Address:	304 S. Minnesota Street
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	null775-883-7863
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2014**

Anticipated BOE meeting date 04/2015

Retroactive? **Yes**

If "Yes", please explain

This agreement requests a retroactive date of January 1, 2014 due to the delay in finalizing the contract with Centers for Medicare and Medicaid Services (CMS).

3. Termination Date: **12/31/2017**

Contract term: **4 years**

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

Contract description: **IAF sup payments**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing access to inpatient hospital services for needy individuals in the state of Nevada. This agreement provides the non-federal share of supplemental payments to hospitals for inpatient hospital care provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,982,768.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.206 the Fund for Hospital Care to Indigent Persons, Board of Trustees and the Department of Health and Human Services, Division of Health Care Financing and Policy are entering into this agreement to provide supplemental payments to hospitals for inpatient hospital care provided to Medicaid recipients.

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

This is a revenue contract.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmoriart	03/13/2015 15:04:31 PM
Division Approval	trooker	04/08/2015 11:34:10 AM
Department Approval	ecreceli	04/15/2015 14:47:50 PM
Contract Manager Approval	cmoriart	04/16/2015 15:17:16 PM
Budget Analyst Approval	nhovden	04/20/2015 09:38:33 AM
BOE Agenda Approval	nhovden	04/20/2015 09:38:36 AM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

ROMAINE GILLILAND
Director

LAURIE SQUARTSOFF
Administrator

MEMORANDUM

January 20, 2015

To: Nikki Hovden, Budget Analyst IV
Division of Budget and Planning

From: Conni Bohemier, Contract Manager
Division of Health Care Financing and Policy

Subject: Retroactive Memo for Indigent Accident Fund (IAF) Interlocal Contract

DHCFP is seeking approval to enter into a retroactive Interlocal contract with the Board of Trustees for the Hospital Care to Indigent Persons. This contract, if approved, becomes effective January 1, 2014.

The contract could not be finalized sooner due to the fact that the Centers for Medicare & Medicaid Services (CMS) had to first review and approve the amendment to the Medicaid State Plan. Approval was not received until August 27, 2014, resulting in a substantial delay in finalizing the contract for submittal. This contract must be retroactive to ensure the hospitals will be able seek cost reimbursement for IAF cases submitted after January 1, 2014.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 15752	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: The Regional Transportation Commission of Washoe County
Agency Code: 403	Contractor Name: The Regional Transportation Commission of Washoe County
Appropriation Unit: 3243-14	Address: PO Box 30002
Is budget authority available?: Yes	City/State/Zip: Reno , NV 89520
If "No" please explain: Not Applicable	Contact/Phone: David Jickling 775-335-1902
	Vendor No.: PUR0002452A
	NV Business ID: Government Entity

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

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

<input checked="" type="checkbox"/> General Funds	45.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	55.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2017**

Contract term: **2 years and 274 days**

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

Contract description: **Paratransit Eval**

5. Purpose of contract:

This is the first amendment to the original new interlocal agreement, which provides paratransit eligibility evaluations for Medicaid recipients traveling to and from medical appointments. This amendment increases the maximum amount from \$86,618.13 to \$308,877 due to an estimated increase in eligibility evaluations for the remainder of the contract term.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$86,618.13
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$222,258.87
4. New maximum contract amount:	\$308,877.00

II. JUSTIFICATION

7. What conditions require that this work be done?

42 CFR 431.53 mandate requires provision of necessary non-emergency transportation to and from medical appointments. Completion of ADA Complementary Paratransit evaluations will help assess the Medicaid recipients' ability to use fixed route services.

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

The regional transportation commission is responsible for transportation of its passengers and therefore can assess the applicants' ability to use fixed route services.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Washoe County RCA has been in contract with the State for several years and service has been satisfactory.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmoriart	03/13/2015 14:30:19 PM
Division Approval	trooker	04/14/2015 13:59:16 PM
Department Approval	ecreceli	04/17/2015 09:29:31 AM
Contract Manager Approval	cmoriart	04/20/2015 09:21:41 AM
Budget Analyst Approval	nhovden	04/21/2015 08:57:27 AM
BOE Agenda Approval	nhovden	04/21/2015 08:57:51 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14329	Amendment Number: 1
Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: PUBLIC CONSULTING GROUP INC
Agency Code: 406	Contractor Name: PUBLIC CONSULTING GROUP INC
Appropriation Unit: 3168-15	Address: 148 STATE ST 10th FLOOR
Is budget authority available?: Yes	City/State/Zip: BOSTON, MA 02109
If "No" please explain: Not Applicable	Contact/Phone: AMY FERRARO 617-426-2026
	Vendor No.: T32000898
	NV Business ID: NV20021466314

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

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 **06/11/2013**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **4 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Cost Allocation**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing cost allocation development, maintenance, support and reporting services for the division. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$49,900 to \$311,250 due continued need for these services and the conversion to a web-based system.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$49,900.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$261,350.00
4. New maximum contract amount:	\$311,250.00
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?

Centers for Medicare and Medicaid Services' requirements. The Division of Mental Health and Developmental Services requires assistance to maximize federal revenues while complying with all federal regulations. This includes assistance with rate setting, complying with requirements for certified public expenditures, and changing maintenance of the new targeted case management State Plan amendment that affects billing.

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

The work requires individuals with a high level of expertise in federal cost allocation requirements and awareness of best practices for compliance while maximizing federal revenues, and the Division of Mental Health and Developmental Services does not have the level of expertise required. Centers for Medicare & Medicaid Services' requirements are becoming increasingly stringent, and failure to complete this work correctly and within required timeframes could seriously jeopardize federal funding.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor's proposal was rated the highest by the evaluation committee.

d. Last bid date: 03/29/2013 Anticipated re-bid date: 03/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently contracted with the Division of Mental Health and Developmental Services from July 01, 2011 to present, vendor has performed satisfactorily.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	03/26/2015 13:12:20 PM
Division Approval	alaw1	03/26/2015 13:12:22 PM
Department Approval	ecreceli	04/03/2015 09:19:13 AM
Contract Manager Approval	rmorse	04/03/2015 15:40:09 PM
Budget Analyst Approval	bberry	04/13/2015 07:48:22 AM
BOE Agenda Approval	nhovden	04/20/2015 11:54:08 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number:	15836	Amendment Number:	1
Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	LANDAIRE SALES CORP DBA RLS CONSULTING
Agency Code:	406	Contractor Name:	LANDAIRE SALES CORP DBA RLS CONSULTING
Appropriation Unit:	3220-22	Address:	1938 BELT VIEW DR
Is budget authority available?:	Yes	City/State/Zip:	HELENA, MT 59601-5829
If "No" please explain:	Not Applicable		
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 %

Agency Reference #: 14468

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/14/2014**
 Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/29/2015**
 Contract term: **350 days**

4. Type of contract: **Contract**
 Contract description: **Software Upgrade**

5. Purpose of contract:
This is the first amendment to the original contract, which continues ongoing system integration services to allow the tracking of Women's Health Connection clients who transition to Medicaid for the use of case management, follow-up, reimbursement and surveillance data analysis. This amendment increases the maximum amount from \$45,000 to \$85,000 to implement Phase II of the project.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$45,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$40,000.00
4. New maximum contract amount:	\$85,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

A software interface is required to allow the existing Womens Health Connection software to accept Medicaid data in a way that will support case management, timely diagnosis and track comprehensive screening over time. The Cancer and Screening Tracking System (CaST) and associated modules need to be configured to separate population based data from program related data that is reported to CDC.

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

State employees lack the appropriate personnel to accomplish system design, software programming, Medicaid business procedure consulting, technical writing of user manuals, business procedure and administrative requirements, and software testing and installation support.

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

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

b. Solicitation Waiver: **Not Applicable**

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

The vendor was selected as the best respondent to an informal solicitation carried out by the program. The vendor's cost and experience allowed its proposal to score higher on the evaluation.

d. Last bid date: 03/03/2014 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has provided services since 5/16/2014 for the 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 registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	03/25/2015 15:44:32 PM
Division Approval	alaw1	03/25/2015 15:44:35 PM
Department Approval	ecreceli	04/02/2015 16:30:39 PM
Contract Manager Approval	rmorse	04/03/2015 15:39:20 PM
DoIT Approval	bbohm	04/06/2015 06:34:50 AM
Budget Analyst Approval	bberry	04/13/2015 07:30:54 AM
BOE Agenda Approval	nhovden	04/20/2015 12:12:07 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 12963	Amendment Number: 1
Agency Name: WELFARE AND SUPPORT SERVICES	Legal Entity Name: HUMBOLDT COUNTY DISTRICT ATTORNEY
Agency Code: 407	Contractor Name: HUMBOLDT COUNTY DISTRICT ATTORNEY
Appropriation Unit: 3239-16	Address: HUMBOLDT CO DISTRICT ATTORNEY 501 South Bridge Street
Is budget authority available?: Yes	City/State/Zip: WINNEMUCCA, NV 89446
If "No" please explain: Not Applicable	Contact/Phone: null775/623-6360
	Vendor No.: T40139500H
	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 05/2015

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 a first amendment to the original interlocal agreement which provides ongoing child support enforcement services for local applicants through county participation pursuant to NRS 425.370 and 425.380 (1) and 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$1,360,748 to \$2,386,730 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$1,360,748.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$1,025,982.00
4. New maximum contract amount:	\$2,386,730.00
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 15:46:24 PM
Division Approval	msmit5	03/24/2015 11:03:56 AM
Department Approval	ecreceli	04/02/2015 16:37:13 PM
Contract Manager Approval	sneudaue	04/03/2015 09:21:00 AM
Budget Analyst Approval	ekin4	04/07/2015 16:45:35 PM
BOE Agenda Approval	nhovden	04/20/2015 11:18:30 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12953** Amendment Number: **1**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **NYE COUNTY DISTRICT ATTORNEY**

Agency Code: **407** Contractor Name: **NYE COUNTY DISTRICT ATTORNEY**

Appropriation Unit: **3239-16** Address: **101 Radar Rd**

Is budget authority available?: **Yes** City/State/Zip: **TONOPAH, NV 89049**

If "No" please explain: **Not Applicable** Contact/Phone: **null775-482-8106**

Vendor No.: **T80044560N**

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 child support enforcement services for local applicants through county participation pursuant to NRS 425.370 and 425.380 (1) and 45 CFR 304.20. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$1,478,239 to \$2,577,817 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$1,478,239.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$1,099,578.00
4. New maximum contract amount:	\$2,577,817.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

An RFP is not a requirement of an interlocal agreement.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	12/19/2014 16:12:06 PM
Division Approval	msmit5	04/03/2015 12:13:51 PM
Department Approval	ecreceli	04/15/2015 08:28:53 AM
Contract Manager Approval	sneudaue	04/15/2015 16:09:45 PM
Budget Analyst Approval	bberry	04/20/2015 10:22:25 AM
BOE Agenda Approval	nhovden	04/20/2015 16:22:03 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14376	Amendment Number: 1
Agency Name: DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Austin's House
Agency Code: 409	Contractor Name: Austin's House
Appropriation Unit: 3229-10	Address: 3589 N Sunridge Dr
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89705
If "No" please explain: Not Applicable	Contact/Phone: null775-684-4413
To what State Fiscal Year(s) will the contract be charged?	Vendor No.: PUR0005303
	NV Business ID: NV20031564889
	2014-2017

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

<input checked="" type="checkbox"/>	General Funds	75.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	25.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**
 Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **emergency shelter**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing emergency shelter care services for children or youth in the care or custody of the division. This amendment increases the maximum amount from \$249,480 to \$622,100 to include an additional 3,726 bed days at a rate of \$100 per day for youth in need of emergency shelter care.

6. CONTRACT AMENDMENT

1.	The maximum amount of the original contract:	\$249,480.00
2.	Total amount of any previous contract amendments:	\$0.00
3.	Amount of current contract amendment:	\$372,620.00
4.	New maximum contract amount:	\$622,100.00

II. JUSTIFICATION

7. What conditions require that this work be done?

When Rural Region staff are unable to find a suitable placement option for a child or sibling unit due to lack of availability, special needs, or size of a sibling unit, an emergency shelter placement option is needed while additional placement options are sought after. This amendment is due to increased volume of necessary emergency shelter.

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

The Division of Child and Family Services does not operate facilities that can provide emergency shelter care for children for up to 30 days.

9. Were quotes or proposals solicited? Yes

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3030, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposers as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor is currently under contract with the Division of Child and Family Services and service has been satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	pcolegro	03/30/2015 08:19:56 AM
Division Approval	pcolegro	03/30/2015 08:20:00 AM
Department Approval	ecreceli	04/03/2015 11:36:59 AM
Contract Manager Approval	ihyman	04/03/2015 12:12:08 PM
Budget Analyst Approval	knielsen	04/15/2015 10:46:22 AM
BOE Agenda Approval	nhovden	04/20/2015 16:30:30 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: 14352	Amendment Number: 1
Agency Name: DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Jill Leslie Oswalt
Agency Code: 409	Contractor Name: Jill Leslie Oswalt
Appropriation Unit: 3259-04	Address: Jill Oswalt, MD Lucky Star Station PO Box 98 Deeth, NV 89823
Is budget authority available?: Yes	City/State/Zip: Deeth, NV 89823
If "No" please explain: Not Applicable	Contact/Phone: Jill Oswalt 775-752-3591
	Vendor No.: T29004131
	NV Business ID: NV20111047301

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2013**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2015**

Termination Date:

Contract term: **4 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Medical Services**

5. Purpose of contract:

This is the first amendment to the original contract, which provides ongoing medical services to youth by visiting once per week or as needed for urgent care emergencies. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$182,550 to \$373,950 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$182,550.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$191,400.00
4. New maximum contract amount:	\$373,950.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Youth Training Center requires the performance of any necessary medical/surgical services to the ward.

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

There are no employees on staff with the required medical license.

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3036, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. Dr. Oswald was the only vendor to propose on this RFP.

d. Last bid date: 02/20/2013 Anticipated re-bid date: 02/20/2017

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:

Yes. Dr. Oswald is the current vendor and the services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	03/24/2015 10:08:17 AM
Division Approval	pcolegro	03/24/2015 10:08:21 AM
Department Approval	ecreceli	03/31/2015 11:54:39 AM
Contract Manager Approval	ihyman	03/31/2015 13:39:39 PM
Budget Analyst Approval	knielsen	04/06/2015 15:43:14 PM
BOE Agenda Approval	nhovden	04/16/2015 17:39:32 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14381	Amendment Number: 1
Agency Name: DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Bonnie Vogler
Agency Code: 409	Contractor Name: Bonnie Vogler
Appropriation Unit: 3281-04	Address: PO Box 33333
Is budget authority available?: Yes	City/State/Zip: Reno , NV 89533
If "No" please explain: Not Applicable	Contact/Phone: null775-747-6872
	Vendor No.: T82911934
	NV Business ID: NV20111333491
To what State Fiscal Year(s) will the contract be charged?	2014-2017

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

<input checked="" type="checkbox"/> General Funds	41.20 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	58.50 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	0.30 % patient collections

2. Contract start date:

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

Anticipated BOE meeting date 05/2015

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: **dietitian services**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing dietary/nutritional consultation services to children under the division's care, which includes family learning homes and the adolescent treatment center. The amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$31,200 to \$62,400 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$31,200.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$31,200.00
4. New maximum contract amount:	\$62,400.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

Children under the care of Northern Nevada Child and Adolescent Services, which includes family learning homes and the adolescent treatment center, must be fed meals that meet their nutritional needs.

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

The Division of Child and Family Services does not have a licensed Dietitian on staff.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor best meets the Division's needs communicated in the solicitation provided.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor is currently under contract with the Division of Child and Family Services and service has been satisfactory.

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

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

Not Applicable

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

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

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	03/24/2015 09:42:31 AM
Division Approval	pcolegro	03/24/2015 09:42:36 AM
Department Approval	ecreceli	03/30/2015 15:24:59 PM
Contract Manager Approval	ihyman	03/31/2015 12:46:02 PM
Budget Analyst Approval	knielsen	04/06/2015 13:14:28 PM
BOE Agenda Approval	nhovden	04/20/2015 09:42:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16471**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Hometown Health Providers Insurance Company, Inc.
Agency Code: 440	Contractor Name: Hometown Health Providers Insurance Company, Inc.
Appropriation Unit: 3706-50	Address: 830 Harvard Way
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Ken Hamm 775/982-3128
	Vendor No.: T29003541
	NV Business ID: NV19811015672

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **PPO Service North**

5. Purpose of contract:

This is a new contract that continues ongoing access to discounted health care services through a Preferred Provider Organization network and provides the department with attendant pricing benefits and customer service. These health care services will be for offenders located in Northern Nevada correctional facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$347,000.00**

Other basis for payment: Admin Fees per offender FY16 \$1.55; FY17 \$1.63; FY18 \$1.71; FY19 \$1.80

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Corrections oversees the delivery of legally required medical care to incarcerated offenders.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

To the extent possible, the required medical care is delivered within the correctional system by Nevada Department of Corrections medical staff. Non-correctional medical care providers and facilities provide in-patient hospitalization and specialty treatment that cannot be provided by NDOC medical staff. No other State agency offers 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 3165 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2015 Anticipated re-bid date: 01/21/2019

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:

Nevada Department of Corrections - 2007 to current. Service has been determined to be satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	03/27/2015 10:36:16 AM
Division Approval	dmartine	03/27/2015 10:36:21 AM
Department Approval	drosenbe	03/27/2015 11:16:58 AM
Contract Manager Approval	jhardy	03/27/2015 12:04:05 PM
Budget Analyst Approval	cmurph3	03/31/2015 14:42:17 PM
BOE Agenda Approval	sbrown	04/03/2015 16:43:50 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16472**

Agency Name: **DEPARTMENT OF CORRECTIONS**
Agency Code: **440**
Appropriation Unit: **3706-50**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Sierra Health-Care Options, Inc.**
Contractor Name: **Sierra Health-Care Options, Inc.**
Address: **2716 N. Tenaya Way**
City/State/Zip: **Las Vegas, NV 89128**
Contact/Phone: **Garyn E. Ramos, President 775/824-9745**
Vendor No.:
NV Business ID: **NV19891039268**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**
Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **PPO Services - South**

5. Purpose of contract:

This is a new contract that continues ongoing access to discounted health care services through a Preferred Provider Organization network and provides the department with attendant pricing benefits and customer service. These health care services will be for offenders located in Southern Nevada correctional facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$770,000.00**

Other basis for payment: Admin Fees per offender FY16 \$1.75; FY17 \$1.81; FY18 \$1.87; FY19 \$1.93

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Corrections oversees the delivery of legally required medical care to incarcerated offenders.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

To the extent possible, the required medical care is delivered within the correctional system by Nevada Department of Corrections medical staff. Non-correctional medical care providers and facilities provide in-patient hospitalization and specialty treatment that cannot be provided by NDOC medical staff. No other State agency offers 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 3165 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2015 Anticipated re-bid date: 01/21/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	03/27/2015 10:43:54 AM
Division Approval	dmartine	03/27/2015 10:43:59 AM
Department Approval	drosenbe	03/27/2015 11:14:48 AM
Contract Manager Approval	jhardy	03/27/2015 12:02:01 PM
Budget Analyst Approval	cmurph3	03/31/2015 14:46:10 PM
BOE Agenda Approval	sbrown	04/03/2015 16:46:40 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 12240	Amendment Number: 4
Agency Name: PUBLIC UTILITIES COMMISSION	Legal Entity Name: HIGH DESERT MICROIMAGING, INC.
Agency Code: 580	Contractor Name: HIGH DESERT MICROIMAGING, INC.
Appropriation Unit: 3920-26	Address: 1225 FINANCIAL BLVD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Meg Miller 775/359-6980
	Vendor No.: PUR0000032
	NV Business ID: NV19951110096

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Regulatory Assessments
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **580**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **5 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Scanner Maintenance**

5. Purpose of contract:

This is the fourth amendment to the original contract, which provides ongoing maintenance service to scanners used to operate the Electronic Filings and Records Management system to accept electronic filings and associated fees. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$41,000 to \$51,490 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$7,687.00
2. Total amount of any previous contract amendments:	\$33,313.00
3. Amount of current contract amendment:	\$10,490.00
4. New maximum contract amount:	\$51,490.00
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?

High Desert currently supports the software applications integrated with scanners used by the Commission. The software is closely integrated with those hardware components. Therefore, it is High Desert's policy that hardware maintenance be provided.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is High Desert's policy that hardware maintenance service provided by a vendor other than High Desert would invalidate software license currently supported by High Desert.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

High Desert currently supports the software applications integrated with scanners used by the Commission. The software is closely integrated with those hardware components.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Public Utilities Commission of Nevada-August 2005-June 2011

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

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	kfrant1	04/15/2015 10:43:23 AM
Division Approval	kfrant1	04/15/2015 10:43:28 AM
Department Approval	dskau	04/15/2015 10:48:43 AM
Contract Manager Approval	kfrant1	04/15/2015 10:50:27 AM
Budget Analyst Approval	bberry	04/20/2015 08:46:31 AM
BOE Agenda Approval	nhovden	04/20/2015 16:18:08 PM

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

James R. Wells, CPA
Interim Director

Greg Smith
Administrator

Purchasing Use Only:

Approval #: 876

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:			
	State Agency:	Public Utilities Commission of Nevada (PUCN)		
	Contact Name(s) and Titles:	Nichole Shafer, Financial Officer		
	Telephone Number(s):	775-684-6195		
	Email Address(s):	nshafer@puc.nv.gov		

2	Contractor Information:			
	Contractor:	High Desert Microimaging, Inc.		
	Contact Name:	Meg Miller		
	Address:	1225 Financial Blvd		
	Phone Number:	775-359-6980		
	Email Address:	meg@highdesertmicroimaging.com		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	RFP			
	CETS #:	CONV2139			
	Contract “not to exceed amount”:	\$1,000,000			
	Contract term:	Start date:	07/01/05	End date:	06/30/11
		mm/dd/yy		mm/dd/yy	

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:			
	Quote, solicitation # if applicable:			
	Waiver, provide number:			
	Other:	Informal Solicitation		

5	Current contract information:			
	CETS #:	12240		
	Initial contract “not to exceed amount”:	\$7,687		
	Contract term:	Start date:	07/01/11	End date:
		mm/dd/yy	mm/dd/yy	

Amendment information – List all previously approved amendments:			
Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
6	1	Modify the “not to exceed” amount	\$8,832
	2	Modify the “not to exceed” amount and expiration date.	\$19,399
	3	Modify the “not to exceed” amount and expiration date.	\$41,000

Proposed amendment information:			
Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
7	4	Modify the “not to exceed” amount and expiration date.	\$51,490

8	<p>What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):</p> <p><i>Bids were solicited in May 2005 for the EFRM system. Vendors that submitted proposals: High Desert Microimaging, Inc; HCL Technologies, Inc; Precision Document Imaging; AlphaCorp. High Desert Microimaging, Inc was selected because they are a local company (Reno) that could provide local support, could provide all the services needed and presented the lowest cost. Proposed costs for the amendment are well within the legislatively approved budget.</i></p> <p><i>HDM is authorized to support Cannon Scanners. The PUCN has been very pleased with the maintenance agreements and service purchased for hardware from HDM. All maintenance is billed and paid at one time each year to HDM. This approach has reduced administrative overhead for budgeting and accounting. HDM also currently supports the software applications integrated with the scanners. This software is closely integrated with the hardware components.</i></p> <p><i>It is HDM’s policy that hardware maintenance service provided by a vendor other than HDM would invalidate the software license currently supported by HDM.</i></p> <p><i>Having HDM a phone call away and available for on-site service has been crucial to the operations of the PUCN.</i></p> <p><i>The EFRM system supports the core business process of the PUCN. Without maintenance support from a vendor in the Northern Nevada area for the hardware, the daily operations of the PUCN would be placed at critical risk. By choosing a vendor who could provide such support locally for both hardware and software has reduced the risks associated with the EFRM project and resulting system.</i></p> <p><i>Since this strategy has proven successful, the same strategy would be invoked as a requirement of the bidding process if the PUCN was required to solicit competitive bids for maintenance of hardware. Without this strategy, the investments and knowledge transfer gains made by the PUCN would be negated.</i></p> <p><i>The PUCN believes having this contract remain in place to be the most prudent and cost effective</i></p>
---	---

approach for providing maintenance for hardware components purchased by the PUCN.

