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

I. DESCRIPTION OF CONTRACT 1 1. Contract Number: 17152 Amendment Number: Legal Entity STROLIN CONSULTING, LLC Name: Agency Name: NUCLEAR PROJECTS OFFICE Contractor Name: STROLIN CONSULTING, LLC Agency Code: 012 Address: **177 Sussex Place** Appropriation Unit: 1005-11 Is budget authority Yes City/State/Zip Carson City, NV 89703 available?: If "No" please explain: Not Applicable Contact/Phone: Joseph Strolin 775-720-4938 Vendor No.: T29022105 **NV Business ID:** NV20091397942 2016-2018 To what State Fiscal Year(s) will the contract be charged? What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. 0.00 % Х General Funds 80.00 % Fees **Federal Funds** 0.00 % Bonds 0.00 % Highway Funds 0.00 % Х Other funding 20.00 % Western Governors' Association JCS5 Agency Reference #: Contract start date: a. Effective upon Board of No or b. other effective date 01/01/2016 Examiner's approval? Anticipated BOE meeting date 12/2016 Retroactive? No If "Yes", please explain Not Applicable 12/31/2016 3. Previously Approved Termination Date: Contract term: 2 years 4. Type of contract: Contract Contract description: Licensing Support 5. Purpose of contract: This is the first amendment to the original contract providing for the continued oversight of the Yucca Mountain repository program and the on-going Nuclear Regulatory Commission licensing proceeding, including work related to transuranic and low-level radioactive waste shipments within Nevada; the Agreement-in-Principle between the State of Nevada and the US Department of Energy/NNSA/Nevada Site Office; and the effective operations of the agency. This amendment extends the termination date from December 31, 2016 to December 31, 2017 and increases the maximum amount from \$75,000 to \$150,000 due to the extension. 6. CONTRACT AMENDMENT Trans \$ Info Accum \$ Action Accum \$ Agenda

1.	The max amount of the original contract:	\$75,000.00	\$75,000.00	\$75,000.00 Yes - Action
2.	Amount of current amendment (#1):	\$75,000.00	\$150,000.00	\$75,000.00 Yes - Action
3.	New maximum contract amount:	\$150,000.00		
	and/or the termination date of the original contract has changed to:	12/31/2017		

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to budget reductions, it was not possible to fund the Planning Division Administrator position for the foreseeable future. Mr. Strolin has agreed to assist the agency on a part-time basis to assure that important Planning Division work can continue. Mr. Strolin has unique qualifications, knowledge, and experience as a result of his long tenure with the agency and intimate involvement with the Yucca Mountain program and other nuclear waste issues/activities in Nevada, especially with regard to the Nevada National Security Site (formerly the NTS). The DC Circuit Court of Appeals has ordered that the Yucca Mountain licensing proceeding be restarted by the Nuclear Regulatory Commission.

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

Even if funding were available to fill the Planning Division Administrator position (which there is not), it is not feasible nor possible to spend the years required to train someone new in order to have him or her attain the knowledge and competence needed to perform these services in the timeframe required. This is especially true, given that the Yucca Mountain licensing proceedings are to be restarted.

9. Were quotes or proposals solicited? No Was the solicitation (RFP) done by the Purchasing No Division? a. List the names of vendors that were solicited to submit proposals (include at least three): Not Applicable b. Soliciation Waiver: Sole Source Contract (As Approved by Chief of Purchasing) Approval #: 150905 Approval Date: 09/30/2015 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

OTHER INFORMATION III.

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

No

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

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

If "Yes", please explain No

Not Applicable

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

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

Currently under contract to the Agency for Nuclear Projects. Quality of service is exemplary.

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

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

No

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)?

User

slync1

Yes

- 17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes
- 18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level Budget Account Approval Signature Date 10/27/2016 13:13:33 PM Division Approval Department Approval Contract Manager Approval Budget Analyst Approval BOE Agenda Approval slync1 slync1 slync1 dstoddar pnicks 10/27/2016 13:13:36 PM 10/27/2016 13:13:40 PM 10/27/2016 13:13:43 PM 11/01/2016 15:03:30 PM 11/01/2016 16:24:16 PM State of Nevada Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300