9 **What are the potential consequences to the State if the contract extension request is denied?**
A break in maintenance service for the hardware purchased from HDM is unacceptable to the daily operations of the PUCN. The hardware is a critical component of the highly successful Electronic Filings and Records Management (EFRM) project and system.

Without this contract in place, maintenance support would not be available from a northern Nevada authorized purveyor for the hardware purchased by the PUCN.

The EFRM system supports the core business process of the PUCN. Without maintenance support from a vendor in the Northern Nevada area for the hardware, the daily operations of the PUCN would be placed at critical risk. By choosing a vendor who could provide such support locally for both hardware and software has reduced the risks associated with the EFRM project and resulting system.

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.

Nichole Shafer
Signature of Agency Representative Initiating Request

Nichole Shafer *3/23/15*
Print Name of Agency Representative Initiating Request Date

Donna Skau *3/23/15*
Signature of Agency Head Authorizing Request Date

Donna Skau ↓
Print Name of Agency Head Authorizing Request Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed: *Aug Smith* *3-24-15*
Administrator, Purchasing Division or Designee Date

Fax

To: Nichole Shafer, Financial Officer
From: Purchasing Division
Date: 3/23/2015
Re: Contract Extension and Solicitation Waiver

Pages including coversheet 10

Please see the attached contract extension form and solicitation waiver for our High Desert Microimaging hardware maintenance contact.

Please contact me with any questions.

Thank you.

Nichole Shafer

Ph. 775-684-6195

nshafer@puc.nv.gov

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15613** Amendment Number: **1**
 Agency Name: **GCB - GAMING CONTROL BOARD** Legal Entity Name: **ACCURATE BUILDING MAINTENANCE**
 Contractor Name: **ACCURATE BUILDING MAINTENANCE**
 Agency Code: **611** Address: **3062 SHERIDAN ST STE 1**
 Appropriation Unit: **4061-04** City/State/Zip: **LAS VEGAS, NV 89102-7819**
 Is budget authority available?: **Yes** Contact/Phone: **null702/220-8180**
 If "No" please explain: **Not Applicable** Vendor No.: **T81039103**
 NV Business ID: **NV19991074849**

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 **06/01/2014**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2015**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Contract**

5. Purpose of contract:

This is the first amendment to the original contract, which provides ongoing janitorial services to the Gaming Control Board's Technology building. This amendment extends the termination date from May 31, 2015 to May 31, 2018 and increases the maximum amount from \$15,000 to \$60,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

- 1. The maximum amount of the original contract: \$15,000.00
 - 2. Total amount of any previous contract amendments: \$0.00
 - 3. Amount of current contract amendment: \$45,000.00
 - 4. New maximum contract amount: \$60,000.00
- and/or the termination date of the original contract has changed to: 05/31/2018

II. JUSTIFICATION

7. What conditions require that this work be done?

Proper cleaning of the Gaming Control Board's Technology Division office is a necessary maintenance function.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained in cleaning techniques or proper handling of cleaning chemicals.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor's proposal was the lowest responsible bid when factoring in the required background checks, known work product, and cost proposals based on both pre- and post- tenant improvements. Vendor also included annual and semi-annual services in flat monthly rate.

d. Last bid date: 02/25/2014 Anticipated re-bid date: 02/25/2015

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:

Current vendor for janitorial services for Gaming Control Board Technology Division; services are satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: 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	jkingsla	03/10/2015 14:15:30 PM
Division Approval	jkingsla	03/10/2015 14:15:33 PM
Department Approval	jkingsla	03/10/2015 14:15:36 PM
Contract Manager Approval	bbrow9	03/10/2015 14:39:47 PM
Budget Analyst Approval	knielsen	03/25/2015 14:31:31 PM
BOE Agenda Approval	nhovden	04/06/2015 10:05:31 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 13609	Amendment Number: 3
Agency Name: DPS-EMERGENCY MANAGEMENT	Legal Entity Name: KVH INDUSTRIES INC
Agency Code: 654	Contractor Name: KVH INDUSTRIES INC
Appropriation Unit: 3673-04	Address: 50 ENTERPRISE CTR
Is budget authority available?: Yes	City/State/Zip: MIDDLETOWN, RI 02842-5268
If "No" please explain: Not Applicable	Contact/Phone: null401/845-8184
	Vendor No.: T29019309
	NV Business ID: NV20101465531

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 **07/01/2012**
 Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **4 years and 92 days**

4. Type of contract: **Contract**

Contract description: **Satellite Service**

5. Purpose of contract:

This is the third amendment to the original contract, which continues ongoing, on-demand satellite communication services. This amendment extends the termination date from June 30, 2015 to September 30, 2016 and increases the maximum amount from \$105,399 to \$155,399 due to continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$9,528.00
2. Total amount of any previous contract amendments:	\$95,871.00
3. Amount of current contract amendment:	\$50,000.00
4. New maximum contract amount:	\$155,399.00
and/or the termination date of the original contract has changed to:	09/30/2016

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Emergency Management has three emergency communication vehicles that use satellite communication service and data transmission capability to act as information centers and provide crossband repeater communications for use in disasters or emergencies. The three communications vehicles must have the ability to send and receive all forms of wireless data transfer (video, voice and text) on a 24/7 basis to accommodate any emergency or approved call out for service.

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 specialized equipment or technical abilities to provide satellite communications service.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 120610C
Approval Date: 02/23/2015

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided services for the Division of Emergency Management since 2008. Services are satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlun1	03/10/2015 16:14:51 PM
Division Approval	jdibasil	03/26/2015 09:50:05 AM
Department Approval	jbauer	03/26/2015 09:56:26 AM
Contract Manager Approval	jbauer	03/26/2015 09:56:29 AM
Budget Analyst Approval	jrodrig9	04/06/2015 18:33:35 PM
BOE Agenda Approval	cwatson	04/20/2015 10:23:38 AM

State of Nevada
 Department of Administration
 Purchasing Division
 515 E. Musser Street, Suite 300
 Carson City, NV 89701



Brian Sandoval
 Governor
 Julia Teska
 Director
 Greg Smith
 Administrator

Purchasing Use Only:	
Approval#:	120610C

Amendment 3

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: Division of Emergency Management & Homeland Security		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Judith Lyman, Management Analyst I</i>	775-687-0324	jlyman@dps.state.nv.us
	<i>Eric Wilson, ASO I</i>	775-687-0316	ewilson@dps.state.nv.us
	<i>Jennifer Bauer, DPS Contract Manager</i>	775-684-4698	jbauer@dps.state.nv.us

Vendor Information:	
Identify Vendor:	<i>KVH Industries, Inc</i>
Contact Name:	<i>William Houtz or Kathleen Kerr</i>
Address:	<i>50 Enterprise Center, Middletown, RI 02842</i>
Telephone Number:	<i>401-845-8184 or 401-845-8189</i>
Email Address:	<i>bhoutz@kvh.com or kkerr@kvh.com</i>

1c	Type of Waiver Requested - Check the appropriate type:	
	Sole or Single Source:	X
	Professional Service Exemption:	

Contract Information:			
1d	Is this a new Contract?	Yes	No X
	Amendment:	#3	
	CETS:	#13609	

1e	Term:				
	One (1) Time Purchase:	No			
	Contract:	Start Date:	7/1/2012	End Date:	9/30/2016

1f	Funding:	
	State Appropriated:	
	Federal Funds:	X
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>This amendment does not change the total value of the overall contract. This amendment only extends the termination date.</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	To provide satellite communication service for three GMC Yukon XL's that are outfitted and utilized as mobile information centers for use in disasters or large scale emergencies. KVH Industries is to provide monthly satellite airtime service (to include telephone service, caller I.D., call waiting, hold, speed dial, fax, 3-way calling charges and redial) for three vehicles. Transmittal of data will be allocated at 250 Megabytes per vehicle, per month, for the duration of the contract with the following exception: Should the need occur to increase data transmittal rates beyond the allocation, due to emergency situations, KVH industries will only bill DEM for the period (days) through the end of billing cycle necessary to accommodate the incident.

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	The services are proprietary in nature and cannot be obtained from a separate vendor. The vehicles approved and purchased were built out as Wolfcoach MC2 vehicles. They are specialized "Communications On The Move" satellite communications platforms installed inside GMC Yukon XLs. The satellite transceiver (uplink and downlink) is manufactured by a company called KVH Industries. This device is called a KVH TracPhone V7. There is one KVH TracPhone V7 mounted on top of each Mobile Joint Information Center (JIC) Vehicle (also known as Satellite Communication Vehicles). KVH's TracPhone V7 uses proprietary satellite airtime on satellite transponders owned by their company. The only vendor for KVH TracPhone V7 air time is KVH.

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	The services are proprietary in nature and cannot be obtained from a separate vendor. The airtime/airwaves for the equipment are only transmitted by the vendor of the equipment. The vehicles purchased for mobile information centers for which satellite services are being requested through this sole source, will be strategically placed and located in rural areas of Nevada thus necessitating the communication services requested.

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	The services are proprietary in nature and cannot be obtained from a separate vendor. The airtime/airwaves for the equipment are only transmitted by the vendor of the equipment. NDEM will be releasing a request for information to collect data on systems currently available to ensure the services NDEM is currently receiving are still within industry standards.				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following</i>				

<i>information:</i>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver)</i>
12/02/08	03/31/09	\$6,350.00	provide satellite communication service	RFP
01/13/09	11/30/11	\$127,074.00	provide satellite communication service	Waiver
12/01/11	02/19/12	\$9,983.04	provide satellite communication service	Waiver
03/13/12	06/30/12	\$23,136.90	provide satellite communication service	Waiver
07/01/12	06/30/15	\$105,399.00	provide satellite communication service	Waiver

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	The ability to properly protect the public could be jeopardized without proper communication. Potential consequences include liability in the event of the loss of life, property, environment or personal injury.

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	Market research was limited due to the proprietary nature of the services. Prior to purchasing the satellite communications platforms, several vendors were contacted. KVH Industries, Inc. had the best package and has even offered a substantial discount.

9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	We will need to continue contracting with this vendor for as long as we operate these satellite vehicles. The services are proprietary in nature and cannot be obtained from a separate vendor. The airtime/airwaves for the equipment are only transmitted by the vendor of the equipment.				

* Contract
Extend
Form Req.
Original- contract,
Result RFP 2008 -
Same vendor,
same price.
Over 4yrs will
intent to continue.



By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Judith A Lyman
Agency Representative Initiating Request

Judith Lyman, Management Analyst I 2/3/15
Print Name of Agency Representative Initiating Request Date

[Signature]
Signature of Agency Head Authorizing Request

Christopher B Smith, Chief – Division of Emergency Management/Homeland Security 2/3/15
Print Name of Agency Head Authorizing Request Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

Aug Smith 2-23-15
Administrator, Purchasing Division or Designee Date



Purchasing Use Only:

Approval #:

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:	
	State Agency:	<i>Division of Emergency Management & Homeland Security</i>
	Contact Name(s) and Titles:	<i>Judith Lyman, Management Analyst I Eric Wilson, ASO I Jennifer Bauer, DPS Contract Manager</i>
	Telephone Number(s):	<i>775-687-0324; 775-687-0315; 775-684-4698</i>
	Email Address(s):	<i>jlyman@dps.state.nv.us; ewilson@dps.state.nv.us; jbauer@dps.state.nv.us</i>

2	Contractor Information:	
	Contractor:	<i>KVH Industries, Inc</i>
	Contact Name:	<i>Kathleen Kerr or Bill Houtz</i>
	Address:	<i>50 Enterprise Center, Middletown, RI 02842</i>
	Phone Number:	<i>401-845-8189 or 401-845-8184</i>
	Email Address:	<i>kkerr@kvh.com or bhoutz@kvh.com</i>

3	Ongoing relationship disclosure – List all previous contract information:	
	Procurement method:	<i>Waiver #081117 Waiver #081117A Waiver #081117B Waiver #111206 Waiver #120203 Waiver #120610 Waiver #120610A</i>
	CETS #:	<i>Conv5973 Conv6018 Conv6018 (amendment #1) Conv6018 (amendment #2) 12914 12914 (amendment #1) 13093 13609 13609 (amendment #1) 13609 (amendment #2)</i>
	Contract “not to exceed amount”:	<i>\$6,350.00</i>

		\$63,500.00		
		\$117,992.00		
		\$127,074.00		
		\$1,969.44		
		\$9,983.04		
		\$23,136.90		
		\$9,528.00		
		\$73,912.07		
		\$105,399.00		
	Contract term:	Start date:		End date:
		12/02/08		1/31/09
		1/13/09		9/30/10
		1/13/09	(amend 1)	9/30/11
		1/13/09	(amend 2)	11/30/11
		12/01/11		12/16/11
		12/01/11	(amend 1)	2/19/12
		3/13/12		6/30/12
		7/01/12		6/30/14
		7/01/12	(amend 1)	6/30/14
		7/01/12	(amend 2)	6/30/15

4	Procurement method used to award the current contract:	
	RFP, solicitation # if applicable:	
	Quote, solicitation # if applicable:	
	Waiver, provide number:	#120610
	Other:	

5	Current contract information:			
	CETS #:	13609		
	Initial contract "not to exceed amount":	\$ 9,528.00		
	Contract term:	Start date:		End date:
		07/01/12		06/30/14

6	Amendment information – List all previously approved amendments:			
	Amd #:	Brief synopsis of what amendment accomplished:	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
	#1	Increase contract amount	73,912.07	n/a
	#2	Increase contract amount & expiration	105,399.00	06/30/15

7	Proposed amendment information:			
	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
	#3	Increase contract amount & expiration	\$155,399.00	09/30/16

8	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):			
	This extension is being requested in order to align the contract term with the federal fiscal year. This change will bring the contract into compliance with the federal grant performance period.			

9	What are the potential consequences to the State if the contract extension request is denied? <i>If this request is denied, NDEM will have to submit a 3 month sole source contract for July 1, 2016 to September 30, 2016.</i>
---	---

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.

Janice Bawn for

 Signature of Agency Representative Initiating Request

Judith Lyman, Management Analyst I

 Print Name of Agency Representative Initiating Request

 Date *3/5/15*

Christopher B. Smith

 Signature of Agency Head Authorizing Request

 Date *3/5/15*

Christopher B. Smith, Chief

 Print Name of Agency Head Authorizing Request

 Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

 Administrator, Purchasing Division or Designee

 Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16536**

Agency Name: DPS-EMERGENCY MANAGEMENT	Legal Entity Name: LeGrande Technical and Social Services, LLC
Agency Code: 654	Contractor Name: LeGrande Technical and Social Services, LLC
Appropriation Unit: 3673-12	Address: dba The Digital Decision
Is budget authority available?: Yes	7579 Venture Drive
If "No" please explain: Not Applicable	City/State/Zip: Alexandria, VA 22315
	Contact/Phone: Robert LeGrande 703-344-1819
	Vendor No.:
	NV Business ID: NV20131002779

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2018**

Contract term: **2 years and 276 days**

4. Type of contract: **Contract**

Contract description: **SLIGP Program Mgr**

5. Purpose of contract:

This is a new contract to provide for program outreach, data collection, capacity and coverage analysis, infrastructure assessment, and program management services in support of Nevada's efforts to create the first nationwide wireless broadband network managed by the First Responder Network Authority (FirstNet). Funding for this effort is provided as a part of Phase 1 and 2 of the State and Local Implementation Grant Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$715,000.00**

Other basis for payment: hourly based on the cost proposal with travel not to exceed 15% of the total contract value

II. JUSTIFICATION

7. What conditions require that this work be done?

By Executive Order of the Governor, the Chief of the Nevada Division of Emergency Management serves as the State Administrative Agent for administering federal and state funds associated with creation of the nationwide broadband network and the single point of contact to FirstNet. The Executive Order requires the State Administrative Agent to select a Program and Outreach Coordinator to assist with the support and management of the network and the SLIGP deliverables.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees of this agency or other agencies do not have the expertise of this high level, nationwide, and extremely technical program to perform the services necessary to make Nevada's efforts a success.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor's proposal was scored the highest by an evaluation committee that consisted of various state and local government employees.

d. Last bid date: 12/01/2014 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

15. a. Is the Contractor Name the same as the legal Entity Name?
Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlun1	04/03/2015 12:19:54 PM
Division Approval	shoh1	04/08/2015 13:07:39 PM
Department Approval	jbauer	04/08/2015 13:25:42 PM
Contract Manager Approval	jbauer	04/08/2015 13:25:45 PM
DoIT Approval	csweeney	04/21/2015 14:58:58 PM
Budget Analyst Approval	cwatson	04/22/2015 06:46:41 AM
BOE Agenda Approval	cwatson	04/22/2015 06:46:46 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16550**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Bureau of Land Management
Agency Code: 702	Contractor Name: Bureau of Land Management
Appropriation Unit: 4463-00	Address: 1340 Financial Blvd
Is budget authority available?: Yes	City/State/Zip: Reno , NV 89520
If "No" please explain: Not Applicable	Contact/Phone: null775-861-6417
	Vendor No.:
	NV Business ID: N/A
To what State Fiscal Year(s) will the contract be charged?	2015-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

Agency Reference #: 15R-02

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 05/2015

Retroactive? **Yes**

If "Yes", please explain

This inter-local contract is retroactive due to a lapse in staffing for contract management and the vacant Bureau Chief in Law Enforcement. The contract position was vacant from March 2014 to late May 2014. This inter-local contract was in the process of moving forward however, when the previous incumbent left, the contract remained unfinished until the position was filled. It has since taken several months to obtain a signed contract from BLM.

3. Termination Date: **12/31/2018**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Dispatch Services 15**

5. Purpose of contract:

This is a new interlocal revenue agreement for ongoing dispatch services to the bureau for routine law enforcement activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$156,000.00**

Payment for services will be made at the rate of \$9,750.00 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

BLM uses dispatch services for law enforcement activities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW has the ability to provide 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?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

[Empty text box]

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	04/06/2015 08:55:30 AM
Division Approval	kdailey	04/06/2015 08:55:33 AM
Department Approval	eobrien	04/06/2015 15:47:59 PM
Contract Manager Approval	kdailey	04/07/2015 08:55:52 AM
Budget Analyst Approval	sbarkdul	04/13/2015 07:38:48 AM
BOE Agenda Approval	cwatson	04/17/2015 13:32:26 PM
BOE Final Approval	Pending	



NEVADA DEPARTMENT OF WILDLIFE

1100 Valley Road • Reno, Nevada 89512
(775) 688-1500 Fax (775) 688-1595

RETROACTIVE BOE CONTRACT APPROVAL REQUEST

Date: March 12, 2015
To: Acting Director Department of Administration
From: Katie Jameson, ASO I
Subject: Retroactive Revenue Contract (BLM)

The agency is seeking approval of the retroactive start date of January 1, 2014 for the BLM contract for Revenue to provide dispatch services to BLM. These services are vital for public and officer safety.

The contract is retroactive because of a lapse in staffing for contract management and the vacant Bureau Chief in Law Enforcement the contract position was vacant from March 2014 to late May 2014. The contract was in the process of moving forward however; when the last ASO I left it sat unfinished until the position was filled. It has since taken several months to obtain a signed contract from BLM.

Thank you for your assistance in this matter. If you have any questions please call me at (775) 688-1581.

Sincerely,

Katie Jameson

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16494**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Department of Conservation Division of Forestry
Agency Code: 702	Contractor Name: Department of Conservation Division of Forestry
Appropriation Unit: All Appropriations	Address: 2748 Fairveiw Drive
Is budget authority available?: Yes	City/State/Zip: Carson City , NV 89701
If "No" please explain: Not Applicable	Contact/Phone: Melissa Emerson 775-684-2500
	Vendor No.:
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	25.00 %	Sportsmen
X Federal Funds	75.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 15-32

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/13/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **Yes**

If "Yes", please explain

The contract is retroactive because the agency received the contract back from NDF on March 11th after the agency deadline for the April Board of Examiners. It is imperative NDOW obtain services form NDF in April to do prescribe burns with the dry conditions of this year's drought. The burns must be done in April before bird nesting occurs so that this reproductive process is not disturbed.

3. Termination Date: **03/31/2019**

Contract term: **4 years and 19 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **NDF Master Agreement**

5. Purpose of contract:

This is a new interlocal agreement for prescribed burns and other services in an effort to preserve and maintain habitat and enhance conservation efforts.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Payment for services will be made at the rate of \$0.00 per Approved Task Order

Other basis for payment: as Directed in Scope of Work Outlined Terms

II. JUSTIFICATION

7. What conditions require that this work be done?

Work for habitat restoration and conservation to protect wildlife habitat is necessary. NDF has been able to work with NDOW for many years now in providing efforts collaboratively among the agencies to accomplish this work.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not have the equipment or expertise to perform prescribed burns, fencing and other services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

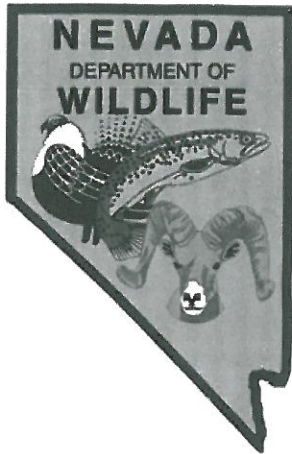
17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	03/24/2015 13:42:16 PM
Division Approval	kdailey	03/24/2015 13:42:21 PM
Department Approval	eobrien	03/25/2015 07:43:57 AM
Contract Manager Approval	kdailey	04/01/2015 09:25:15 AM
Budget Analyst Approval	sbarkdul	04/01/2015 09:48:38 AM
BOE Agenda Approval	cwatson	04/17/2015 13:35:45 PM
BOE Final Approval	Pending	



NEVADA DEPARTMENT OF WILDLIFE

1100 Valley Road • Reno, Nevada 89512
(775) 688-1500 Fax (775) 688-1595

RETROACTIVE BOE CONTRACT APPROVAL REQUEST

Date: March 12, 2015
To: Acting Director Department of Administration
From: Katie Jameson, ASO I *KJ*
Subject: Retroactive Revenue Contract Nevada Division of Forestry (NDF)

The agency is seeking approval of the retroactive start date of March 12, 2015 for Expense contract to obtain Habitat and Conservation services from NDF. These services are vital for public lands, conservation and habitat preservation.

The contract is retroactive because the agency received the contract back from NDF on March 11th after the agency deadline for the April Board of Examiners. The contract start date was anticipated to make the April Board of Examiners which would have been needed for work starting in April. It is imperative NDOW obtain services from NDF in April to do prescribe burns with the dry conditions of this year's drought. The burns must be done in April before bird nesting occurs so that this reproductive process is not disturbed by the burns.

Thank you for your assistance in this matter. If you have any questions please call me at (775) 688-1581.

Sincerely,

Katie Jameson

Katie Jameson

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16433**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: HUMBOLDT COUNTY
Agency Code: 706	Contractor Name: HUMBOLDT COUNTY
Appropriation Unit: 4194-00	Address: 50 W 5TH ST
Is budget authority available?: Yes	City/State/Zip: WINNEMUCCA, NV 89445
If "No" please explain: Not Applicable	Contact/Phone: null775/623-6300
	Vendor No.: T40139500
	NV Business ID: N/A
To what State Fiscal Year(s) will the contract be charged?	2016-2017

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue - Humboldt County Funds

Agency Reference #: **NDF16-005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Payment for services will be made at the rate of \$25,000.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2015 for State Fiscal Year 2016-2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Humboldt County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Humboldt County is a political subdivision of the State of Nevada.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Humboldt County is currently under contract for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	03/10/2015 11:06:02 AM
Division Approval	dprather	03/11/2015 06:00:21 AM
Department Approval	dprather	03/11/2015 06:00:25 AM
Contract Manager Approval	ldunn	03/23/2015 08:56:24 AM
Budget Analyst Approval	jrodrig9	04/06/2015 17:34:28 PM
BOE Agenda Approval	jburry	04/20/2015 14:35:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16485**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: Lincoln County
Agency Code: 706	Contractor Name: Lincoln County
Appropriation Unit: 4194-00	Address: PO Box 90
Is budget authority available?: Yes	City/State/Zip: Pioche, NV 89043
If "No" please explain: Not Applicable	Contact/Phone: null775-962-5390
	Vendor No.:
	NV Business ID: N/A
To what State Fiscal Year(s) will the contract be charged?	2016-2017

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue - Lincoln County Funds

Agency Reference #: NDF16-009

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$12,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2015 for State Fiscal Year 2016-2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Lincoln County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which Lincoln County will make payment to the division.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Lincoln County is a political subdivision of the State of Nevada.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Lincoln County is currently under contract for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	03/25/2015 15:06:35 PM
Division Approval	dprather	03/31/2015 06:17:37 AM
Department Approval	dprather	03/31/2015 06:17:40 AM
Contract Manager Approval	ldunn	03/31/2015 06:25:53 AM
Budget Analyst Approval	jrodrig9	04/06/2015 18:24:46 PM
BOE Agenda Approval	cwatson	04/17/2015 13:54:31 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: **16441**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: NYE COUNTY BOARD OF COUNTY COMMISSIONERS
Agency Code: 706	Contractor Name: NYE COUNTY BOARD OF COUNTY COMMISSIONERS
Appropriation Unit: 4194-00	Address: PO BOX 153
Is budget authority available?: Yes	City/State/Zip: TONOPAH, NV 89049-0153
If "No" please explain: Not Applicable	Contact/Phone: null775/482-8191
	Vendor No.: T80973602
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue - Nye County Funds

Agency Reference #: **NDF16-006**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$12,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2015 for State Fiscal Year 2016-2017

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Nye County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Nye County is a political subdivision of the State of Nevada.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nye County is currently under contract for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	03/25/2015 16:13:29 PM
Division Approval	dprather	03/31/2015 06:18:54 AM
Department Approval	dprather	03/31/2015 06:18:58 AM
Contract Manager Approval	ldunn	03/31/2015 06:28:53 AM
Budget Analyst Approval	jrodrig9	04/06/2015 18:37:47 PM
BOE Agenda Approval	cwatson	04/17/2015 13:55:08 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16377**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: DEPARTMENT OF THE INTERIOR
Agency Code: 706	Contractor Name: DEPARTMENT OF THE INTERIOR
Appropriation Unit: 4195-04	Address: 1849 C ST NW
Is budget authority available?: Yes	City/State/Zip: WASHINGTON, DC 20240-0001
If "No" please explain: Not Applicable	Contact/Phone: null202/208-3100
	Vendor No.: T81074212
	NV Business ID: N/A
To what State Fiscal Year(s) will the contract be charged? 2016-2020	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF15-008**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **04/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/27/2020**

Contract term: **4 years and 211 days**

4. Type of contract: **Cooperative Agreement**

Contract description: **Coordination Service**

5. Purpose of contract:

This is a new cooperative agreement to provide authority for the Nevada Division of Forestry's (NDF) proportionate share of funds to support the Great Basin Coordination Center (GBCC), a consolidated interagency facility providing emergency dispatch to the region. NDF's proportionate share of the GBCC is three percent.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$308,717.00**

Payment for services will be made at the rate of \$50,567.00 per Federal Fiscal Year 2015

Other basis for payment: Yearly amount due will be based on an annual proforma operating plan per the agreement; NDF's share of costs is 3%. Amounts for FFY2016 and subsequent years are not known at this time. Therefore, a 10% increase per year was used to calculate the maximum amount for this agreement.

II. JUSTIFICATION

7. What conditions require that this work be done?

State and Federal agencies have a responsibility to manage fire resources in the most efficient and cost effective manner. The Great Basin Coordination Center (GBCC) provides inter-agency consolidated dispatch functions in order to provide cost-effective and timely coordination of emergency response for incidents within a specified geographic area. No other similar service is provided within the applicable region.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It has been determined that federal and state agencies that benefit from the services provided by the GBCC shall participate in the financial support of the GBCC through a master agreement and annual operating plans.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not applicable.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

The U.S. Department of the Interior is a political subdivision of the U.S. federal government.

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	02/24/2015 14:03:27 PM
Division Approval	dprather	03/09/2015 07:53:17 AM
Department Approval	dprather	03/09/2015 07:53:23 AM
Contract Manager Approval	ldunn	03/23/2015 06:49:25 AM
Budget Analyst Approval	jrodrig9	04/06/2015 13:03:39 PM
BOE Agenda Approval	cwatson	04/17/2015 13:50:55 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16469**

Agency Name: **DCNR - FORESTRY DIVISION**

Agency Code: **706**

Appropriation Unit: **4196-10**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **NEVADA ARMY NATIONAL GUARD**

Contractor Name: **NEVADA ARMY NATIONAL GUARD**

Address: **2460 FAIRVIEW DR**

City/State/Zip: **CARSON CITY, NV 89701**

Contact/Phone: **null775/887-7855**

Vendor No.: **T81089009**

NV Business ID: **N/A**

To what State Fiscal Year(s) will the contract be charged? **2015-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Fire Suppression Funds

Agency Reference #: **NDF15-011**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **3 years and 61 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Fire Suppression**

5. Purpose of contract:

This is a new interlocal agreement that establishes the cooperative rules, authority, and procedures to be followed in the event the division requires the services of the Guard for emergency response assistance in case of severe wildfire or natural disaster.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Payment at established rates, not to exceed \$2,000,000/year, without prior coordination and approval of all parties.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry (NDF) is responsible for ensuring the protection of property throughout the State of Nevada through emergency response to fire incidents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada Division of Forestry (NDF) does not have the necessary equipment (i.e. Blackhawk and/or Chinook helicopters, etc.) or trained personnel to fly on major or extended missions. The Nevada Army National Guard, a state agency, however, has the trained personnel and equipment to assist NDF when the need arises.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

The Nevada Army National Guard is a state agency.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Nevada Army National Guard has been under agreement for this service with the Nevada Division of Forestry in State Fiscal Year 2011-2014.

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	jkidd	03/25/2015 16:29:25 PM
Division Approval	dprather	03/31/2015 06:19:16 AM
Department Approval	dprather	03/31/2015 06:19:19 AM
Contract Manager Approval	ldunn	03/31/2015 06:30:02 AM
Budget Analyst Approval	jrodrig9	04/14/2015 10:31:42 AM
BOE Agenda Approval	cwatson	04/17/2015 13:43:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15870** Amendment Number: **1**
 Legal Entity Name: **KPS 3 INC**
 Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Contractor Name: **KPS 3 INC**
 Agency Code: **709** Address: **50 W LIBERTY ST STE 640**
 Appropriation Unit: **3173-14** City/State/Zip: **RENO, NV 89501-1946**
 Is budget authority available?: **Yes** Contact/Phone: **null775/686-7439**
 If "No" please explain: **Not Applicable** Vendor No.: **PUR0004720**
 NV Business ID: **NV19941094961**
 To what State Fiscal Year(s) will the contract be charged? **2015-2017**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	40.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	60.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 15-002**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/26/2014**
 Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**
 Contract term: **2 years and 309 days**

4. Type of contract: **Contract**
 Contract description: **Website Redesign**

5. Purpose of contract:
This is the first amendment to the original contract, which provides a complete redesign of the public website for the division and assists in selecting an appropriate content management system platform; assists in the reorganization of the current website and migration of content to the new platform; and trains employees who will be working with the new system. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$45,298 to \$68,298 to add website development for the State Historic Preservation Office using the platform templates as established for the division and allows adequate time to work through website adjustments.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$45,298.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$23,000.00
4. New maximum contract amount:	\$68,298.00
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?

NDEP's website is outdated and difficult for the public and regulated entities to navigate. The regulatory programs at NDEP are complex and a redesigned website with cleaner navigation will assist businesses and the public. NDEP would like to improve and centralize access to on-line services and provide accessibility for mobile users. In addition, for the website to be useful it must be kept current and NDEP needs a platform which will allow easy maintenance by non-IT, program staff.

The State Historic Preservation Office's (SHPO) website is also outdated and difficult for the public to navigate, and it has also been hacked numerous times due to vulnerability in the programming. Using the website templates developed for NDEP's new website can fix current website vulnerabilities for SHPO and continue toward an overall consistent look for all Department websites.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Since NDEP's website contains a large amount of complex content, additional expertise is needed to develop the Website Redesign. Additional expertise is also needed to create the framework for the development of on-line forms as required by SB236 passed by 2013 Legislature.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 05/01/2014 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:

1994 to present: Nevada Division of Industrial Relations, Safety Consultation and Training Section (SCATS), service satisfactory
1997 to 1999 and 2003 to 2004: Nevada Commission on Economic Development, service satisfactory
2002 to 2006: Nevada Rangeland Resource Commission, service satisfactory
2006 to present: Nevada System of Higher Education, service satisfactory
2010 to present: Nevada Department of Health and Human Services, service satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abasham	04/06/2015 10:39:14 AM
Division Approval	abasham	04/06/2015 10:39:19 AM
Department Approval	kwilliam	04/06/2015 11:28:49 AM
Contract Manager Approval	abasham	04/06/2015 12:58:34 PM
DoIT Approval	csweeney	04/07/2015 13:27:16 PM
Budget Analyst Approval	jrodrig9	04/07/2015 17:27:51 PM
BOE Agenda Approval	cwatson	04/20/2015 10:18:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16299**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: BOARD OF REGENTS-UNR
Agency Code: 709	Contractor Name: BOARD OF REGENTS-UNR
Appropriation Unit: 3187-56	Address: UNR CONTROLLERS OFFICE MAIL STOP 0124
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557-0124
If "No" please explain: Not Applicable	Contact/Phone: null775/784-1233
	Vendor No.: D35000816
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	80.80 % State Hazardous Waste Fees
X Federal Funds	19.20 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP 15-022**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years and 30 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Technical Assistance**

5. Purpose of contract:

This is a new interlocal agreement to provide, on behalf of the Nevada Small Business Development Center (SBDC), confidential environmental regulatory assistance regarding hazardous waste compliance and pollution prevention to the regulated community. Services will include technical and regulatory assistance; presentation and distribution of informational materials; training and workshops; access to the Biennial Report System; and development and completion of various measurement results and reports. The services provided by the SBDC are confidential to the business and the client specific information derived from the interaction between the SBDC and the business will not be reported to the division; however, non-confidential information will be reported. The SBDC will not serve businesses that are undergoing action by the division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$315,757.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Public education reduces the number and severity of violations and threats to human health and the environment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDEP does not have the resources to conduct the required work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

UNR-BEP is a State agency and the staff is uniquely trained in providing environmental assistance.

d. Last bid date: 12/31/2012 Anticipated re-bid date: 01/02/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lfleming	03/31/2015 10:55:37 AM
Division Approval	jtrent	03/31/2015 10:56:03 AM
Department Approval	rnoack	03/31/2015 11:00:26 AM
Contract Manager Approval	cnewto1	03/31/2015 11:09:41 AM
Budget Analyst Approval	jrodrig9	04/06/2015 12:31:09 PM
BOE Agenda Approval	cwatson	04/20/2015 10:36:29 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14371	Amendment Number: 1
Agency Name: ENVIRONMENTAL PROTECTION	Legal Entity Name: KLEINFELDER GROUP INC
Agency Code: 709	Contractor Name: KLEINFELDER GROUP INC
Appropriation Unit: 3187-54	Address: KLEINFELDER WEST INC 4835 LONGLEY LN
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: null775/689-7800
	Vendor No.: T80967348C
	NV Business ID: NV19801004246

To what State Fiscal Year(s) will the contract be charged? **2014-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP #3044 / DEP#14-008

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**

Contract term: **4 years**

4. Type of contract: **Other (include description): Consulting Services**

Contract description: **NV Brownfields Progr**

5. Purpose of contract:

This is the first amendment to the original contract, which provides consulting services for the Nevada Brownfields Program. This amendment increases the maximum amount from \$300,000 to \$604,800 due to an increased amount of funding for the Brownfields Program through a U.S. Environmental Protection Agency grant.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$300,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$304,800.00
4. New maximum contract amount:	\$604,800.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Small Business Lieability Relief and Brownfields Revitalization Act (1-11-2002) set various initiatives and provisions to aid in the identification, assessment, and remediation of properties where expansion, reuse, or redevelopment has been complicated due to the presence, or potential presence, of a hazardous substance, pollutant, or contaminant. US EPA provides grants to NDEP to assist in meeting Federal and State requirements to address corrections at sites where groundwater or soil is affected by hazardous substance contamination.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing capacity, technical expertise or resources to fulfill this work.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3044, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/06/2013 Anticipated re-bid date: 03/06/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor has performed services under a past and current contract with NDEP for services under the Brownfields Program. The contractor has performed satisfactorily.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	04/06/2015 13:20:05 PM
Division Approval	glovato	04/06/2015 14:52:25 PM
Department Approval	demme	04/06/2015 15:36:48 PM
Contract Manager Approval	sgotta	04/06/2015 16:41:36 PM
Budget Analyst Approval	jrodrig9	04/07/2015 17:13:10 PM
BOE Agenda Approval	cwatson	04/20/2015 10:17:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14346** Amendment Number: **1**

Agency Name: **ENVIRONMENTAL PROTECTION** Legal Entity Name: **MCGINLEY & ASSOCIATES INC**

Agency Code: **709** Contractor Name: **MCGINLEY & ASSOCIATES INC**

Appropriation Unit: **3187-54** Address: **815 MAESTRO DR**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511-2387**

If "No" please explain: Not Applicable Contact/Phone: null775/829-2245

Vendor No.: T81202459

NV Business ID: NV20021218343

To what State Fiscal Year(s) will the contract be charged? **2014-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP #3044 / DEP#14-008

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2017**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **NV Brownfields Progr**

5. Purpose of contract:

This is the first amendment to the original contract, which provides consulting services for the Nevada Brownfields Program. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$300,000 to \$604,800 due to an increased amount of funding for the Brownfields Program through a U.S. Environmental Protection Agency grant.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$300,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$304,800.00
4. New maximum contract amount:	\$604,800.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Small Business Liability Relief and Brownfields Revitalization Act (1-11-2002) set various initiatives and provisions to aid in the identification, assessment, and remediation of properties where expansion, reuse, or redevelopment has been complicated due to the presence, or potential presence, of a hazardous substance, pollutant, or contaminant. US EPA provides grants to NDEP to assist in meeting Federal and State requirements to address corrections at sites where groundwater or soil is affected by hazardous substance contamination.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing capacity, technical expertise or resources to fulfill this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3044, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/06/2013 Anticipated re-bid date: 03/06/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor has provided service under this program for the last two years. NDEP has been satisfied with their performance and quality of work.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lfleming	04/06/2015 13:19:30 PM
Division Approval	glovato	04/06/2015 14:52:03 PM
Department Approval	demme	04/06/2015 15:36:30 PM
Contract Manager Approval	sgotta	04/06/2015 16:40:22 PM
Budget Analyst Approval	jrodrig9	04/07/2015 16:59:53 PM
BOE Agenda Approval	cwatson	04/20/2015 10:15:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14811	Amendment Number: 1
Agency Name: B&I - INDUSTRIAL RELATIONS DIV	Legal Entity Name: KPS 3 INC
Agency Code: 742	Contractor Name: KPS 3 INC
Appropriation Unit: 4685-15	Address: 50 W LIBERTY ST STE 640
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89501-1946
If "No" please explain: Not Applicable	Contact/Phone: null775/686-7439
	Vendor No.: PUR0004720
	NV Business ID: KPS3 Inc

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 % WORKER'S COMPENSATION & SAFETY FUND

Agency Reference #: **RFP# 3071**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/10/2013**
 Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/10/2015**

Contract term: **3 years and 294 days**

4. Type of contract: **Contract**

Contract description: **Workplace Safety**

5. Purpose of contract:

This is the first amendment to the original contract, which creates and implements a statewide multimedia workplace safety and health educational and informational program. This amendment extends the termination date from September 30, 2015 to June 30, 2017 and increases the maximum amount from \$250,000 to \$500,000 due to the continued need for statewide workplace safety training.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$250,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$250,000.00
4. New maximum contract amount:	\$500,000.00
and/or the termination date of the original contract has changed to:	06/30/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 618.353 requires the Division of Industrial Relations to conduct educational and informational programs in the recognition, avoidance and prevention of unsafe and unhealthy work conditions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing capacity, technical expertise or resources to fulfill this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3071, 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: 06/26/2013 Anticipated re-bid date: 01/02/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes - current vendor and the services have been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	afrantz	04/01/2015 15:15:13 PM
Division Approval	afrantz	04/01/2015 15:15:22 PM
Department Approval	vmilazz1	04/13/2015 14:48:07 PM
Contract Manager Approval	rsmi33	04/13/2015 14:58:20 PM
Budget Analyst Approval	sjohnso9	04/13/2015 15:07:09 PM
BOE Agenda Approval	sbrown	04/18/2015 10:45:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14810** Amendment Number: **3**

Agency Name: **DEPARTMENT OF TRANSPORTATION** Legal Entity Name: **DEPARTMENT OF PUBLIC SAFETY**

Agency Code: **800** Contractor Name: **DEPARTMENT OF PUBLIC SAFETY**

Appropriation Unit: **4660-06** Address: **OFFICE OF TRAFFIC SAFETY
107 JACOBSEN WAY**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89711**

If "No" please explain: **Not Applicable** Contact/Phone: **TRACI PEARL 775/684-7476**

Vendor No.: **D65800000**

NV Business ID: **Exempt**

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	95.00 %	Bonds	0.00 %
X Highway Funds	5.00 %	Other funding	0.00 %

Agency Reference #: **P254-13-816**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/10/2013**

Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2015**

Contract term: **2 years and 20 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Support OTS**

5. Purpose of contract:

This is the third amendment to the original interlocal agreement, which provides support data and other information which will continue the statewide road users' behavioral campaign that promotes the awareness of the public and educates the public concerning highway safety matters consistent with the state's Strategic Highway Safety Plan. This amendment increases the maximum amount from \$6,263,550 to \$6,963,550 due to the need to support additional tasks such as pedestrian safety enforcement, and public communication and media for motorcycle, distracted driving, seatbelts, and Move Over campaigns.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$4,000,000.00
2. Total amount of any previous contract amendments:	\$2,263,550.00
3. Amount of current contract amendment:	\$700,000.00
4. New maximum contract amount:	\$6,963,550.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The guiding principles of the Nevada SHSP is to integrate safety related type improvements across the entire system of roads and coordinate with all state and local agencies that have a hand in addressing safety issues on public roads.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work is being completed by the Department of Public Safety/Office of Traffic Safety.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS. 277

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lkoury	04/07/2015 09:01:46 AM
Division Approval	lkoury	04/07/2015 09:01:48 AM
Department Approval	lkoury	04/07/2015 09:01:50 AM
Contract Manager Approval	dbenammat	04/07/2015 12:34:37 PM
Budget Analyst Approval	cwatson	04/20/2015 10:43:42 AM
BOE Agenda Approval	cwatson	04/20/2015 10:43:47 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: 15059	Amendment Number: 2
Agency Name: DEPARTMENT OF MOTOR VEHICLES	Legal Entity Name: Regional Transportation Commission of Southern Nevada
Agency Code: 810	Contractor Name: Regional Transportation Commission of Southern Nevada
Appropriation Unit: 4715-10	Address: 600 S Grand Central PKWY #350
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89106-4512
If "No" please explain: Not Applicable	Contact/Phone: null702-676-1500
	Vendor No.: T29032694
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2013**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **08/31/2017**

Termination Date:

Contract term: **3 years and 292 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **AB413-Costs**

5. Purpose of contract:

This is the second amendment to the original revenue contract, which provides for the reimbursement by the commission for the cost incurred by the department to establish and administer a system to collect gross indexed motor vehicle and special fuel taxes for Clark County, imposed by Clark County pursuant to Assembly Bill 413 of the 77th Legislative Session. This amendment increases the maximum amount from \$307,151.20 to \$413,072.80 due to the complexity and projected timeline to complete computer programming.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$257,275.14
2. Total amount of any previous contract amendments:	\$49,876.06
3. Amount of current contract amendment:	\$105,921.60
4. New maximum contract amount:	\$413,072.80

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to AB413 that was passed during the 77th Legislative Session.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract is between state and local government.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Regional Transportation Commission of Southern Nevada is a governmental entity.

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmacke1	03/25/2015 10:41:31 AM
Division Approval	bmacke1	03/25/2015 10:41:33 AM
Department Approval	cmunoz	03/25/2015 14:48:44 PM
Contract Manager Approval	hazevedo	03/25/2015 15:13:36 PM
Budget Analyst Approval	cwatson	04/20/2015 10:47:35 AM
BOE Agenda Approval	cwatson	04/20/2015 10:47:39 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: **15762** Amendment Number: **2**

Agency Name: **DETR - EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **WORKFORCE CONNECTIONS**

Agency Code: **902** Contractor Name: **WORKFORCE CONNECTIONS**

Appropriation Unit: **4770-11** Address: **6330 W CHARLESTON BLVD STE 150**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89146-1183**

If "No" please explain: Not Applicable Contact/Phone: null702/638-8750

Vendor No.: T81079028

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 %

Agency Reference #: PY14-A-02

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2016**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **WIA Adult Allocation**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement, which provides ongoing employment and training services to adults in Southern Nevada as required by the Workforce Investment Act of 1998. This amendment increases the program grant funds from \$7,763,005 to \$9,663,005 by transferring funds from the Dislocated Worker Program to the Adult Program to allow for an increase in the number of Adult participants and training services and revises Proper Authority language.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$7,763,005.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$1,900,000.00
4. New maximum contract amount:	\$9,663,005.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Investment Act (WIA) of 1998

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Governor's Workforce Investment Board designated the Local Workforce Investment Boards to facilitate the required employment and training services in compliance with WIA.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Workforce Connections has been under contract with the Department of Employment, Training, and Rehabilitation since 2000 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	03/31/2015 09:50:28 AM
Division Approval	rolso1	04/02/2015 12:55:48 PM
Department Approval	mcost1	04/08/2015 17:28:59 PM
Contract Manager Approval	kwynands	04/08/2015 17:44:44 PM
Budget Analyst Approval	myoun3	04/14/2015 08:47:13 AM
BOE Agenda Approval	myoun3	04/14/2015 08:47:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15763** Amendment Number: **2**
 Agency Name: **DETR - EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **WORKFORCE CONNECTIONS**
 Agency Code: **902** Contractor Name: **WORKFORCE CONNECTIONS**
 Appropriation Unit: **4770-11** Address: **6330 W CHARLESTON BLVD STE 150**
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89146-1183**
 If "No" please explain: **Not Applicable** Contact/Phone: **null702/638-8750**
 Vendor No.: **T81079028**
 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 %

Agency Reference #: **PY14-DW-02**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**
 Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**
 Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**
 Contract description: **WIA DW Allocation**

5. Purpose of contract:
This is the second amendment to the original interlocal agreement, which provides ongoing employment and training services to dislocated workers in Southern Nevada as required by the Workforce Investment Act of 1998. This amendment decreases the program grant funds from \$5,706,078 to \$ 3,806,078 by transferring funds from the Dislocated Worker Program to the Adult Program to allow for an increase in the number of Adult participants and training services and revises Proper Authority language.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$5,706,078.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	-\$1,900,000.00
4. New maximum contract amount:	\$3,806,078.00

II. JUSTIFICATION

7. What conditions require that this work be done?
Workforce Investment Act (WIA) of 1998

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The Governor's Workforce Investment Board designated the Local Workforce Investment Boards to facilitate the required employment and training services in compliance with WIA.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Workforce Connections has been under contract with the Department of Employment, Training, and Rehabilitation since 2000 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	03/31/2015 13:13:54 PM
Division Approval	rolso1	04/02/2015 12:55:22 PM
Department Approval	mcost1	04/08/2015 17:28:35 PM
Contract Manager Approval	kwynands	04/08/2015 17:48:07 PM
Budget Analyst Approval	myoun3	04/14/2015 08:50:04 AM
BOE Agenda Approval	myoun3	04/14/2015 08:50:08 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12088** Amendment Number: **2**
 Agency Name: **PUBLIC EMPLOYEES BENEFITS** Legal Entity Name: **CATALYST RX**
 Agency Code: **950** Contractor Name: **CATALYST RX**
 Appropriation Unit: **1338-12** Address: **800 KING FARM BLVD FL 4**
 Is budget authority available?: **Yes** City/State/Zip: **ROCKVILLE, MD 20850-5979**
 If "No" please explain: Not Applicable Contact/Phone: null301/548-2940
 Vendor No.: T81103742
 NV Business ID: NV19961141292

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 67% State Subsidy/33% Premium Revenue

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**
 Anticipated BOE meeting date 05/2015
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**
 Contract term: **5 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **PBM**

5. Purpose of contract:
This is the second amendment to the original contract to provide pharmacy benefit management (PBM) services to participants of the Public Employees' Benefits Program (PEBP). This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$143,000,000 to \$163,800,000. This contract is being extended to maximize savings to the plan and provide staff additional time to release a Request for Proposal for these services. The PEBP Board approved a one year extension to this contract at its January 30, 2015 meeting.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$143,000,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$20,800,000.00
4. New maximum contract amount:	\$163,800,000.00
and/or the termination date of the original contract has changed to:	06/30/2016

II. JUSTIFICATION

7. What conditions require that this work be done?
 The Public Employees Benefits Program offers prescription drug coverage as a part of the benefits package offered to participants of the program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 The State of Nevada does not administer prescription drug benefits.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is the incumbent vendor and has extensive program knowledge. Catalyst has been a good partner for the state and their pricing was competitive and reasonable for the services sought.

d. Last bid date: 09/01/2010 Anticipated re-bid date: 09/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Catalyst Rx is PEBP's current PBM vendor. PEBP is very satisfied by the services of Catalyst Rx.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstron1	03/31/2015 10:10:18 AM
Division Approval	mstron1	03/31/2015 10:10:21 AM
Department Approval	cglover	03/31/2015 10:45:16 AM
Contract Manager Approval	mstron1	03/31/2015 10:46:35 AM
Budget Analyst Approval	sbarkdul	04/01/2015 06:54:44 AM
BOE Agenda Approval	cwatson	04/17/2015 13:40:21 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: 11994	Amendment Number: 3
Agency Name: PUBLIC EMPLOYEES BENEFITS	Legal Entity Name: HOMETOWN HEALTH PLAN, INC.
Agency Code: 950	Contractor Name: HOMETOWN HEALTH PLAN, INC.
Appropriation Unit: 1338-08	Address: HMO PREMIUM
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-2055
If "No" please explain: Not Applicable	Contact/Phone: null775/982-3181
	Vendor No.: T27019413
	NV Business ID: NV19871019956

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 67% State Subsidy/33% Premium Revenue

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2011**
 Anticipated BOE meeting date 06/2015
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**
 Contract term: **5 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **Northern NV HMO**

5. Purpose of contract:
This is the third amendment to the original contract, which provides a Health Maintenance Organization for Northern Nevada participants of the program. This amendment extends the termination date from June 30, 2015 to June 30, 2016 and increases the maximum amount from \$272,200,000 to \$359,200,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$247,200,000.00
2. Total amount of any previous contract amendments:	\$25,000,000.00
3. Amount of current contract amendment:	\$87,000,000.00
4. New maximum contract amount:	\$359,200,000.00
and/or the termination date of the original contract has changed to:	06/30/2016

II. JUSTIFICATION

7. What conditions require that this work be done?
Access to medical care and services are provided as a benefit to active and retired plan participants.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees are not licensed to provide this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen because of its ability to provide health care providers in all of the geographic locations required by PEBP in the RFP and because their pricing was reasonable.

d. Last bid date: 10/01/2010 Anticipated re-bid date: 02/01/2016

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:

Hometown Health is PEBP's current northern Nevada PPO network and PEBP's current northern Nevada HMO. PEBP and PEBP participants are satisfied with the services provided by Hometown Health.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstron1	04/15/2015 13:32:27 PM
Division Approval	mstron1	04/15/2015 13:32:30 PM
Department Approval	cglover	04/15/2015 13:46:19 PM
Contract Manager Approval	mstron1	04/15/2015 13:47:49 PM
Budget Analyst Approval	sbarkdul	04/15/2015 14:18:06 PM
BOE Agenda Approval	cwatson	04/17/2015 13:28:38 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16507**

Agency Name: SILVER STATE HEALTH INSURANCE EXCHANGE	Legal Entity Name: Penna Powers
Agency Code: 960	Contractor Name: Penna Powers
Appropriation Unit: 1400-04	Address: 2470 St. Rose Parkway, Suite 2
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89704
If "No" please explain: Not Applicable	Contact/Phone: CHUCK PENNA 702-901-7233
	Vendor No.: T29027216
	NV Business ID: NV20111035305

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Per Member Per Month Fees Charged to Insurance Carriers
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3147**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2015**
 Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2017**

Contract term: **2 years and 19 days**

4. Type of contract: **Contract**

Contract description: **Marketing & Outreach**

5. Purpose of contract:

This is a new contract to provide marketing and outreach education about the Exchange, which encompasses three phases: Planning, Pre-Enrollment Campaign, and Enrollment Campaign.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: **Deliverable**

II. JUSTIFICATION

7. What conditions require that this work be done?

Marketing and outreach is a key component to the success of the Exchange. A vast amount of research and planning is required to ensure that the marketing and outreach is provided to the appropriate target audience emphasizing the most relevant content.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The scope of this project is too large and time consuming for the work load of state employees to handle.

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 #3147, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 12/31/2014 Anticipated re-bid date: 12/31/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDPS, NDOT ; current contracts; services are satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	03/27/2015 09:45:18 AM
Division Approval	ceaton	03/27/2015 09:45:28 AM
Department Approval	ceaton	03/27/2015 09:45:31 AM
Contract Manager Approval	ceaton	03/27/2015 14:48:16 PM
Budget Analyst Approval	nhovden	04/02/2015 10:58:22 AM
BOE Agenda Approval	nhovden	04/02/2015 10:58:26 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16513**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS Agency Code: BDC Appropriation Unit: B011 - All Categories Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: JA SOLARI & PARTNERS LLC Contractor Name: JA SOLARI & PARTNERS LLC Address: 500 DAMONTE RANCH PKWY STE1008 City/State/Zip: RENO, NV 89521-5968 Contact/Phone: null775/827-3550 Vendor No.: T27028301 NV Business ID: NV20111407891
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To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % License fees paid by Contractors
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Annual Audit**

5. Purpose of contract:

This is a new contract to provide annual audited financial statements, semiannual cash receipt testing, accounting and consultation services as needed. The contractor will perform work in accordance with Statments on Standards for Accounting and Review Service issued by the American Institute of Certified Public Accountants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,000.00**

Other basis for payment: 55 to 300 per hour as billed

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires an independent accounting firm to carry out its annual financial statement audit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Contractor is an independent Certified Public Accountant qualified to perform an independent examination of the financial accounting records of the Nevada State Contractors Board. Contractor is familiar with applicable generally accepted accounting principles adn the clients operations.

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?

CPA, Knowledge and experience J.A. Solari and Partners, LLC has gained through their on going relationship with the Nevada State Contractors Board.

d. Last bid date: 03/15/2015 Anticipated re-bid date: 03/15/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Contractors Board. They have completed the Boards Audit for the past 6 years. The Board has been very satisfied with their work.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dlumbert	03/31/2015 09:44:10 AM
Division Approval	dlumbert	03/31/2015 09:44:15 AM
Department Approval	dlumbert	03/31/2015 09:44:20 AM
Contract Manager Approval	dlumbert	03/31/2015 09:44:23 AM
Budget Analyst Approval	ekin4	04/07/2015 06:42:50 AM
BOE Agenda Approval	nhovden	04/20/2015 09:57:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **12215** Amendment Number: **1**
 Agency Name: **LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **PSI Services, Inc.**
 Agency Code: **BDC** Contractor Name: **PSI Services, Inc.**
 Appropriation Unit: **B011 - All Categories** Address: **2950 N. Hollywood Way, Suite 2**
 Is budget authority available?: **Yes** City/State/Zip: **Burbank, CA 91505**
 If "No" please explain: **Not Applicable** Contact/Phone: **null818-847-6180**
 Vendor No.:
 NV Business ID: **NV20061738290**

To what State Fiscal Year(s) will the contract be charged? **2012-2017**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 %

No Cost contract, exam provider collects fees from applicant.

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 **05/2015**
 Retroactive? **No**
 If "Yes", please explain
Not Applicable

3. Previously Approved Termination Date: **06/30/2015**
 Contract term: **6 years and 1 day**
 4. Type of contract: **Other (include description): No Cost**
 Contract description: **Contractor Exam**

5. Purpose of contract:
This is the first amendment to the original contract, which develops and administers the contractor's license examinations. This amendment extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$750,000 to \$1,100,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$750,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$350,000.00
4. New maximum contract amount:	\$1,100,000.00

and/or the termination date of the original contract has changed to: **06/30/2017**

II. JUSTIFICATION

7. What conditions require that this work be done?
Applicants for contractors licenses are required by NRS 624 to complete examinations prior to licensure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Testing must be completely independent.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

PSI Services was only responsive bidder

d. Last bid date: 05/06/2011 Anticipated re-bid date: 05/06/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current exam provider for Nevada State Contractors Board; Real estate Division; Division of Mortgage Lending; Nevada State Cosmetology Board

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LP

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dlumbert	03/13/2015 13:06:53 PM
Division Approval	dlumbert	03/13/2015 13:06:56 PM
Department Approval	dlumbert	03/13/2015 13:06:59 PM
Contract Manager Approval	dlumbert	03/13/2015 13:07:01 PM
Budget Analyst Approval	ekin4	04/07/2015 07:33:15 AM
BOE Agenda Approval	nhovden	04/20/2015 11:08:09 AM



Purchasing Use Only:	
Approval #:	82

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:		
	State Agency:	Nevada State Contractors Board	
	Contact Name(s) and Titles:	Deb Lumbert / Nancy Mathias	
	Telephone Number(s):	775-850-7831 / 775-850-7825	
	Email Address(s):	dlumbert@nscb.state.nv.us / nmathias@nscb.state.nv.us	

2	Contractor Information:		
	Contractor:	PSI Services Inc	
	Contact Name:	Tadas Dabsys	
	Address:	2950 North Hollywood Way, Suite 200 Burbank, CA 91505	
	Phone Number:	800-367-1565, ext. 7203	
	Email Address:	tadas@psionline.com	

3	Ongoing relationship disclosure – List all previous contract information:			
	Procurement method:	Solicitation		
	CETS #:	10834		
	Contract “not to exceed amount”:	\$ No Cost Contract		
Contract term:	Start date: mm/dd/yy	5/1/2002	End date: mm/dd/yy	6/30/2011

4	Procurement method used to award the current contract:		
	RFP, solicitation # if applicable:	Request for Proposal dated April 1, 2011	
	Quote, solicitation # if applicable:		
	Waiver, provide number:		
	Other:		

5	Current contract information:				
	CETS #:	12215			
	Initial contract “not to exceed amount”:	\$ No Cost Contract. Individual fees paid to vendor not to exceed \$750,000.			
	Contract term:	Start date: mm/dd/yy	7/1/2011	End date: mm/dd/yy	6/30/2015

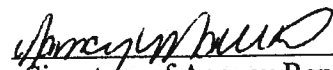
Amendment information – List all previously approved amendments:			
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in end date: mm/dd/yy

Proposed amendment information:			
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in end date: mm/dd/yy
		Provide for ongoing support and development of contractor licensure examinations.	No cost contract. Individual fees paid to vendor not to exceed \$1,100,000. 06/30/2017

8	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):
	This vendor is the only provider approved by the National Association of State Contractors Licensing Agencies (NASCLA) as an exam provider for the NASCLA Accredited Examination. Additionally, an extension of this contract would provide for completion of ongoing exam development and code compliance update projects.

9	What are the potential consequences to the State if the contract extension request is denied?
	Inability to provide licensure examinations.

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.



 Signature of Agency Representative Initiating Request

Nancy Mathias 2/25/15

 Print Name of Agency Representative Initiating Request Date



 Signature of Agency Head Authorizing Request

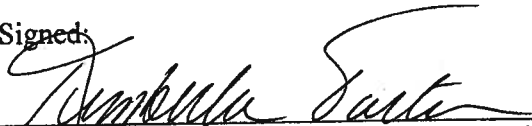
Margi Grein 2/25/15

 Print Name of Agency Head Authorizing Request Date

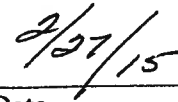
Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:



Administrator, Purchasing Division or Designee



Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16563**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	AMERICAN SIGN LANGUAGE COMMUNICATIONS
Agency Code:	MSA	Contractor Name:	AMERICAN SIGN LANGUAGE COMMUNICATIONS
Appropriation Unit:	9999 - All Categories	Address:	70 E HORIZON RIDGE PKWY STE 140 PO BOX 91030
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89002
If "No" please explain:	Not Applicable	Contact/Phone:	CRYSTINA SCOTT 601-610-4722
		Vendor No.:	T29026382
		NV Business ID:	NV20081113914

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 #: RFQ 3128

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **4 years and 19 days**

4. Type of contract: **MSA**

Contract description: **Sign Language Interp**

5. Purpose of contract:

This is a new contract to provide in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: \$75.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

People who are deaf or hard of hearing often request interpreters as an accommodation under the Americans with Disabilities Act (ADA) in order to access services and/or to attend public meetings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No class specification or staff position currently exists in State government or provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ #3128 and in accordance with NRS 333, the selected vendor meets all the qualifications of this solicitation as determined by an independently appointed evaluation committee.

d. Last bid date: 09/12/2014 Anticipated re-bid date: 10/15/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

ADSD; DETR; Division of Welfare and Supportive Services

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	04/06/2015 16:11:34 PM
Division Approval	kperondi	04/06/2015 16:11:35 PM
Department Approval	kperondi	04/06/2015 16:11:37 PM
Contract Manager Approval	mtroesch	04/06/2015 16:48:50 PM
Budget Analyst Approval	sjohnso9	04/08/2015 11:02:38 AM
BOE Agenda Approval	sbrown	04/18/2015 11:02:56 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16560**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: AI Park Petroleum, Inc.
Agency Code: MSA	Contractor Name: AI Park Petroleum, Inc.
Appropriation Unit: 9999 - All Categories	Address: 275 12th St.
Is budget authority available?: Yes	City/State/Zip: Elko, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: Galen Schorsch 775-738-3835
	Vendor No.:
	NV Business ID: NV19661001878

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: **RFQ 3064**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/09/2015**

Anticipated BOE meeting date **06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2016**

Contract term: **236 days**

4. Type of contract: **MSA**

Contract description: **Bulk Fuel**

5. Purpose of contract:

This is a new contract for bulk fuel purchase and delivery services statewide on an as needed basis for state owned tanks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have the need for bulk fuel and delivery services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ bulk fuel and delivery services for the State.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 3064 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 20 Vendors selected by the appointed eval. committee.

d. Last bid date: Anticipated re-bid date: 10/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	04/10/2015 10:20:28 AM
Division Approval	sberry	04/10/2015 10:20:30 AM
Department Approval	sberry	04/10/2015 10:20:31 AM
Contract Manager Approval	nfese1	04/10/2015 10:34:12 AM
Budget Analyst Approval	sjohnso9	04/13/2015 09:10:20 AM
BOE Agenda Approval	sbrown	04/18/2015 10:42:37 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16498**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: AllWorld Language Consultants, Inc.
Agency Code: MSA	Contractor Name: AllWorld Language Consultants, Inc.
Appropriation Unit: 9999 - All Categories	Address: 172 Rollins Avenue
Is budget authority available?: Yes	City/State/Zip: Rockville, MD 20852-4005
If "No" please explain: Not Applicable	Contact/Phone: Carlos Scandiffio 301-881-8884
	Vendor No.: T32003375
	NV Business ID: NV20141689201

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 #: RFQ 3128

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **4 years and 19 days**

4. Type of contract: **MSA**

Contract description: **Sign language interp**

5. Purpose of contract:

This is a new contract to provide in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: \$74.25 - \$87.50 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

People who are deaf or hard of hearing often request interpreters as an accommodation under the Americans with Disabilities Act (ADA) in order to access services and/or to attend public meetings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No class specification or staff position currently exists in State government to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ #3128, and in accordance with NRS 333, the selected vendor meets all the qualifications of this solicitation as determined by an independently appointed evaluation committee.

d. Last bid date: 09/12/2014 Anticipated re-bid date: 10/15/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	03/27/2015 07:53:47 AM
Division Approval	sberry	03/27/2015 07:53:50 AM
Department Approval	sberry	03/27/2015 07:53:52 AM
Contract Manager Approval	mtroesch	03/27/2015 10:06:20 AM
Budget Analyst Approval	sjohnso9	04/08/2015 14:42:16 PM
BOE Agenda Approval	sbrown	04/18/2015 11:02:15 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14094	Amendment Number: 1
Agency Name: MASTER SERVICE AGREEMENTS	Legal Entity Name: AlliedBarton Security Services
Agency Code: MSA	Contractor Name: AlliedBarton Security Services
Appropriation Unit: 9999 - All Categories	Address: 777 N Rainbow Boulevard Suite 170
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89107
If "No" please explain: Not Applicable	Contact/Phone: Steve McCoy 702-795-3317
	Vendor No.: T32002079
	NV Business ID: NV20061007127

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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 #: **2030 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2013**

Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2015**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Security Guards**

5. Purpose of contract:

This is the first amendment to the original contract, which provides uniformed security guards to various State agencies. This amendment extends the termination date from May 31, 2015 to May 31, 2017 and increases the maximum amount from \$8,000,000 to \$16,000,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$8,000,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$8,000,000.00
4. New maximum contract amount:	\$16,000,000.00
and/or the termination date of the original contract has changed to:	05/31/2017

II. JUSTIFICATION

7. What conditions require that this work be done?

Agencies that routinely have contact with the public may have a need for the presence of uniformed security services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capitol Police does not have the resources to perform this service for all agencies needing this type of service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 2030, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/29/2012 Anticipated re-bid date: 09/15/2016

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:

College of Southern Nevada (CSN) 2004-2008 - Service was satisfactory
State of Nevada - June 1, 2013 - May 31, 2015 - Service was satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **They are registered with the Secretary of State's office as a Foreign Limited-Liability Company**

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/31/2015 09:31:07 AM
Division Approval	ldeloach	03/31/2015 09:31:14 AM
Department Approval	ktarter	03/31/2015 09:58:45 AM
Contract Manager Approval	amorfin	03/31/2015 10:10:30 AM
Budget Analyst Approval	sjohnso9	04/08/2015 09:11:11 AM
BOE Agenda Approval	sbrown	04/18/2015 10:48:47 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: **16525**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: CELTIC ENERGY INC
Agency Code: MSA	Contractor Name: CELTIC ENERGY INC
Appropriation Unit: 9999 - All Categories	Address: 701 HEBRON AVE FL 3
Is budget authority available?: Yes	City/State/Zip: GLASTONBURY, CT 06033-2489
If "No" please explain: Not Applicable	Contact/Phone: null860/882-1515
	Vendor No.: T27032062
	NV Business ID: NV20101152045

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 #: 3153

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/15/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **4 years and 17 days**

4. Type of contract: **MSA**

Contract description: **3rd Party Consulting**

5. Purpose of contract:

This is a new contract that provides third-party consulting services for Energy Services Performance Contracting (ESPC) pursuant to NRS 333A. The contractor will assist entities with procurement advisement, financial grade operational audit, contract negotiations and review and perform measurement and verification for Energy Performance Contracts.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by using entity

II. JUSTIFICATION

7. What conditions require that this work be done?

Third-party consultants are needed to assist entities with energy performance contracting.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is specialized work and cannot be done within the agency.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen based on scores by an evaluation committee.

d. Last bid date: 12/02/2014 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:

This vendor was a previous holder of a third-party energy performance contract with the State Purchasing Division. This vendor's performance 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	ldeloach	04/07/2015 13:35:45 PM
Division Approval	ldeloach	04/07/2015 13:35:48 PM
Department Approval	ldeloach	04/07/2015 13:35:50 PM
Contract Manager Approval	gburchet	04/07/2015 14:06:07 PM
Budget Analyst Approval	sjohnso9	04/08/2015 10:12:14 AM
BOE Agenda Approval	sbrown	04/18/2015 12:05:18 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16529**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: E/S3 Consultants Inc.
Agency Code: MSA	Contractor Name: E/S3 Consultants Inc.
Appropriation Unit: 9999 - All Categories	Address: PO Box 4595
Is budget authority available?: Yes	City/State/Zip: Englewood, CO 80155
If "No" please explain: Not Applicable	Contact/Phone: Steven M. Hastings 303-478-3729
	Vendor No.:
	NV Business ID: NV20021385135

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 #: 3153

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/15/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **4 years and 17 days**

4. Type of contract: **MSA**

Contract description: **3rd Party Consulting**

5. Purpose of contract:

This is a new contract that provides third-party consulting services for Energy Services Performance Contracting (ESPC) pursuant to NRS 333A. The contractor will assist entities with procurement advisement, financial grade operational audits, contract negotiations and review and perform measurement and verification for Energy Performance Contracts.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced

II. JUSTIFICATION

7. What conditions require that this work be done?

Third-party consultants are needed to assist entities with energy performance contracting.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is specialized work and cannot be performed within the agency.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen based on scores of weighted criteria by an evaluation committee.

d. Last bid date: 12/02/2014 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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	04/07/2015 13:36:30 PM
Division Approval	ldeloach	04/07/2015 13:36:43 PM
Department Approval	ldeloach	04/07/2015 13:36:45 PM
Contract Manager Approval	gburchet	04/07/2015 14:06:29 PM
Budget Analyst Approval	sjohnso9	04/08/2015 10:15:11 AM
BOE Agenda Approval	sbrown	04/18/2015 12:01:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16526**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Gomez Consulting Group Inc
Agency Code: MSA	Contractor Name: Gomez Consulting Group Inc
Appropriation Unit: 9999 - All Categories	Address: 1168 Center Point Drive
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89074-8815
If "No" please explain: Not Applicable	Contact/Phone: Manny G. Gomez 702-566-0440
	Vendor No.:
	NV Business ID: NV19931030831

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 #: 3153

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/15/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **4 years and 17 days**

4. Type of contract: **MSA**

Contract description: **3rd Party Consulting**

5. Purpose of contract:

This is a new contract that provides third-party consulting services for Energy Services Performance Contracting (ESPC) pursuant to NRS 333A. The contractor will assist entities with procurement advisement, financial grade operational audits, contract negotiations and review and perform measurement and verification for Energy Performance Contracts.

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?

Third-party consultants are needed to assist entities with energy performance contracting.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is specialized work and cannot be performed within the agency.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen based on scores of weighted criteria by an evaluation committee.

d. Last bid date: 12/02/2014 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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	04/07/2015 13:34:43 PM
Division Approval	ldeloach	04/07/2015 13:34:46 PM
Department Approval	ldeloach	04/07/2015 13:34:49 PM
Contract Manager Approval	gburchet	04/07/2015 14:05:45 PM
Budget Analyst Approval	sjohnso9	04/08/2015 10:08:31 AM
BOE Agenda Approval	sbrown	04/18/2015 12:04:54 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: **16480**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Konica Minolta Business Solutions USA, Inc.
Agency Code:	MSA	Contractor Name:	Konica Minolta Business Solutions USA, Inc.
Appropriation Unit:	9999 - All Categories	Address:	1595 Srping Hill Rd, Ste 410
Is budget authority available?:	Yes	City/State/Zip:	Vienna, VA 22182
If "No" please explain:	Not Applicable	Contact/Phone:	Kristen McKenna 813-207-8276
		Vendor No.:	
		NV Business ID:	NV19851005612

To what State Fiscal Year(s) will the contract be charged? **2015-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: RFP #3091/sb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **4 years and 245 days**

4. Type of contract: **MSA**

Contract description: **Copiers & Services**

5. Purpose of contract:

This is a new contract to establish a Participating Addendum that continues ongoing leasing and services for copiers, printers and related devices. The contract allows state agencies the option to lease or purchase devices, and software bundles that enable and enhance the capabilities of the device. Services include ongoing maintenance, repairs and supplies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Copiers, printers and related devices are required to carry out routine office duties.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the ability to manufacturer copiers, printers or related devices.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3091, and in accordance with NRS 333, the selected vendor was one of seven highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 06/14/2014 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:

Contractor is currently under contract and providing these services. State agencies have been satisfied with the services provided.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	03/20/2015 12:12:25 PM
Division Approval	sberry	03/20/2015 12:12:27 PM
Department Approval	sberry	03/20/2015 12:12:29 PM
Contract Manager Approval	sberry	03/20/2015 12:13:08 PM
Budget Analyst Approval	sjohnso9	04/09/2015 08:08:30 AM
BOE Agenda Approval	sbrown	04/18/2015 10:56:52 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16554**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	NETWORK INTERPRETING SERVICE, INC
Agency Code:	MSA	Contractor Name:	NETWORK INTERPRETING SERVICE, INC
Appropriation Unit:	9999 - All Categories	Address:	PO BOX 5714
Is budget authority available?:	Yes	City/State/Zip:	BOISE, ID 83705-0714
If "No" please explain:	Not Applicable	Contact/Phone:	CODY R FIRKS 800-284-1043
		Vendor No.:	T81106736
		NV Business ID:	NV20101886492

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 #: RFQ 3128

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **4 years and 19 days**

4. Type of contract: **MSA**

Contract description: **Sign language interp**

5. Purpose of contract:

This is a new contract to provide in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: \$70.00 - \$105.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

People who are deaf or hard of hearing often request interpreters as an accommodation under the Americans with Disabilities Act (ADA) in order to access services and/or to attend public meetings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No class specification or staff position currently exists in State government to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ #3128 and in accordance with NRS 333, the selected vendor meets all the qualifications of this solicitation as determined by an independently appointed evaluation committee.

d. Last bid date: 09/12/2014 Anticipated re-bid date: 10/15/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DETR; Nevada Dept. of Education; Nevada ADSD; Nevada DPBH; all services has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	04/06/2015 15:56:20 PM
Division Approval	kperondi	04/06/2015 15:56:22 PM
Department Approval	kperondi	04/06/2015 15:56:24 PM
Contract Manager Approval	mtroesch	04/06/2015 16:02:55 PM
Budget Analyst Approval	sjohnso9	04/08/2015 10:55:56 AM
BOE Agenda Approval	sbrown	04/18/2015 11:02:37 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16531**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Nexant Inc
Agency Code: MSA	Contractor Name: Nexant Inc
Appropriation Unit: 9999 - All Categories	Address: 867 Coal Creek Circle, Suite 120
Is budget authority available?: Yes	City/State/Zip: Louisville, CO 80027
If "No" please explain: Not Applicable	Contact/Phone: Jim Zarske 303-402-2497
	Vendor No.:
	NV Business ID: NV20111661783

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 #: 3153

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/15/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2019**

Contract term: **4 years and 17 days**

4. Type of contract: **MSA**

Contract description: **3rd Party Consulting**

5. Purpose of contract:

This is a new contract that provides third-party consulting services for Energy Services Performance Contracting (ESPC) pursuant to NRS 333A. The contract will assist entities with procurement advisement, financial grade operational audits, contract negotiations and review and perform measurement and verification for Energy Performance Contracts.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced

II. JUSTIFICATION

7. What conditions require that this work be done?

Third-party consultants are needed to assist entities with energy performance contracting.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is specialized work and cannot be performed within the agency.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen based on scores of weighted criteria by an evaluation committee.

d. Last bid date: 12/02/2014 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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	04/07/2015 13:33:43 PM
Division Approval	ldeloach	04/07/2015 13:33:45 PM
Department Approval	ldeloach	04/07/2015 13:33:48 PM
Contract Manager Approval	gburchet	04/07/2015 14:05:21 PM
Budget Analyst Approval	sjohnso9	04/08/2015 10:19:06 AM
BOE Agenda Approval	sbrown	04/18/2015 12:04:37 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **16508**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Preston Bass Interpreting Services, LLC
Agency Code:	MSA	Contractor Name:	Preston Bass Interpreting Services, LLC
Appropriation Unit:	9999 - All Categories	Address:	4730 Flore Bella Boulevard
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89135
If "No" please explain:	Not Applicable	Contact/Phone:	Caroline Preston Bass 702-228-5181
		Vendor No.:	T27008077
		NV Business ID:	NV20041135569

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 #: RFQ 3128

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2015**

Anticipated BOE meeting date 05/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2019**Contract term: **4 years and 19 days**4. Type of contract: **MSA**Contract description: **Sign language interp**

5. Purpose of contract:

This is a new contract to provide in-person, sign language translation and interpretive services for deaf and hard-of-hearing persons.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: \$80.00 - \$100.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

People who are deaf or hard of hearing often request interpreters as an accommodation under the Americans with Disabilities Act (ADA) in order to access services and/or to attend public meetings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No class specification or staff position currently exists in State government to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ #3128, and in accordance with NRS 333, the selected vendor meets all the qualifications of this solicitation as determined by an independently appointed evaluation committee.

d. Last bid date: 09/12/2014 Anticipated re-bid date: 10/15/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Yes

See the attached Authorization to Contract form for details.

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Preston Bass holds current contracts with DETR, Division of Welfare and Supportive Services, and Division of Aging and Disability Services. Services provided have all been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kperondi	03/27/2015 11:52:17 AM
Division Approval	kperondi	03/27/2015 11:52:19 AM
Department Approval	kperondi	03/27/2015 11:52:21 AM
Contract Manager Approval	mtroesch	03/27/2015 12:02:09 PM
Budget Analyst Approval	sjohnso9	04/08/2015 11:34:26 AM
BOE Agenda Approval	sbrown	04/18/2015 11:01:57 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16496**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Sharp Electronics
Agency Code: MSA	Contractor Name: Sharp Electronics
Appropriation Unit: 9999 - All Categories	Address: One Sharp Plaza Ste 1
Is budget authority available?: Yes	City/State/Zip: Mahwah , NJ 07495
If "No" please explain: Not Applicable	Contact/Phone: null201-529-8200
	Vendor No.:
	NV Business ID: NV20121394788
To what State Fiscal Year(s) will the contract be charged? 2015-2020	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 % Various
Agency Reference #: RFP #3091/sb	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**
Contract term: **4 years and 245 days**

4. Type of contract: **MSA**
Contract description: **Copiers & Services**

5. Purpose of contract:
This is a new contract to establish a Participating Addendum that continues ongoing leasing and services for copiers, printers and related devices. The contract allows state agencies the option to lease or purchase devices, and software bundles that enable and enhance the capabilities of the device. Services include ongoing maintenance, repairs and supplies.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
Copiers, printers and related devices are required to carry out routine office duties for state agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The State does not have the ability to manufacturer copiers, printers or related devices.

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 #3091 and in accordance with NRS 333, the selected vendor was one of seven highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 06/14/2014 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:

Contractor is currently under contract and providing these services. State agencies have been satisfied with the services provided.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	03/24/2015 15:33:42 PM
Division Approval	sberry	03/24/2015 15:33:44 PM
Department Approval	sberry	03/24/2015 15:33:45 PM
Contract Manager Approval	sberry	03/24/2015 15:33:48 PM
Budget Analyst Approval	sjohnso9	04/09/2015 08:11:18 AM
BOE Agenda Approval	sbrown	04/18/2015 10:56:36 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 15695	Amendment Number: 1
Agency Name: NUCLEAR PROJECTS OFFICE	Legal Entity Name: Nevada Division of Emergency Management
Agency Code: 012	Contractor Name: Nevada Division of Emergency Management
Appropriation Unit: 1005-14	Address: 2478 Fairview Dr
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: Judith Lyman 775-687-0300
	Vendor No.:
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2014-2015**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
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 **06/12/2014**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**
 Contract term: **1 year and 18 days**
 4. Type of contract: **Interlocal Agreement**
 Contract description: **WGA-DEM-2015**

5. Purpose of contract:
This is the first amendment to the original inter-local agreement to provide federal funds for Nevada Division of Emergency Management (NDEM) activities required for planning and operations associated with shipments of transuranic waste from the Nevada National Security Site to New Mexico and from out-of-state locations passing through Nevada. These federal funds are provided through a grant for the Western Governors' Association. This amendment increases the maximum amount from \$50,000.00 to \$70,000.00 due to the NDEM's increased training of local emergency response personnel along Interstate 80.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$50,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$20,000.00
4. New maximum contract amount:	\$70,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?
US Department of Energy plans to transport transuranic waste through Nevada

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The Nevada Division of Emergency Management is a State agency.

9. Were quotes or proposals solicited? **No**
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slync1	04/06/2015 11:29:17 AM
Division Approval	slync1	04/06/2015 11:29:20 AM
Department Approval	slync1	04/06/2015 11:29:25 AM
Contract Manager Approval	slync1	04/06/2015 11:29:28 AM
Budget Analyst Approval	sbarkdul	04/14/2015 12:52:04 PM

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Pursuant to NAC 333.150 (b) (1), this contract for an expert witness is exempt from solicitation. This vendor has the required expertise to assist the State of Nevada in the defense of a lawsuit.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 contracted with the Attorney General's Office and has provided very satisfactory work.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mradu	03/13/2015 13:44:32 PM
Division Approval	clesli1	03/13/2015 16:20:58 PM
Department Approval	chowle	03/13/2015 16:27:57 PM
Contract Manager Approval	tcook	03/13/2015 16:41:57 PM
Budget Analyst Approval	ekin4	03/24/2015 13:21:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16455**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: AON RISK CONSULTANTS DBA
Agency Code: 030	Contractor Name: AON RISK CONSULTANTS DBA
Appropriation Unit: 1348-15	Address: AON GLOBAL RISK CONSULTING
Is budget authority available?: Yes	100 BAYVIEW CIRCLE STE100
If "No" please explain: Not Applicable	City/State/Zip: NEWPORT BEACH, CA 92660
	Contact/Phone: DANIEL PARK 949-608-6370
	Vendor No.: T27026201
	NV Business ID: NV20101656372

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % TORT FUNDS

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2018**

Contract term: **3 years and 184 days**

4. Type of contract: **Contract**

Contract description: **Actuarial Study**

5. Purpose of contract:

This is a new contract for ongoing services for a biennial actuarial study of the outstanding losses, projected ultimate losses and projected losses paid for the Self Insured Automobile Liability, Civil Rights Liability and General Liability programs of the state's Tort Claim Fund, budget account 1348.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The actuary report, compiled under the terms of this contract, is used in conjunction with the annual audit contract of the Insurance Premium Trust Fund. The results of the annual audit are forwarded to the Controller's Office for inclusion in the annual Comprehensive Annual Financial Report. The results of the actuary report are also used to assist in rate setting during the Legislative budgeting process.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees with this type of expertise.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

ACTUARIAL ADVISORS, INC
HUGGINS ACTUARIAL SERVICES, INC
MERLINOS & ASSOCIATES
AON

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contract was awarded to Aon due to the pricing and that they are the current vendor providing this report.

d. Last bid date: 03/06/2015 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Aon was used by the Attorney General's Office from July 2012 to December 2014 and their service was satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Nancy Katafias, Tort Claims Administrator Ph: 775-684-1252

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mradu	03/13/2015 09:30:58 AM
Division Approval	chowle	03/13/2015 10:54:39 AM
Department Approval	chowle	03/13/2015 10:54:42 AM
Contract Manager Approval	lramire7	03/13/2015 12:08:23 PM
Budget Analyst Approval	ekin4	03/24/2015 11:02:18 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: **16532**

Agency Name: CONTROLLER'S OFFICE	Legal Entity Name: INFORMATIX INC
Agency Code: 060	Contractor Name: INFORMATIX INC
Appropriation Unit: 1130-10	Address: 2485 NATOMAS PARK DR STE 430
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95833-2937
If "No" please explain: Not Applicable	Contact/Phone: 916/830-1400
	Vendor No.: T29018702
	NV Business ID: NV20081431872
To what State Fiscal Year(s) will the contract be charged?	2015-2016

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % Debt Service Transfer

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/15/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/19/2016**

Contract term: **1 year and 5 days**

4. Type of contract: **Contract**

Contract description: **Informatix Services**

5. Purpose of contract:

This is a new contract to provide professional services for Financial Institution Data Matching (FIDM) services to the agency in support of debt collection efforts, in accordance with NRS 353C.240. FIDM services match information about debtors to the State with information about depositor information from financial institutions doing business in the State of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: \$12,000.00 for initial Implementation and Outreach, and up to \$3,000.00 per quarter thereafter.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 353C.240 authorizes the State Controller to develop and operate a system for matching data from financial institutions in Nevada with debtor data maintained by the State Controller's Office for the purpose of collecting debts.

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 training or extensive knowledge of Federal laws pertaining to debt collection practices to be able to initiate FIDM relationships with financial institutions in the State, nor the time to conduct on-going data collection/matching operations between disparate databases. This is the specific expertise that Informatix does offer to its clientele.

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):

Informatix Inc
Thomson Reuters
Lexis Nexis

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Informatix has over 16 years of established expertise in FIDM services in support of both state tax revenue, and child support enforcement collections under Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Informatix currently provides FIDM services to Nevada Department of Health and Human Services, Division of Welfare and Supportive Services, for child support enforcement collections. The other vendors contacted say they offer the same services, but don't have the same reputation as Informatix.

d. Last bid date: 10/14/2014 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Nevada Department of Health and Human Services, Division of Welfare and Supportive Services, has been using FIDM services from Informatix since 2005, and indicates their services are more than satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	jsmack	04/13/2015 09:02:36 AM
Division Approval	jsmack	04/13/2015 09:02:39 AM
Department Approval	jsmack	04/13/2015 09:02:41 AM
Contract Manager Approval	hbill1	04/13/2015 09:15:22 AM
DoIT Approval	csweeney	04/13/2015 14:21:00 PM
Budget Analyst Approval	tgrenam	04/15/2015 08:40:22 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: **15532** Amendment Number: **1**
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Q&D CONSTRUCTION INC**
 Agency Code: **082** Contractor Name: **Q&D CONSTRUCTION INC**
 Appropriation Unit: **1567-16** Address: **1050 S 21ST ST**
 Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431-5596**
 If "No" please explain: **Not Applicable** Contact/Phone: **775/786-2677**
 Vendor No.: **T81009604**
 NV Business ID: **NV19671000639**
 To what State Fiscal Year(s) will the contract be charged? **2014-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	28.00 %	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	38.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	34.00 %

Transfer from Treasurer - Reallocated Bond Authority

Agency Reference #: **98981**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **05/13/2014**

Retroactive? **Yes**

If "Yes", please explain

The schedule of the design efforts did not allow time for the added work to be included in an executed endorsement. The mock-up, lead by the nursing home specialty design consultants (SFCS), was originally intended to be taped out on a large floor area in the Boulder City Veterans Home. As the design process neared the date for the mock-up, the logistics and project schedule did not allow time to delay tasks.

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **4 years and 49 days**

4. Type of contract: **Contract**

Contract description: **CMAR-PRE-CON AGR**

5. Purpose of contract:

This is the first amendment to the original contract, which provides owner Construction Manager at Risk pre-construction services for advanced planning - Northern Nevada Veterans Home, Project No. 13-P07; Contract No. 98981. This amendment increases the maximum amount from \$87,103 to \$103,902.37 due to providing on-site setup of the mock-ups at the Boulder Veterans Home.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$87,103.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$16,799.37
4. New maximum contract amount:	\$103,902.37

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	12/12/2014 14:50:34 PM
Division Approval	dgrimm	02/17/2015 14:02:33 PM
Department Approval	dgrimm	02/17/2015 14:02:37 PM
Contract Manager Approval	dgrimm	03/25/2015 16:11:04 PM
Budget Analyst Approval	jrodrig9	03/26/2015 10:45:29 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: **16466**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BELL, DAVID dba BELL UPHOLSTERY and Carpet Works
Agency Code:	082	Contractor Name:	BELL, DAVID dba BELL UPHOLSTERY and Carpet Works
Appropriation Unit:	1349-12	Address:	P.O. Box 21112
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY , NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	775-882-7838
		Vendor No.:	T27036542
		NV Business ID:	NV20131162692

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X Fees	100.00 % BUILDINGS AND GROUNDS BUILDING RENT INCOME FEES
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/27/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **4 years and 5 days**

4. Type of contract: **Contract**

Contract description: **Carpet cleaning Svcs**

5. Purpose of contract:

This is a new contract that continues ongoing carpet cleaning services to the various buildings in Carson City and Reno, on an as-needed basis and at the written request and approval of a Buildings and Grounds designee

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Keep state building upkeep clean and sanitary.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**DAVID BELL UPHOLSTERY
BRUCES CARPET
COIT DRAPERY & CARPET**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple carpet cleaning contractors on file with Buildings and Grounds. Per SAM 0338.0 each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 01/24/2015 Anticipated re-bid date: 12/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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:

CHERYL WARREN, CUSTODIAL SUPERVISOR Ph: 775-684-1800

, Ph:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	03/25/2015 15:15:27 PM
Division Approval	csweeney	03/25/2015 15:15:31 PM
Department Approval	csweeney	03/25/2015 15:15:35 PM
Contract Manager Approval	ssands	03/25/2015 15:22:43 PM
Budget Analyst Approval	jrodrig9	03/27/2015 13:35:32 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: **16504**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HEALTHY TREES
Agency Code: 082	Contractor Name: HEALTHY TREES
Appropriation Unit: 1349-12	Address: PO BOX 2885
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89702-2885
If "No" please explain: Not Applicable	Contact/Phone: 775/224-3827
	Vendor No.: T27013019A
	NV Business ID: NV20031522725

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<input checked="" type="checkbox"/>	Fees	100.00 %	Building & Grounds rental income fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **08/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Arborist Services**

5. Purpose of contract:

This is a new contract provides for ongoing professional arborist services, labor and equipment for various state facilities in Northern Nevada at the request and approval of a Buildings & Grounds designee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Identified necessities and emergencies warrant the use of these contracts as B&G does not have the manpower, expertise or equipment to accomplish.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of equipment and manpower

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Stay Green
Joe Benigno;s Tree Service
Healthy Tree

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple contracts for professional arborist services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

d. Last bid date: 03/01/2015 Anticipated re-bid date: 06/01/2019

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:

B&G from 2007 - 2015 service satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

Martin Phillips, Grounds Supervisor Ph: 775-684-1800

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	04/07/2015 09:09:26 AM
Division Approval	csweeney	04/07/2015 09:09:31 AM
Department Approval	csweeney	04/07/2015 09:09:38 AM
Contract Manager Approval	ssands	04/07/2015 10:12:52 AM
Budget Analyst Approval	jrodrig9	04/07/2015 12:51:13 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: **16582**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LUMOS & ASSOCIATES
Agency Code: 082	Contractor Name: LUMOS & ASSOCIATES
Appropriation Unit: All Budget Accounts - Category 17	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 established on behalf of the Nevada National Guard, 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 from Budget Account 3650, Military and expensed through budget expenditure category 17, Construction Administration Services.	Contact/Phone: 775/883-7077
	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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Agency funds - Federal Receipts

Agency Reference #: 109259

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/11/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years and 81 days**

4. Type of contract: **Contract**

Contract description: **Civ Eng & Constr Agr**

5. Purpose of contract:

This is a new contract to provide professional civil engineering and construction administration services at the Harry Reid Training Center Gate Upgrade and Fencing, Nevada Army National Guard, Army Aviation Stead Facility; CIP Project No. 15-A014; Internal SPWD Contract No. 19259. The scope of work includes a supplemental topographic survey, engineering documents and construction administration.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,600.00**

Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2014 Agency CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will exist in Budget Account 3650, Military and expensed through budget expenditure category 17, Maintenance.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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:

Ph:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/09/2015 15:32:08 PM
Division Approval	dgrimm	04/09/2015 15:32:11 PM
Department Approval	dgrimm	04/09/2015 15:32:14 PM
Contract Manager Approval	dgrimm	04/09/2015 16:14:14 PM
Budget Analyst Approval	jrodrig9	04/10/2015 17:12:13 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: **12224** Amendment Number: **3**

Agency Name: **DTCA - COMMISSION ON TOURISM** Legal Entity Name: **NCOT CHINA LTD/HONGXIA CHEN**

Agency Code: **101** Contractor Name: **NCOT CHINA LTD/HONGXIA CHEN**

Appropriation Unit: **1522-31** Address: **55 GUANGQUMEN BEILI DONGCHENG**

Is budget authority available?: **Yes** City/State/Zip: **BEIJING CHINA, - 100062**

If "No" please explain: **Not Applicable** Contact/Phone: **Hongxia Chen 861085625705**

Vendor No.: **F00000011A**

NV Business ID: **NV20111474952**

To what State Fiscal Year(s) will the contract be charged? **2012-2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % Lodging Tax

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: **Rep Office - China**

5. Purpose of contract:
This is the third amendment to the original contract to maintain operation of a representative office for the State of Nevada, Division of Tourism in the People's Republic of China, which helps increase the Chinese visitor volume to Nevada. This amendment increases the maximum amount from \$788,575 to \$837,575 for continued representation in China.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$288,350.00
2. Total amount of any previous contract amendments:	\$500,225.00
3. Amount of current contract amendment:	\$49,000.00
4. New maximum contract amount:	\$837,575.00

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 231.160 through NRS 213.300 requires that the Nevada Commission on Tourism promote tourism in Nevada. The Nevada Commission on Tourism currently operates several other foreign offices, and China represents a significant, largely undeveloped market.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The state does not have employees located outside the United States to perform this work, and it is not feasible because the representative must be located in China.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 110408B

Approval Date: 05/10/2013

c. Why was this contractor chosen in preference to other?

The skill set needed to effectively perform the scope of work of the contract is very specific. A previous solicitation only produced one response, the current vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Nevada Commission on Tourism has a current contract with this vendor that expires June 30, 2015. The quality of service is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	03/23/2015 10:46:28 AM
Division Approval	amathies	03/23/2015 10:46:31 AM
Department Approval	amathies	03/23/2015 10:46:33 AM
Contract Manager Approval	amathies	03/23/2015 10:46:34 AM
Budget Analyst Approval	tgreenam	03/24/2015 08:30:06 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: **16276**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT**
 Agency Code: **102**
 Appropriation Unit: **1526-11**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Isra-connext, Ltd.**
 Contractor Name: **Isra-connext, Ltd.**
 Address: **7 Rosh Pina St.**
 City/State/Zip: **Petach Tikva, IS 49723**
 Contact/Phone: **Elam Kott 972544931919**
 Vendor No.: **F00000316**
 NV Business ID: **N/A (Foreign)**

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	50.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	50.00 % Private donations

Agency Reference #: **102**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/15/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/15/2015**

Contract term: **183 days**

4. Type of contract: **Contract**

Contract description: **NV Representation**

5. Purpose of contract:

This is a new contract to provide representation of Nevada's interests and support agency staff with accessing key Israeli markets in an effort to expand exports and recruit Israeli companies to Nevada. Israeli growth markets include Aerospace and Defense, Mining, Materials, Manufacturing, Logistics and Operations, Information Technology, Clean Energy, Health and Medical Services, Tourism, and Gaming.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$3,333.33 per Month

Other basis for payment: Retainer, payments made upon receipt of monthly invoices as services are performed, plus travel costs up to \$5,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

Statutory mandate for GOED to stimulate economic growth and diversity, including expanding exports to foreign markets and recruiting foreign companies to Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees with the specific skills and abilities needed to do this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Hadas Bar-Or
Itay Beck
ATID E.D.I. Ltd.
Isra-connect, Ltd.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best overall proposal.

d. Last bid date: 09/01/2014 Anticipated re-bid date: 10/15/2015

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?

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 as a:

Foreign Corporation

Per Secretary of State. Foreign business with no Nevada presence are exempt from obtaining a Nevada business license.

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Per Secretary of State. Foreign business with no Nevada presence are exempt from obtaining a Nevada business license.

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

Foreign business with no Nevada presence are exempt from registering with the Secretary of State. As a result, no activity or contact with the Secretary of State has been initiated to base any relevant history against.

18. Agency Field Contract Monitor:

Kris Sanchez, Director, International Trade Ph: 702-486-3087

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	swoodbur	04/09/2015 17:05:27 PM
Division Approval	swoodbur	04/09/2015 17:05:29 PM
Department Approval	swoodbur	04/09/2015 17:05:31 PM
Contract Manager Approval	swoodbur	04/09/2015 17:05:35 PM
Budget Analyst Approval	sewart	04/14/2015 09:52:56 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16397**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: EN POINTE TECHNOLOGIES SALES
Agency Code: 180	Contractor Name: EN POINTE TECHNOLOGIES SALES
Appropriation Unit: 1385-26	Address: INC/EN POINTE TECHNOLOGIES INC 18701 S FIGUEROA ST
Is budget authority available?: Yes	City/State/Zip: GARDENA, CA 90248-4506
If "No" please explain: Not Applicable	Contact/Phone: Michelle Day Wirth 310/337-5276
	Vendor No.: PUR0002546
	NV Business ID: NV19971365685

To what State Fiscal Year(s) will the contract be charged? **2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %
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 **04/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **90 days**

4. Type of contract: **Contract**

Contract description: **DNS review**

5. Purpose of contract:

This is a new contract to perform an independent review and assessment of the State's Domain Name Service (DNS) and Active Directory (AD) environment along with the infrastructure for all agencies in the State of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,537.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The State is providing enterprise Domain Name Service (DNS) and Active Directory (AD) infrastructure for all agencies in the State of Nevada. Currently, the Domain Name Service environment is not consistently serving customers in a stable methodology and there are questions as to which architecture and best practices should be implemented in the enterprise. Ensuring Domain Name Service and Active Directory is correctly provisioned and architecture utilizing industry standards is crucial to agencies statewide who currently rely on this service.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current employees are already saturated with work related to the operational and maintenance needs currently in place.

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):

En Pointe Technologies
Accenture LLP
Deloitte

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Of the three vendors, En Pointe is able to fulfill the needs and came in as the lowest bidder.

d. Last bid date: 12/15/2014 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:

From 07/01/2014 - 02/15/2015 with Enterprise Information Technology Services the quality of service was satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

Lynda Bashor, PO1, Contract Manager Ph: 775-684-0241

Catherine Krause, Chief IT Manager, Contract Monitor Ph: 775-684-4947

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imartin9	03/25/2015 08:36:02 AM
Division Approval	Imartin9	03/25/2015 08:36:04 AM
Department Approval	Imartin9	03/25/2015 08:36:07 AM
Contract Manager Approval	Imartin9	03/25/2015 08:36:09 AM
DoIT Approval	bbohm	03/25/2015 16:14:39 PM
Budget Analyst Approval	sewart	03/26/2015 10:13:47 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: **16473**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: EUREKA, COUNTY OF
Agency Code: 180	Contractor Name: EUREKA, COUNTY OF
Appropriation Unit: 1388-00	Address: EUREKA COUNTY TV DISTRICT PO BOX 163
Is budget authority available?: Yes	City/State/Zip: EUREKA, NV 89316
If "No" please explain: Not Applicable	Contact/Phone: 775/237-5091
	Vendor No.: T80975988P
	NV Business ID: Not Applicable
To what State Fiscal Year(s) will the contract be charged?	2016-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % Revenue

Agency Reference #: **5638**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

This is a new revenue contract to provide rack rental space at Mary's Mountain in Eureka County with Eureka County Television District for Public Safety communications in the area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,069.92**

Other basis for payment: FY 2016, \$4,517.48; FY 2017, \$4,517.48; FY 2018, \$4,517.48; FY 2019, \$4,517.48

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new revenue generating contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a new revenue generating contract

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not applicable

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	03/23/2015 15:49:02 PM
Division Approval	capple	03/24/2015 07:37:31 AM
Department Approval	capple	03/24/2015 07:37:33 AM
Contract Manager Approval	bbohm	03/26/2015 08:00:26 AM
Budget Analyst Approval	sewart	03/27/2015 11:56:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV1793**

Amendment Number: **4**

Agency Name: **NETWORK TRANSPORT SERVICES**

Legal Entity Name: **TOWER SITES INC**

Agency Code: **187**

Contractor Name: **TOWER SITES INC**

Appropriation Unit: **1388-06**

Address: **17640 W NATIONAL AVE**

Is budget authority available?: **Yes**

City/State/Zip: **NEW BERLING, WI 53146-3727**

If "No" please explain: **Not Applicable**

Contact/Phone: **TERRY MICHAELS 262/786-8330**

Vendor No.: **T29034595**

NV Business ID: **NV20141158046**

To what State Fiscal Year(s) will the contract be charged?

2006-2016

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Microwave revenue
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **SatCom**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **10/01/2005**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **09/30/2015**

Termination Date:

Contract term: **10 years and 1 day**

4. Type of contract:

Contract description: **Rental or Lease Agreements**

5. Purpose of contract:

This is the fourth amendment to the original lease agreement, which provides rental space for the agency's, and Department of Transportation, microwave equipment located at Pequop Summit in Elko County. This amendment increases the maximum amount from \$404,600 to \$422,100 to provide funding for continued services through September 30, 2015.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$336,000.00
2. Total amount of any previous contract amendments:	\$68,600.00
3. Amount of current contract amendment:	\$17,500.00
4. New maximum contract amount:	\$422,100.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Tower Sites purchased the Rocky Point communication peak from SatCom. This Tower Site Access Agreement Contract is for leased space inside Tower Sites' building on Tower Sites' tower. This site is essential to the State communications system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lease of private site. The State does not own this site

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

Owner of site.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Over the last 10 years with the Department of Information Technology and Nevada Department of Transportation satisfactorily.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	capple	04/14/2015 12:23:10 PM
Division Approval	capple	04/14/2015 12:23:13 PM
Department Approval	capple	04/14/2015 12:23:16 PM
Contract Manager Approval	csweeney	04/14/2015 12:41:37 PM
Budget Analyst Approval	sewart	04/17/2015 11:21:53 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16573**

Agency Name: OFFICE OF VETERANS SERVICES	Legal Entity Name: Legacy Health & Wellness, LLC
Agency Code: 240	Contractor Name: Legacy Health & Wellness, LLC
Appropriation Unit: 2561-04	Address: 911 N. Buffalo Dr.
Is budget authority available?: Yes	Suite 213
If "No" please explain: Not Applicable	City/State/Zip: Las Vegas, NV 89128
	Contact/Phone: Rande Paige - Director 702-942-1774
	Vendor No.: T27032348
	NV Business ID: NV20121511137
To what State Fiscal Year(s) will the contract be charged?	2015-2017

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % Medicaid

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/16/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2017**

Contract term: **1 year and 350 days**

4. Type of contract: **Contract**

Contract description: **Psychological Serv.**

5. Purpose of contract:

This is a new contract to provide behavioral intervention services to residents covered under Medicaid and to residents who are not qualified under Medicaid, but the facility chooses to provide this service.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: Based on Non-Medicaid rate scale.

II. JUSTIFICATION

7. What conditions require that this work be done?

Residents of NSVH require help with mental problems, as well as counseling services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are not State employees available to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Experience with long-term care facilities. Can work under Medicaid payment guidelines. No other contacted professionals could provide the needed services.

d. Last bid date: **03/01/2015** Anticipated re-bid date: **03/01/2019**

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	04/14/2015 08:56:17 AM
Division Approval	agarland	04/14/2015 08:56:20 AM
Department Approval	agarland	04/14/2015 08:56:23 AM
Contract Manager Approval	mnobles	04/14/2015 09:16:55 AM
Budget Analyst Approval	nhovden	04/16/2015 15:24:11 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: 12813	Amendment Number: 2
Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: ALARMCO INC
Agency Code: 402	Contractor Name: ALARMCO INC
Appropriation Unit: 3279-07	Address: 2007 LAS VEGAS BLVD S
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89104-2555
If "No" please explain: Not Applicable	Contact/Phone: 702/382-5000
	Vendor No.: T12898700
	NV Business ID: NV19641000258

To what State Fiscal Year(s) will the contract be charged? **2012-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	53.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	47.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **11/17/2011**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2015**
 Contract term: **4 years and 45 days**

4. Type of contract: **Contract**
 Contract description: **Fire Alarm Monitor**

5. Purpose of contract:
This is the second amendment to the original contract, which continues ongoing fire system alarm monitoring at Desert Regional Center, continues burglary alarm monitoring for two Desert Regional Center satellite locations: 5550 W. Flamingo Road and 720 South 7th Street. This amendment increases the maximum amount from \$11,419 to \$14,668 for installation and monitoring of a burglary alarm for a new satellite office located at 9089 South Pecos Boulevard, Suite 3600, and includes the addition of \$600 for alarm response fees on an as needed basis.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$2,640.00
2. Total amount of any previous contract amendments:	\$8,779.00
3. Amount of current contract amendment:	\$3,249.00
4. New maximum contract amount:	\$14,668.00

II. JUSTIFICATION

7. What conditions require that this work be done?
Per Title 42 Public Health, Chapter IV - Centers for medicare and Medicaid Services, Department of Health and Human Services PART 483: Section 483.70 Physical environment: The facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. (a) Life safety from fire. Except as provided in paragraph (a)(1) or (a)(3) of this section, the facility must meet the applicable provisions of the 1985 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference). Incorporation of the 1985 edition of the National Fire Protection Association's Life Safety Code (published February 7, 1985; ANSI/NFPA) was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51 that govern the use of incorporations by reference.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 State employees, within Desert Regional Center, are neither trained nor certified to perform these services.
9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? No
- a. List the names of vendors that were solicited to submit proposals (include at least three):

- b. Solicitation Waiver: **Not Applicable**
- c. Why was this contractor chosen in preference to other?
 They were the only one to submit a bid proposal.
- d. Last bid date: 08/19/2011 Anticipated re-bid date: 07/28/2015
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:
 FY08-FY15, Desert Regional Center, service was satisfactory.
13. Is the contractor currently involved in litigation with the State of Nevada?
 No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
 Not Applicable
14. The contractor is registered with the Nevada Secretary of State's Office as a:
 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	dhanse6	02/27/2015 13:58:22 PM
Division Approval	tmyler	03/11/2015 08:41:11 AM
Department Approval	ecreceli	03/21/2015 14:44:22 PM
Contract Manager Approval	dhanse6	03/23/2015 11:12:16 AM
Budget Analyst Approval	knielsen	03/26/2015 11:37:36 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16462**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	NYE, COUNTY OF
Agency Code:	402	Contractor Name:	NYE, COUNTY OF
Appropriation Unit:	3167-00	Address:	NYE COUNTY HEALTH & HUMAN SVCS PO BOX 926
Is budget authority available?:	Yes	City/State/Zip	TONOPAH, NV 89049
If "No" please explain:	Not Applicable	Contact/Phone:	775/482-8125
		Vendor No.:	T80044560S
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue from County

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Revenue Contract**

Contract description: **Nye County**

5. Purpose of contract:

This is a new revenue contract that continues ongoing service to children with intellectual disabilities and provides structure for county reimbursement of the non-federal share of funding as payment for services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: Revenue Contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020 Division of Aging and Disability Services (ADSD) is obligated to provide services to children with intellectual disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Not applicable. State employees are providing the services for the County.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The current agreement is a continuation of current services.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

John Kucera, Management Analyst I Ph: 775 688 1930 x2129

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkucera	03/13/2015 14:26:18 PM
Division Approval	tmyler	03/18/2015 11:27:15 AM
Department Approval	ecreceli	03/21/2015 15:11:20 PM
Contract Manager Approval	jpruneau	03/23/2015 11:09:29 AM
Budget Analyst Approval	knielsen	03/25/2015 15:33:14 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: **12513** Amendment Number: **3**

Agency Name: **HEALTH CARE FINANCING & POLICY** Legal Entity Name: **MYERS AND STAUFFER LC**

Agency Code: **403** Contractor Name: **MYERS AND STAUFFER LC**

Appropriation Unit: **3158-04** Address: **4400 Cox Road, Suite 110**

Is budget authority available?: **Yes** City/State/Zip: **Glen Allen, VA 23060**

If "No" please explain: **Not Applicable** Contact/Phone: **Sheryl Pannell 804-270-2200**

Vendor No.: **T81098965A**

NV Business ID: **NV20001070243**

To what State Fiscal Year(s) will the contract be charged? **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	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % County of Audit

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **10/01/2011**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2015**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

This is the third amendment to the original contract for a Certified Public Accounting firm to perform reviews of Cost Allocation Plans and cost reports submitted by governmental entities that provide services such as targeted case management, school based services, administrative services, and are reimbursed using the methodology of certified public expenditures. This amendment increases the maximum amount from \$253,440 to \$298,443 due to the an additional audit requested for reporting requirements.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$253,440.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$45,003.00
4. New maximum contract amount:	\$298,443.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Necessity to ensure accuracy in certified public expenditure (CPE) reimbursement to the counties for targeted case management, school based services, and administrative services among others.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DHCFP does not have the resources to conduct these reviews annually.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

DHCFP contracted with Clifton Gunderson through competitive bid in 2007 to perform a series of audit services of varying scopes. By having an established contract for over 4 years, there is a high-level of assurance Clifton Gunderson understands DHCFP's business processes which in turn will translate to an efficient performance in this new series of audits for the Counties.

Further, Clifton Gunderson reduced their rates 15% upon execution of the 2007 contract. The rate has not increased since.

Given that Clifton Gunderson is an accounting firm, they are exempt from mandated competitive solicitation pursuant to NAC 333.150 (2)(b)(5).

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Clifton Gunderson has existing and long-term contracts with DHCFP with satisfactory performance.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmoriart	04/02/2015 15:52:45 PM
Division Approval	trooker	04/02/2015 16:00:50 PM
Department Approval	ecreceli	04/02/2015 16:13:42 PM
Contract Manager Approval	cmoriart	04/03/2015 10:48:28 AM
Budget Analyst Approval	nhovden	04/20/2015 14:44:24 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: **16361**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: BITFOCUS INC
Agency Code: 406	Contractor Name: BITFOCUS INC
Appropriation Unit: 3168-11	Address: STE 105-158
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89117-5799
If "No" please explain: Not Applicable	Contact/Phone: 702/614-6690
	Vendor No.: T29022688
	NV Business ID: NV20031461398

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 #: **C 14742**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/25/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2015**

Contract term: **189 days**

4. Type of contract: **Contract**

Contract description: **HMIS Integration**

5. Purpose of contract:

This is a new contract that continues ongoing integration of the Projects for Assistance in Transition from Homelessness (PATH) Program's online Homeless Management Information system across multiple State agencies and the Federal government. This contract upgrades the current system to remain compliant with the format specified by the Substance Abuse and Mental Health Services Administration for the PATH Annual Performance Report, and allows auditing of the data to ensure successful and accurate submission of the annual report.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Three installments in the increments of \$10,000, \$10,000 and \$5,000

II. JUSTIFICATION

7. What conditions require that this work be done?

This enhancement project creates an interface for provider data collection, analysis and reporting among key federal, State and community databases. This project is in pursuant to an initiative of the Affordable Care Act (ACA) to create communicating health records databases, and a requirement for usage of the Cooperative Agreements to Benefit Homeless Individuals for States grant.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees lack the resources, training and availability to do this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 150201

Approval Date: 02/23/2015

c. Why was this contractor chosen in preference to other?

This vendor was not chosen in preference to others. The vendor received a solicitation waiver from the Purchasing Division.

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:

2009; Financial/Industrial Development; Satisfactory 2014 - 2016; Database Integration; Satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	02/27/2015 09:57:59 AM
Division Approval	alaw1	02/27/2015 09:58:02 AM
Department Approval	ecreceli	03/04/2015 10:31:23 AM
Contract Manager Approval	rmorse	03/05/2015 13:17:59 PM
DoIT Approval	bbohm	03/05/2015 16:02:26 PM
Budget Analyst Approval	bberry	03/25/2015 12:11:54 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: **13571** Amendment Number: **4**

Agency Name: **WELFARE AND SUPPORT SERVICES** Legal Entity Name: **DEPENDABLE HIGHWAY EXPRESS**

Agency Code: **407** Contractor Name: **DEPENDABLE HIGHWAY EXPRESS**

Appropriation Unit: **3233-04** Address: **2555 E OLYMPIC BLVD**

Is budget authority available?: **Yes** City/State/Zip: **LOS ANGELES, CA 90023-2605**

If "No" please explain: **Not Applicable** Contact/Phone: **323/526-2222**

Vendor No.: **T29023944**

NV Business ID: **NV20101247012**

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	35.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	65.00 %	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 **07/05/2012**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **3 years and 361 days**

4. Type of contract: **Contract**

Contract description: **Freight Shipping**

5. Purpose of contract:

This is the fourth amendment to the original contract, which continues ongoing commercial freight delivery services for Division of Welfare and Supportive Services Publications unit printed paper products between state locations in Carson City and Las Vegas. This amendment revises the consideration language, extends the contract termination date from June 30, 2015 to June 30, 2016, increases the maximum amount from \$33,773 to \$49,323, and revises Attachment C: Vendor Proposal, and Attachment E: Pricing.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$9,345.00
2. Total amount of any previous contract amendments:	\$24,428.00
3. Amount of current contract amendment:	\$15,550.00
4. New maximum contract amount:	\$49,323.00

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 DWSS Publications unit publishes over 900 types of forms and envelopes for all DWSS district and field offices. Commercial freight delivery service to a central location in Southern Nevada allows for fast and cost effective distribution.

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? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Dependable Highway Express
Concert Group Logistics
Con-Way Freight

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: 05/18/2012 Anticipated re-bid date: 03/03/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

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	03/04/2015 11:33:21 AM
Division Approval	msmit5	03/13/2015 07:31:54 AM
Department Approval	ecreceli	03/21/2015 14:49:00 PM
Contract Manager Approval	sjon23	03/25/2015 15:23:36 PM
Budget Analyst Approval	ekin4	04/07/2015 07:12:02 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16385**

Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**

Legal Entity Name: **Dallas Floor Designs LLC**

Agency Code: **409**

Contractor Name: **Dallas Floor Designs LLC**

Appropriation Unit: **3281-95**

Address: **9738 S Virginia St Ste C**

Is budget authority available?: **Yes**

City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable**

Contact/Phone: **775-870-1223**

Vendor No.: **T27033004**

NV Business ID: **NV20131309777**

To what State Fiscal Year(s) will the contract be charged? **2015**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<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 **03/10/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2015**

Contract term: **112 days**

4. Type of contract: **Contract**

Contract description: **flooring install**

5. Purpose of contract:

This is the first amendment to the original contract, which provides new floor covering in the four Family Learning Homes located at Northern Nevada Child and Adolescent Services at 2655 Enterprise Road in Reno. This amendment increases the maximum amount from \$31,904 to \$49,875 in order to add floor covering campus-wide.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$31,904.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$17,971.00
4. New maximum contract amount:	\$49,875.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The flooring is very worn and due for replacement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have staff with the needed expertise.

9. Were quotes or proposals solicited? **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):

Campbell's
Prestige
Dallas Floor Design

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor best meets the needs of the agency.

d. Last bid date: 02/01/2015 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes with DCFS and service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

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	pcolegro	03/30/2015 08:26:55 AM
Division Approval	pcolegro	03/30/2015 08:26:58 AM
Department Approval	ecreceli	04/03/2015 15:28:47 PM
Contract Manager Approval	ihyman	04/06/2015 09:26:21 AM
Budget Analyst Approval	knielsen	04/13/2015 15:57:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16511**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: K. Sherry PLLC
Agency Code: 409	Contractor Name: K. Sherry PLLC
Appropriation Unit: 3229-18	Address: Katie Sherry 6510 Legend VIS
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511-8236
If "No" please explain: Not Applicable	Contact/Phone: Katie Shetty 775-800-7463
	Vendor No.: T27031888
	NV Business ID: NV20101865798

To what State Fiscal Year(s) will the contract be charged? **2015-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	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 **04/13/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**
Contract term: **3 years and 79 days**

4. Type of contract: **Contract**
Contract description: **Psychiatric Consult**

5. Purpose of contract:

This is a new contract to provide psychiatric consultations, upon referral by the Division, for children within the Rural Region. The essential focus of the consultation is to determine whether a child or youth has a mental health diagnosis that is appropriate for the current prescribed psychotropic medication.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,680.00**
Other basis for payment: \$150 per hour for review and monitor \$130 per hour from phone and pretrial \$200 per hour for testimony

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 432B.197 requires agencies which provide child welfare services to ensure that children in their custody have timely access to and administration of clinically appropriate psychotropic medications.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DCFS does not have a board certified child and youth Psychiatrist on staff, nor are we aware, after extensive research, of any board certified child and adolescent Psychiatrist on staff in any other state agency.

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):

**Dr. Sherry
Dr. Malinas
Dr. Nwokike**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest price and this vendor best meets the needs of the state.

d. Last bid date: 03/19/2015 Anticipated re-bid date: 02/27/2018

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:

Yes, with Division of Child and Family Services and the quality of services was satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

Betsey Crumrine, Social Services Manager 5 Ph: 775-687-1979

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	03/30/2015 11:36:10 AM
Division Approval	pcolegro	03/30/2015 11:36:13 AM
Department Approval	ecreceli	04/03/2015 15:43:46 PM
Contract Manager Approval	mcar2	04/06/2015 09:22:12 AM
Budget Analyst Approval	knielsen	04/13/2015 16:16:12 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: **16544**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: AAA AIR FILTER COMPANY INC
Agency Code: 409	Contractor Name: AAA AIR FILTER COMPANY INC
Appropriation Unit: 3646-07	Address: 3873 E CRAIG RD STE 1
Is budget authority available?: Yes	City/State/Zip: NORTH LAS VEGAS, NV 89030-7537
If "No" please explain: Not Applicable	Contact/Phone: 702/399-4402
	Vendor No.: T80618280
	NV Business ID: NV19851003457

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	43.50 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	54.10 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	2.40 % Rental Income

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **HVAC Air Filiters**

5. Purpose of contract:

This is a new contract that continues ongoing service for HVAC Air Filters located in eleven State owned buildings located at 6171 W. Charleston Blvd, Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,135.36**

Payment for services will be made at the rate of \$2,005.64 per Every Other Month

II. JUSTIFICATION

7. What conditions require that this work be done?

Timely replacement of the HVAC Air Filters are necessary to ensure the health of clients, families, visitors and staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state employees have the expertise needed for 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):

**Air Filter Sales and Service
AAA Air Filter Company, Inc.
Sahara Air Conditioning**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor best meets the needs of the State.

d. Last bid date: 03/15/2015 Anticipated re-bid date: 03/15/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes, the Division of Child and Family Services and services were satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

James Kolar, Facility Supervisor II Ph: 702-486-0459

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	04/03/2015 16:07:11 PM
Division Approval	pcolegro	04/03/2015 16:07:15 PM
Department Approval	ecrecli	04/17/2015 09:15:05 AM
Contract Manager Approval	mcar2	04/17/2015 10:43:23 AM
Budget Analyst Approval	knielsen	04/17/2015 13:36:54 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: **16395**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Freeman's Carpet Service, Inc.
Agency Code: 440	Contractor Name: Freeman's Carpet Service, Inc.
Appropriation Unit: 3762-95	Address: 3150 Ponderosa Way
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: Kenneth Bryan Freeman, Jr, President 702/736-6355
	Vendor No.: PUR0005631
	NV Business ID: NV19781005594

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 **04/02/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **89 days**

4. Type of contract: **Contract**

Contract description: **Replace flooring**

5. Purpose of contract:

This is a new contract to provide installation of flooring in various areas within High Desert State Prison.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,295.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

New flooring is needed for various areas within High Desert State Prison. The original flooring is showing extreme signs of wear and was approved via Deferred Maintenance Program for Fiscal year 2015.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Historically the Department has outsourced specialized service of this nature to a vendor with the qualification and expertise to perform the service. The Department does not have the manpower or the staff to perform a project of this size in-house and no other state agency can perform 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):

Continental Flooring Company
Freeman's Carpet Service, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The commodity was purchased on purchase order #PC0830000064148 by State Purchasing with a notation on the purchase order that NDOC will prepare a service contract with the vendor selected by State Purchasing Continental Flooring Company.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	bweisent	03/26/2015 11:14:02 AM
Division Approval	bfarris	03/26/2015 18:28:44 PM
Department Approval	bfarris	03/26/2015 18:28:46 PM
Contract Manager Approval	jhardy	04/02/2015 10:50:21 AM
Budget Analyst Approval	cmurph3	04/02/2015 12:58:31 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16501**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Board of Regents of the (NSHE)
Agency Code: 440	Contractor Name: Board of Regents of the (NSHE)
Appropriation Unit: 3760-12	Address: The University of Nevada, Reno Mailstop 0088
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89557
If "No" please explain: Not Applicable	Contact/Phone: Veronica Blas Dahir, Ph.D. 775/682-7981
	Vendor No.:
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2015

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 % DETR - Career Enhancement Program

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/10/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2015**

Contract term: **81 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **PRIDE Evaluation**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing services to provide for the required independent review of the Purpose, Respect, Integrity, Determination, and Excellence program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,000.00**

Other basis for payment: 25% payable upon contract approval and 75% payable upon delivery and acceptance of final report to NDOC Re-Entry Programs.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is to provide a Purpose, Respect, Integrity, Determination, and Excellence (PRIDE) program review by an independent provider as required in the interlocal contract between NDOC and DETR.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department interlocal agreement with DETR requires this annual analysis to be completed by an independent unbiased, neutral party. UNR has completed this service for the Department in the past.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 Intralocal Interlocal contract between public agencies.

d. Last bid date: 03/25/2015 Anticipated re-bid date: 08/25/2015

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:

FY15 Nevada Department of Corrections. Services has been verified as satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbec2	04/03/2015 11:55:37 AM
Division Approval	dmartine	04/03/2015 12:50:36 PM
Department Approval	drosenbe	04/03/2015 14:02:47 PM
Contract Manager Approval	jhardy	04/03/2015 14:17:17 PM
Budget Analyst Approval	cmurph3	04/10/2015 09:11:48 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: **16493**

Agency Name: GCB - GAMING CONTROL BOARD	Legal Entity Name: Dale Douglas Ray
Agency Code: 611	Contractor Name: Dale Douglas Ray
Appropriation Unit: 4061-04	Address: 11980 Meredith Ct
Is budget authority available?: Yes	City/State/Zip: Nampa, ID 83686
If "No" please explain: Not Applicable	Contact/Phone: 208-442-1558
	Vendor No.: T29000375
	NV Business ID: NV20141390260
To what State Fiscal Year(s) will the contract be charged?	2016-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

This is a new contract that continues ongoing racing steward services for the state's equine racing program pursuant to NRS 466 and Regulation 30.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$500.00 per race day

Other basis for payment: plus allowable expenses, including travel

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 466 and Nevada Gaming Commission Regulation 30 require that a racing steward oversee operation of the racing program, ensuring that racing is conducted legally and safely.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Gaming Control Board has insufficient expertise in the conduct of equine racing. We know of no state employees qualified to perform this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Philip Heidenreich
Jillian Cathey
Dan Fick**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best value for price.

d. Last bid date: 02/10/2015 Anticipated re-bid date: 02/10/2019

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:

Contractor is currently under contract with the Gaming Control Board; services are satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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	jkingsla	03/24/2015 13:26:28 PM
Division Approval	jkingsla	03/24/2015 13:26:31 PM
Department Approval	jkingsla	03/24/2015 13:26:37 PM
Contract Manager Approval	jkingsla	03/24/2015 13:26:41 PM
Budget Analyst Approval	knielsen	03/26/2015 14:19:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16571**

Agency Name: GCB - GAMING CONTROL BOARD	Legal Entity Name: Damon Clyde
Agency Code: 611	Contractor Name: Damon Clyde
Appropriation Unit: 4063-10	Address: 1521 Becky LN
Is budget authority available?: Yes	City/State/Zip: Boulder City, NV 89005
If "No" please explain: Not Applicable	Contact/Phone: 702-998-6331
	Vendor No.: T27033827
	NV Business ID: NV20131526360

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	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 **04/17/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **1 year and 259 days**

4. Type of contract: **Contract**

Contract description: **Interpreter**

5. Purpose of contract:

This is a new contract that continues ongoing translation and interpreter services from Japanese to English to assist in special investigations of Japanese gaming license holders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,990.00**

Payment for services will be made at the rate of \$130.00 per hour

Other basis for payment: up to \$260.00 per hour, depending on level of service, plus state-approved expenses

II. JUSTIFICATION

7. What conditions require that this work be done?

The Gaming Control Board (Board) has licensees that are based in Japan, and therefore, needs a Japanese translator/interpreter from time to time. Further, given the complexities of certain investigations, the Board requires an interpreter that is court certified.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Gaming Control Board knows of no state employee that is also a court-certified Japanese interpreter.

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):

Kazuko Scott
Haruo (Hal) Yamamoto
Mimi Ujiie

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best value for price.

d. Last bid date: 01/27/2015 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor was previously under contract with the Gaming Control Board (Board). The Board did not have the opportunity to use the services under the previous contract; therefore, it is unknown at this time if services are satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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	jkingsla	04/07/2015 13:39:36 PM
Division Approval	jkingsla	04/07/2015 13:39:39 PM
Department Approval	jkingsla	04/07/2015 13:39:42 PM
Contract Manager Approval	jkingsla	04/07/2015 13:39:45 PM
Budget Analyst Approval	knielsen	04/17/2015 09:13:35 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: **16319**

Agency Name: DPS-HIGHWAY PATROL	Legal Entity Name: ABM Janitorial Services - South Central, Inc.
Agency Code: 651	Contractor Name: ABM Janitorial Services - South Central, Inc.
Appropriation Unit: 4713-04	Address: 6480 S Cameron St., #304
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: Richard Peden 7023621050
	Vendor No.:
	NV Business ID: NV20101713885

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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/27/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2018**

Contract term: **3 years and 158 days**

4. Type of contract: **Contract**

Contract description: **Janitorial**

5. Purpose of contract:

This is a new contract to provide ongoing janitorial service for the new Highway Patrol substation located at 9043 Ackerman Avenue, Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,410.00**

Payment for services will be made at the rate of \$520.00 per month

Other basis for payment: \$150.00 twice annually for carpet cleaning

II. JUSTIFICATION

7. What conditions require that this work be done?

State facilities must be cleaned and maintained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees in this area that provide this type of service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**ABM Janitorial Services
Jani King Commerical Cleaning Services
JJS Development, LLC**

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

ABM Janitorial was the least expensive.

d. Last bid date: 11/26/2014 Anticipated re-bid date: 05/26/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

Becki Martin, Management Analyst Ph: 775-684-4909

Tom Higgins, Sergeant, NHP Ph: 775-720-8514

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmacall	03/25/2015 12:49:00 PM
Division Approval	jbauer	03/25/2015 14:16:53 PM
Department Approval	jbauer	03/25/2015 14:16:55 PM
Contract Manager Approval	jbauer	03/25/2015 14:16:57 PM
Budget Analyst Approval	jrodrig9	03/27/2015 12:33:51 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16475**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: PISCES MOLECULAR LLC
Agency Code: 702	Contractor Name: PISCES MOLECULAR LLC
Appropriation Unit: 4465-19	Address: 1600 RANGE ST STE 201
Is budget authority available?: Yes	City/State/Zip: BOULDER, CO 80301-2739
If "No" please explain: Not Applicable	Contact/Phone: 303/546-9300
	Vendor No.: T27030933
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % AIS Decal fee
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 15-36

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/24/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **1 year and 283 days**

4. Type of contract: **Contract**

Contract description: **Mussels Water Sampl**

5. Purpose of contract:

This is a new contract to for lab services of plankton water samples as needed seasonally to evaluate the presence of mussel species to determine invasive species in various lakes, reservoirs and rivers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,650.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Combating aquatic invasive species is one of NDOWs most important tasks. Water testing under this contract is essential to that effort. The dangers posed by aquatic invasive species are well known. Quagga and zebra mussels filter water, straining zooplankton and phytoplankton which form the base of the food chain in lakes and ponds, reducing sustenance for sport and native fish species. Mussel waste products increase the occurrence of toxic blue-green algae blooms.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State office does not have the lab equipment or expertise to perform these lab services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Dr. Mark Sytsma
Portland University
EMSL Analytical Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Can perform the services needed and Lowest price per sample and extensive experience working with other western states by providing Polymerase Chain Reaction assay for quagga & zebra mussels.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 Under NRS Chapter 86 (which includes registration and annual filing by LLCs), Pisces Molecular, a foreign LLC, does not transact business in Nevada. Receiving orders outside Nevada in response to advertising, accepting the orders outside Nevada and filling them by shipping goods into Nevada does not constitute transacting business here (NRS 86.5483). NDOW sends samples to Pisces by common carrier; Pisces emails back reports. Pisces has no people, offices of property in Nevada.

Under NRS Chapter 86 (which includes registration and annual filing by LLCs), Pisces Molecular, a foreign LLC, does not transact business in Nevada. Receiving orders outside Nevada in response to advertising, accepting the orders outside Nevada and filling them by shipping goods into Nevada does not constitute transacting business here (NRS 86.5483). NDOW sends samples to Pisces by common carrier; Pisces emails back reports. Pisces has no people, offices of property 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.

Pisces Molecular LLC is not subject to the business license requirements of NRS Chapter 76 because it does not meet any of the criteria to be considered as doing business in Nevada set forth in NRS 76.100(6). Pisces is a foreign LLC with no operations in Nevada. It has no lab, offices, people, or operations in Nevada. NDOW sends water samples to Pisces by common carrier, and Pisces emails back reports.

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.

Under NRS Chapter 86 (which includes registration and annual filing by LLCs), Pisces Molecular, a foreign LLC, does not transact business in Nevada. Receiving orders outside Nevada in response to advertising, accepting the orders outside Nevada and filling them by shipping goods into Nevada does not constitute transacting business here (NRS 86.5483). NDOW sends samples to Pisces by common carrier; Pisces emails back reports. Pisces has no people, offices of property in Nevada.

18. Agency Field Contract Monitor:

Karen Varga , Biologist Ph: 775-688-1532

19. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	kdailey	03/18/2015 13:19:14 PM
Division Approval	kdailey	03/18/2015 13:19:18 PM
Department Approval	eobrien	03/18/2015 13:43:57 PM
Contract Manager Approval	kdailey	03/18/2015 13:47:23 PM
Budget Analyst Approval	sbarkdul	03/24/2015 14:49:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16491**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: O'Farrell Biological Consulting
Agency Code: 702	Contractor Name: O'Farrell Biological Consulting
Appropriation Unit: 4466-11	Address: 33 Aventura Road
Is budget authority available?: Yes	City/State/Zip: Sante Fe , NM 87508
If "No" please explain: Not Applicable	Contact/Phone: 702-524-9609
	Vendor No.:
	NV Business ID: N/A
To what State Fiscal Year(s) will the contract be charged?	2015-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **15-37**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2018**

Contract term: **3 years and 239 days**

4. Type of contract: **Contract**

Contract description: **Acoustical Analysis**

5. Purpose of contract:

This is a new contract for services to identify bat species through acoustical data collection and interpretation to determine bat species in order to determine potential related impacts to bats in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The results of this analysis will help NDOW determine and identify species which is valuable to determine impacts to them.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Data collected from acoustical bat detectors cannot be analyzed by department personnel.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

A search for vendors was done and this was the only identified vendor for these types of services.

d. Last bid date: **Anticipated re-bid date:**

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Under NRS Chapter 86, a foreign LLC, does not transact business in Nevada. Receiving orders outside Nevada in response to advertising, accepting the orders outside Nevada and filling them by shipping goods into Nevada does not constitute transacting business here (NRS 86.5483). NDOW sends samples to vendor by common carrier; Pisces emails back reports. vendor has no personnel, offices of property 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.

Vendor is not subject to the business license requirements of NRS Chapter 76 because it does not meet any of the criteria to be considered as doing business in Nevada set forth in NRS 76.100(6). Vendor is a foreign LLC with no operations in Nevada. It has no lab, offices, people, or operations in Nevada. NDOW sends samples to vendor by common carrier, and vendor emails back reports.

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.

Vendor is not subject to the business license requirements of NRS Chapter 76 because it does not meet any of the criteria to be considered as doing business in Nevada set forth in NRS 76.100(6). Vendor is a foreign LLC with no operations in Nevada. It has no lab, offices, people, or operations in Nevada. NDOW sends samples to vendor by common carrier, and vendor emails back reports.

18. Agency Field Contract Monitor:

Rory Lamp , Supervising Biologist Ph: 775-777-2370

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	03/24/2015 11:59:59 AM
Division Approval	kdailey	03/24/2015 12:00:01 PM
Department Approval	eobrien	03/25/2015 07:56:55 AM
Contract Manager Approval	kdailey	03/26/2015 12:05:51 PM
Budget Analyst Approval	sbarkdul	04/06/2015 11:28:47 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: **16505**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: PRAXAIR DISTRIBUTION INC
Agency Code: 702	Contractor Name: PRAXAIR DISTRIBUTION INC
Appropriation Unit: 4465-18	Address: 4030 W LINCOLN ST
Is budget authority available?: Yes	City/State/Zip: PHOENIX, AZ 85009
If "No" please explain: Not Applicable	Contact/Phone: 602/269-2151
	Vendor No.: PUR0002540C
	NV Business ID: NV19881034145

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 %	<input checked="" type="checkbox"/> Fees	25.00 % Sportsman
<input checked="" type="checkbox"/> Federal Funds	75.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **15-11**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/01/2015**

Retroactive? **Yes**

If "Yes", please explain

The contract is retroactive because the agency had a vacancy in the contracts position this contract lapsed during that turnover. Once the agency filled the position, the new contracts manager began the process to release a new RFP and work with the vendor to get a new contract in place. It has taken nine months to work with the vendor to obtain a signed contract.

3. Termination Date: **08/30/2015**

Contract term: **151 days**

4. Type of contract: **Contract**

Contract description: **Liquid Oxygen**

5. Purpose of contract:

This is a new contract for liquid oxygen services and supply systems for the Nevada Department of Wildlife Fish Hatcheries. This service is necessary to sustain fish in the hatcheries until they are released into natural water bodies throughout Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$0.00 per Cost Schedule

Other basis for payment: Per line item prices in contract scope of work

II. JUSTIFICATION

7. What conditions require that this work be done?

The oxygen is needed to sustain the fish need to the public to stalk water bodies with fish is required as part of the agencies mission.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State staff do not have the equipment or expertise to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 141201A
Approval Date: 12/01/2014

c. Why was this contractor chosen in preference to other?

Existing Vendor and equipment. New RFP in process.

d. Last bid date: 10/10/2015 Anticipated re-bid date: 03/23/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	03/26/2015 12:02:31 PM
Division Approval	kdailey	03/26/2015 12:02:34 PM
Department Approval	eobrien	03/26/2015 13:53:40 PM
Contract Manager Approval	kdailey	04/01/2015 09:30:39 AM
Budget Analyst Approval	sbarkdul	04/01/2015 10:06:42 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16551**

Agency Name: **DEPARTMENT OF WILDLIFE**
 Agency Code: **702**
 Appropriation Unit: **4461-07**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **ASAP PUMP & WELL SERVICE**
 Contractor Name: **ASAP PUMP & WELL SERVICE**
 Address: **DOMESTIC PUMP & SUPPLY
 PO BOX 60130**
 City/State/Zip: **RENO, NV 89506-0003**
 Contact/Phone: **775/677-4433**
 Vendor No.: **T29020560A**
 NV Business ID: **NV20061442649**

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 %	<input checked="" type="checkbox"/>	Fees	25.00 %	SPORTSMAN
<input checked="" type="checkbox"/> Federal Funds	50.00 %	<input checked="" type="checkbox"/>	Bonds	25.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **15-40**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/13/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2017**

Contract term: **1 year and 322 days**

4. Type of contract: **Contract**

Contract description: **Pump/Well SRVCS**

5. Purpose of contract:

This is a new contract to provide maintenance and repair services on an as needed basis for department residential staff housing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW has staff housing in remote and outlying areas. All of the housing is on well/pump systems which are aging. A service for repair is needed. Specifically the Mason Valley WMA has a domestic well that is pumping in and clogging filters. The transfer pump for cooling ponds to habitat are in need of repair.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State staff do not have the expertise in well and pump repair.

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):

**Carson Pump
 Ogden Drilling
 ASAP**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only Responsive Bidder.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

Tim Hunt , Supervisor Engineer Ph: 775688-1564

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	04/06/2015 09:15:28 AM
Division Approval	kdailey	04/06/2015 09:15:31 AM
Department Approval	eobrien	04/07/2015 08:35:24 AM
Contract Manager Approval	kdailey	04/07/2015 08:58:14 AM
Budget Analyst Approval	sbarkdul	04/13/2015 07:51:12 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: **16509**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: NELSON ELECTRIC COMPANY INC
Agency Code: 704	Contractor Name: NELSON ELECTRIC COMPANY INC
Appropriation Unit: 4605-45	Address: 1410 FREEPORT BL
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: 7023580643
	Vendor No.: T80803660
	NV Business ID: NV19781008753

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 %	Utility Surcharge 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 **04/06/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/01/2017**

Contract term: **2 years and 210 days**

4. Type of contract: **Contract**

Contract description: **On Call Electrical**

5. Purpose of contract:

This is a new contract to provide on call service for electrical issues for Sand Harbor, Memorial Point, Cave Rock and Spooner Lake. The service will cover any emergency, or on call, service including: diagnostics, troubleshooting and repair of electrical distribution system. This shall also include wiring and basic electrical controls for motors, switch gears, electrical panels, small transformers and related components.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Potential electrical emergencies, repairs and refurbishments that require a certified electrician to perform.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of proper equipment and expertise to perform 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):

**Hetric Electric
Holm Electric**

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?

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:

Joe Fontaine, Facility Supervisor Ph: 775-831-0494 ex227

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/27/2015 13:34:07 PM
Division Approval	sdecrona	03/27/2015 13:34:09 PM
Department Approval	sdecrona	03/27/2015 13:34:14 PM
Contract Manager Approval	sdecrona	03/30/2015 11:06:32 AM
Budget Analyst Approval	jrodrig9	04/06/2015 11:36:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16478**

Agency Name: DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name: Websoft Developer's , Inc.
Agency Code: 705	Contractor Name: Websoft Developer's , Inc.
Appropriation Unit: 4211-10	Address: 2020 Research Park Drive Suite 140
Is budget authority available?: Yes	City/State/Zip: Davis, CA 95618
If "No" please explain: Not Applicable	Contact/Phone: Manoj Desai 530-759-8754
	Vendor No.: PUR0004383
	NV Business ID: NV20121454363

To what State Fiscal Year(s) will the contract be charged? **2015-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Water Basin Funds

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **03/27/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2015**

Contract term: **126 days**

4. Type of contract: **Contract**

Contract description: **Data Modification**

5. Purpose of contract:

This is a new contract to provide database programming services where the contractor will be updating some custom software that Water Resources uses to track totalizing meter readings installed on wells throughout Nevada. The updates will provide Water Resources with more efficient data capturing methods as well as multi-year reporting and updated web code.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,870.00**

Payment for services will be made at the rate of \$49,870.00 per completion of project

II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor will be updating some custom software that Water Resources uses to track totalizing meter readings installed on wells throughout Nevada. The updates will provide Water Resources with more efficient data capturing methods as well as multi-year reporting and updated web code. The finalized source code will be provided to Water Resources' IT staff when the project is completed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Websoft Developers originally developed the application starting in 2007 and made some minor changes in 2010. Websoft currently has the source code of the original application and are familiar with the complex queries and database structure and Water Resources' staff is currently committed to prior obligations and therefore, do not have the time required to complete this project.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 150202

Approval Date: 02/23/2015

c. Why was this contractor chosen in preference to other?

This vendor was chosen as they originally developed the application and have the source code and are familiar with the program which will save time and money that a company unfamiliar with this program would need to get up to speed.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor did work for Water Resource in 2007 and 2010 and the service provided was satisfactory. They have also done work for the Division of State Lands.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Brian McMenemy, IT Professional IV Ph: 775-684-2858

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bkordono	03/19/2015 13:47:28 PM
Division Approval	bkordono	03/19/2015 13:47:32 PM
Department Approval	abrook1	03/25/2015 07:59:12 AM
Contract Manager Approval	bkordono	03/25/2015 08:31:40 AM
DoIT Approval	bbohm	03/25/2015 16:16:01 PM
Budget Analyst Approval	jrodrig9	03/27/2015 13:46:41 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: **16476**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: SMITH VALLEY FIRE DISTRICT
Agency Code: 706	Contractor Name: SMITH VALLEY FIRE DISTRICT
Appropriation Unit: 4194-00	Address: 1 HARDIE LN
Is budget authority available?: Yes	City/State/Zip: SMITH, NV 89430
If "No" please explain: Not Applicable	Contact/Phone: 775/465-2577
	Vendor No.: T29014327
	NV Business ID: NA

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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Revenue - Fire Protection District Funds

Agency Reference #: **NDF16-007**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement the Nevada Division of Forestry and Smith Valley Fire Protection District will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$2,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2015 for State Fiscal Year 2016-2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Smith Valley Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the division.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Smith Valley Fire Protection District is a political subdivision of the State of Nevada.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Smith Valley Fire Protection District is currently under contract for the Wildland Fire Protection Program. Contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	03/25/2015 16:12:59 PM
Division Approval	dprather	03/31/2015 06:18:29 AM
Department Approval	dprather	03/31/2015 06:18:32 AM
Contract Manager Approval	ldunn	03/31/2015 06:27:48 AM
Budget Analyst Approval	jrodrig9	04/06/2015 18:31:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16485**

Agency Name: **DCNR - FORESTRY DIVISION**
Agency Code: **706**
Appropriation Unit: **4194-00**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **Lincoln County**
Contractor Name: **Lincoln County**
Address: **PO Box 90**
City/State/Zip: **Pioche, NV 89043**
Contact/Phone: **775-962-5390**
Vendor No.:
NV Business ID: **N/A**

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % Revenue - Lincoln County Funds

Agency Reference #: **NDF16-009**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **05/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal revenue agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with this agreement the division and the county will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$12,500.00 per quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2015 for State Fiscal Year 2016-2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Lincoln County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which Lincoln County will make payment to the division.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Lincoln County is a political subdivision of the State of Nevada.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Lincoln County is currently under contract for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	03/25/2015 15:06:35 PM
Division Approval	dprather	03/31/2015 06:17:37 AM
Department Approval	dprather	03/31/2015 06:17:40 AM
Contract Manager Approval	ldunn	03/31/2015 06:25:53 AM
Budget Analyst Approval	jrodrig9	04/06/2015 18:24:46 PM
BOE Agenda Approval	cwatson	04/17/2015 13:54:31 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: **16486**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: CENTRAL LYON COUNTY FIRE
Agency Code: 706	Contractor Name: CENTRAL LYON COUNTY FIRE
Appropriation Unit: 4194-00	Address: PROTECTION DISTRICT
Is budget authority available? Yes	231 CORRAL DR
If "No" please explain: Not Applicable	City/State/Zip: DAYTON, NV 89403-7341
	Contact/Phone: 775/246-6209
	Vendor No.: T80993305
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % Fire Protection District Funds

Agency Reference #: **NDF16-010**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **07/01/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wildland Fire Protec**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services under the Wildland Fire Protection Program. In accordance with the agreement the Nevada Division of Forestry and Central Lyon County Fire Protection District will work closely together to maintain effective wildfire management regardless of jurisdiction and/or ownership.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$3,125.00 per Quarter

Other basis for payment: Payable in advance on the first of each quarter beginning July 1, 2015 for SFY2016-2017.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Central Lyon County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which Central Lyon County Fire Protection District will make payment to the division.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?
[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?

Yes If "Yes", please explain

[Redacted] Central Lyon County Fire Protection District is a political subdivision of the State of Nevada.

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

[Redacted] Central Lyon County Fire Protection District is currently under contract for the Wildland Fire Protection Program. The contract will expire June 30, 2015.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

[Redacted] Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

[Redacted]

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	03/25/2015 15:18:02 PM
Division Approval	dprather	03/31/2015 06:18:03 AM
Department Approval	dprather	03/31/2015 06:18:06 AM
Contract Manager Approval	ldunn	03/31/2015 06:27:07 AM
Budget Analyst Approval	jrodrig9	04/06/2015 18:19:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **11728** Amendment Number: **2**

Agency Name: **REHABILITATION DIVISION** Legal Entity Name: **BOARD OF REGENTS-UNR**

Agency Code: **901** Contractor Name: **BOARD OF REGENTS-UNR**

Appropriation Unit: **3265-17** Address: **UNR CONTROLLERS OFFICE**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89557-0025**

If "No" please explain: **Not Applicable** Contact/Phone: **Jennifer Booth 775/784-4062**

Vendor No.: **D35000816**

NV Business ID: **Government Entity**

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.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **1597-15-Rehab**

2. Contract start date:
a. Effective upon final approval? **No** or b. other effective date **01/11/2011**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2015**

Contract term: **6 years and 141 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Customer Surveys**

5. Purpose of contract:
This is the second amendment to the original Intrastate Interlocal agreement, which provides new surveys, longitudinal analysis and proposed project innovation to determine customer satisfaction with services provided by the Division and to assess basic needs of individuals with disabilities who seek employment. This amendment extends the termination date from May 31, 2015 to May 31, 2017 and increases the maximum amount from \$174,130.46 to \$210,434.81 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$154,041.87
2. Total amount of any previous contract amendments:	\$20,088.59
3. Amount of current contract amendment:	\$36,304.35
4. New maximum contract amount:	\$210,434.81
and/or the termination date of the original contract has changed to:	05/31/2017

II. JUSTIFICATION

7. What conditions require that this work be done?
Pursuant to 34CFR 361.17 (h)(4), 361.16 (C)(v), the Rehabilitation Act of 1973, as Amended, Section 105 (c)(2)(B)(4) and the Nevada State Rehabilitation Council (NSRC).

8. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees do not possess the expertise to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

San Diego State University
Utah State University
University of Nevada Las Vegas

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The RFP was completed by the Rehabilitation Division. After careful deliberation, this vendor was chosen by the evaluation committee.

d. Last bid date: 08/04/2010 Anticipated re-bid date: 06/01/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor is currently under contract with the Nevada Department of Employment, Training and Rehabilitation, Rehabilitation Division, and has been performing satisfactorily since 2006.

13. Is the contractor currently involved in litigation with the State 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	mcost1	04/07/2015 13:18:42 PM
Division Approval	mcost1	04/07/2015 13:18:47 PM
Department Approval	mcost1	04/07/2015 13:18:51 PM
Contract Manager Approval	kwynands	04/07/2015 13:24:21 PM
Budget Analyst Approval	tgreenam	04/10/2015 13:26:13 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: **14355** Amendment Number: **1**
 Agency Name: **REHABILITATION DIVISION** Legal Entity Name: **Alarmco, Inc.**
 Agency Code: **901** Contractor Name: **Alarmco, Inc.**
 Appropriation Unit: **3253-10** Address: **2007 South Las Vegas Boulevard**
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89104-2555**
 If "No" please explain: **Not Applicable** Contact/Phone: **Gary Greenblott 702.382.5000**
 Vendor No.: **T12898700**
 NV Business ID: **NV19641000258**
 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 % Business Enterprises Set Aside

Agency Reference #: **1825-16-BEN**

2. Contract start date:
 a. Effective upon final approval? **No** or b. other effective date **08/13/2013**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**
 Contract term: **3 years and 322 days**
 4. Type of contract: **Contract**
 Contract description: **Alarm/Key Services**

5. Purpose of contract:
This is the first amendment to the original contract which provides repair, replacement and maintenance services for security and surveillance equipment, key and digital locks and cameras, Closed Circuit TeleVision (CCTV), access control systems and locksmith services for all Business Enterprise of Nevada sites in Southern Nevada, including 3 sites at the Hoover Dam. Services include bi-annual inspections; monthly service for the 9-camera CCTV system and monitoring of the burglar alarm system at the Arizona Lookout Site at Hoover Dam; and monthly monitoring of the fire alarm system at the High Scaler Cafe and gift store at Hoover Dam. This amendment updates Attachment AA.1 - Bureau of Reclamation Rules and Regulations with the most current version dated October 2014, extends the termination date from June 30, 2015 to June 30, 2017 and increases the maximum amount from \$15,000.00 to \$25,000.00 due to the continued need for these services.

6. CONTRACT AMENDMENT

1. The maximum amount of the original contract:	\$15,000.00
2. Total amount of any previous contract amendments:	\$0.00
3. Amount of current contract amendment:	\$10,000.00
4. New maximum contract amount:	\$25,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?
Security and safety of staff, customers and equipment at various Southern Nevada Business Enterprises of Nevada facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The work requires knowledge and training of security equipment installation and maintenance.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

A & B Security
Alarmco, Inc.
Crimebusters

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Alarmco was the lowest responsive bidder.

d. Last bid date: 02/08/2013 Anticipated re-bid date: 02/27/2015

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:

Alarmco has been under contract with DETR since 2009 and has performed satisfactorily. Alarmco also has current contracts with the Gaming Control Board, Department of Motor Vehicles, and Department of Health and Human Services - Mental Health Division. According to these departments, Alarmco's 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	khawkin1	03/19/2015 13:56:20 PM
Division Approval	shendren	03/19/2015 15:30:05 PM
Department Approval	mcost1	03/26/2015 10:41:12 AM
Contract Manager Approval	kwynands	03/27/2015 16:52:39 PM
Budget Analyst Approval	tgreenam	04/02/2015 12:53:33 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: **16424**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-UNR
Agency Code: 901	Contractor Name: BOARD OF REGENTS-UNR
Appropriation Unit: 3265-25	Address: UNR Controller's Office
Is budget authority available?: Yes	Mail State 0124
If "No" please explain: Not Applicable	City/State/Zip: Reno, NV 89557-0124
	Contact/Phone: 775.784.1233
	Vendor No.: D35000816
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	5.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	95.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **#1962-17-REHAB**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/11/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years and 81 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Path 2 Independence**

5. Purpose of contract:

This is a new interlocal agreement to create customized employment opportunities for eligible clients who have written Individual Plans of Employment specifying the need for supported or customized employment. Participants must be eligible for Regional Center services and enrolled in the Path to Independence 2-year program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Costs are per client and payment(s) will be made upon approval of submitted detailed invoice(s). Pre-Phase 1: Upon Completion of Client Site Assessments -\$500.00; Video Resume (per resume) - \$200.00; Vocational Assessment/Evaluation/Portfolio -\$1,200.00. Phase 1 (Intake/Acceptance) - \$400.00. Phase 2 (Job Placement) -\$1,800.00. Phase 3 (Retention and Monitoring): 30-day - \$500.00; 60-day - \$400.00; 90-day - \$800.00. Job Coaching may be provided with prior written approval from the State on a per client basis at a cost not to exceed \$23.50 per hour. The total contract amount shall not exceed \$45,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Vocational Rehabilitation clients typically lack the necessary job seeking skills to bridge their disability to the work force. UNR, as a partner in the community, is working with us to help bridge this gap for our clients.

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 to tailor the class to the specific needs of persons with disabilities.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Board of Regents - UNR has been under contract with various State agencies since 2003 with satisfactory performance.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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:

Mechelle Merrill, Ph:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	khawkin1	03/19/2015 16:55:48 PM
Division Approval	shendren	03/20/2015 11:30:46 AM
Department Approval	mcost1	03/26/2015 10:30:28 AM
Contract Manager Approval	kwynands	03/26/2015 11:06:03 AM
Budget Analyst Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16500**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-WNC
Agency Code: 901	Contractor Name: BOARD OF REGENTS-WNC
Appropriation Unit: 3265-09	Address: WNC CONTROLLERS OFFICE
Is budget authority available?: Yes	2201 W COLLEGE PKWY
If "No" please explain: Not Applicable	City/State/Zip: CARSON CITY, NV 89703-7316
	Contact/Phone: 775/445-4229
	Vendor No.: D35000822
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	2015-2017

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **1971-17-REHAB**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **04/17/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **2 years and 75 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Starbucks Academy**

5. Purpose of contract:

This is a new interlocal agreement to provide an instructor and soft skills training curriculum for each four week cohort at the Starbucks Academy Inclusion Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,840.00**

Payment for services will be made at the rate of \$35.00 per hour

Other basis for payment: To be invoiced by WNC at the close of each four week class session. Total sessions for the term of the contract not to exceed 13 with the total contract amount not to exceed \$21,840.

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide a trainer and curriculum for BVR candidates participating in the Starbucks Academy Inclusion Program. Candidates participate in three hours of classroom instruction (soft skills) 4 days a week.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the time or the experience to provide this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Interlocal Agreement with local College

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor is currently under contract with the Employment Security Division and the Rehabilitation Division and is providing satisfactory services.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	khawkin1	03/26/2015 16:04:28 PM
Division Approval	shendren	03/31/2015 18:13:47 PM
Department Approval	mcost1	04/10/2015 13:38:46 PM
Contract Manager Approval	kwynands	04/13/2015 08:43:05 AM
Budget Analyst Approval	knielsen	04/17/2015 16:45:29 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16399**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Kaempfer Crowell
Agency Code: BDC	Contractor Name: Kaempfer Crowell
Appropriation Unit: B013 - All Categories	Address: 50 W Liberty St
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: 775-852-3900
	Vendor No.:
	NV Business ID: NV19941041279

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 %	<input checked="" type="checkbox"/> Other funding	100.00 % Agency Funds

Agency Reference #: **2015-1**

2. Contract start date:

a. Effective upon final approval? **No** or b. other effective date **12/01/2014**

Retroactive? **Yes**

If "Yes", please explain

Per Colleen Platt, DAG in a memorandum dated April 2, 2015: "This memorandum requests that the above subject contract be approved for a retroactive start date effective December 1, 2014. The contract requires a retroactive start date because the contract was delayed due to negotiations with the Vendor and the Board." A copy of the memorandum will be sent to the Department of Administration to accompany the contract.

3. Termination Date: **06/30/2015**

Contract term: **210 days**

4. Type of contract: **Provider Agreement**

Contract description: **Lobbying Services**

5. Purpose of contract:

This is a new contract to provide lobbying and legislative assistance services to the Nevada Board for the Regulation of Liquefied Petroleum Gas for the 2015 Legislative Session to secure the interests of the Board in any legislative measures that may affect the Board's regulatory duties and subjects.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000.00**

Payment for services will be made at the rate of \$3,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The LP Gas Board requires assistance, advice, counseling, and reporting from an experienced lobbyist for the 2015 Legislative Session.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No employee of the LP Gas Board has the requisite knowledge, experience, and expertise to effectively lobby the Nevada 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?

Well established expertise, knowledge, and experience.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

It is the understanding of the LP Gas Board that all other agencies who have utilized the services of the contractor have been satisfied with the services provided.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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:
Eric Smith, Chief Inspector Ph:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	55443282	04/07/2015 11:02:08 AM
Division Approval	55443282	04/07/2015 11:02:12 AM
Department Approval	55443282	04/07/2015 11:02:15 AM
Contract Manager Approval	55443282	04/07/2015 11:02:18 AM
Budget Analyst Approval	ekin4	04/07/2015 11:55:38 AM



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701-4717

ADAM PAUL LAXALT
Attorney General

WESLEY K. DUNCAN
Assistant Attorney General

NICHOLAS A. TRUTANICH
Chief of Staff

MEMORANDUM

To: Eric King, Budget Analyst IV
From: Colleen Platt
Date: April 2, 2015
Re: LP-Gas Board Contract with Kaempfer Crowell

This memorandum requests that the above subject contract be approved for a retroactive start date effective December 1, 2014. The contract requires a retroactive start date because the contract was delayed due to negotiations with the Vendor and the Board.

Brian Sandoval
Governor



James R. Wells
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: April 8, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Eric H. King, Budget Analyst IV *E.H.K.*
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting. An analysis of the information item is also provided.

DEPARTMENT OF VETERANS SERVICES

Agenda Item Write-up:

This disclosure reports a correction to the contract value between the Department of Veterans Services and ADL Data Systems, Incorporated (CETS # 14076). The contract value posted on the March 12, 2013, Board of Examiners agenda was \$478,963; however, the signed contract value is \$262,000.

Additional Information:

The agency recognized the error, which occurred because of a miscommunication, when an amendment to extend the termination date of the contract was needed. The amount in CETS has been corrected to reflect the correct amount included in the contract documents.

Statutory Authority:

None.

REVIEWED: YAH
INFO ITEM: _____

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14076 Amendment Number: 2
Agency Name: OFFICE OF VETERAN'S SERVICES Legal Entity Name: ADL DATA SYSTEMS INC
Agency Code: 240 Contractor Name: ADL DATA SYSTEMS INC
Appropriation Unit: 2561-26 Address: 9 SKYLINE DR
Is budget authority available?: Yes City/State/Zip: HAWTHORNE, NY 10532
If "No" please explain: Not Applicable Contact/Phone: Shelly 914/591-1800
Vendor No.: PUR0004293
NV Business ID: NV20081113541

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.

Table with 4 columns: Fund Source, Percentage, Other funding, and Total. Includes rows for General Funds, Federal Funds (50.00%), Highway Funds, and Other funding (50.00% Private & County Fees).

2. Contract start date:
a. Effective upon final approval? No or b. other effective date 03/12/2013
Retroactive? No
If "Yes", please explain

Not Applicable

RECEIVED

MAR 24 2013

DEPARTMENT OF ADMINISTRATION OFFICE OF THE DIRECTOR BUDGET DIVISION

3. Previously Approved Termination Date: 03/31/2015
Contract term: 4 years and 20 days
4. Type of contract: Contract
Contract description: Records & Billing

5. Purpose of contract: This is the 2nd amendment to the contract to provide the Nevada State Veterans Home with an electronic medical records software system to meet federal reporting requirements for the next four years as mandated in the American Recovery and Reinvestment Act of 2009. The purpose of this amendment is to continue the contract from March 31, 2015 to March 31, 2017. This is a time extension only.

6. CONTRACT AMENDMENT table with 4 rows: 1. The maximum amount of the original contract: \$478,963.00; 2. Total amount of any previous contract amendments: \$0.00; 3. Amount of current contract amendment: \$0.00; 4. New maximum contract amount: \$478,963.00. Total: 262,000.

II. JUSTIFICATION

7. What conditions require that this work be done? The Nevada State Veterans Home must comply with federal requirements for certified electronic medical records as they relate to the American recovery and Reinvestment Act of 2009, which must be implemented by January of 2014.

8. Explain why State employees in your agency or other State agencies are not able to do this work: There are no State employees in the agency that have the technical ability to perform this function.

9. Were quotes or proposals solicited? Yes



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: April 7, 2015
To: James R. Wells, Clerk of the Board
Department of Administration
From: Jim Rodriguez, Budget Analyst IV
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 CONSERVATION AND NATURAL RESOURCES – DIVISION OF
STATE LANDS

Agenda Item Write-up:

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 March 31, 2015.

Additional Information:

- **1989 Tahoe Basin Act**
 - There were no transfers of lands or interest in lands during the quarter.
- **Lake Tahoe Mitigation Program**
 - The agency reports that there were no acquisitions of land or interest during the quarter. However, one land coverage transaction did occur during the period. The transaction resulted in \$4,023 in proceeds for the Nevada Land Bank.

Statutory Authority: NRS 321.5954

REVIEWED: _____
INFO ITEM: _____

Addendum:

NRS 321.5954 Powers and duties of Division and State Land Registrar regarding programs to preserve, restore and enhance Lake Tahoe Basin.

1. In carrying out a program authorized pursuant to NRS 321.5953, the Division may, as the State Land Registrar deems appropriate regarding particular parcels of land:

(a) Acquire, from a willing owner, real property or an interest in real property in the Lake Tahoe Basin by donation, purchase or exchange;

(b) Transfer real property or an interest in real property in the Lake Tahoe Basin by sale, lease or exchange;

(c) Eliminate, or mitigate the effects of, development, land coverage or features or conditions of real property acquired pursuant to paragraph (a) that are detrimental to the natural environment of the Lake Tahoe Basin; and

(d) Retire, extinguish or otherwise terminate rights to develop or place land coverage on real property acquired pursuant to paragraph (a).

2. The State Land Registrar may transfer real property or an interest in real property acquired pursuant to this section:

(a) To state and federal agencies, local governments and nonprofit organizations for such consideration as the State Land Registrar deems to be reasonable and in the interest of the general public.

(b) To other persons for a price that is not less than the fair market value of the real property or interest.

3. Before real property or an interest in real property is transferred pursuant to this section, the State Land Registrar shall record a declaration of restrictions or deed restrictions if the State Land Registrar determines that such restrictions are necessary to protect the public interest.

4. The State Land Registrar shall report quarterly to the State Board of Examiners regarding the real property or interests in real property transferred pursuant to this section.

5. Notwithstanding any other provision of law, a person shall not acquire, disturb or use real property or an interest in real property acquired by this State pursuant to this section unless the person first obtains written authorization from the State Land Registrar.

6. As used in this section:

(a) "Interest in real property" includes, without limitation:

(1) An easement for conservation as that term is defined in NRS 111.410;

(2) The right to develop the real property;

(3) The right to place land coverage on the real property; and

(4) Such other easements or rights as are appurtenant to the real property.

(b) "Land coverage" means a covering over or compaction of the natural surface of the ground that prevents water from percolating into the ground.

(Added to NRS by 1999, 2018)

LEO DROZDOFF
Director

BRIAN SANDOVAL
Governor

State Land Office
State Land Use Planning Agency
Nevada Tahoe Resource Team
Conservation Bond Program -Q1

Department of Conservation
and Natural Resources

CHARLES DONOHUE
Administrator



Address Reply to

Division of State Lands
901 S. Stewart St. Suite 5003
Carson City, Nevada 89701-5246
Phone (775) 684-2720
Fax (775) 684-2721
Web www.lands.nv.gov

STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES

Division of State Lands

April 1, 2015


RECEIVED

MEMORANDUM

APR 06 2015

DEPARTMENT OF ADMINISTRATION
OFFICE OF THE DIRECTOR
BUDGET DIVISION

TO: James R. Wells, Clerk
Nevada State Board of Examiners

FROM: Charles Donohue, Administrator 
Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT OF THE TAHOE BASIN ACT AND
LAKE TAHOE MITIGATION PROGRAM – 3rd QUARTER SFY 2015**

Tahoe Basin Act:

Pursuant to Chapter 111, Statutes of Nevada, 1989, at page 263, which requires a quarterly report to the Board of Examiners, this memorandum is to report lands or interests in lands transferred, sold, exchanged or leased under the Tahoe Basin Act program during the quarter ending March 31, 2015.

- There were no transfers of lands or interests in lands during this quarter.

Lake Tahoe Mitigation Program:

Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, which requires a quarterly report to the Board of Examiners, this memorandum is to report real property or interests in real property transferred under this program during the quarter ending March 31, 2015.

- There were no acquisitions of lands or interests in lands during this quarter. However, one land coverage transaction occurred during this period. On February 23, 2015 a transaction was finalized involving the sale of 298 square feet of Class 4 potential land coverage in the Incline Village area of Lake Tahoe. This transaction resulted in \$4,023.00 in proceeds for the Nevada Land Bank. All proceeds from this transaction were deposited in the respective budget account to carry out the intent of the Nevada Land Bank program.

In the event you have any questions or would like additional information please call me.

CD/er

cc: Leo Drozdoff, Director, Department of Conservation and Natural Resources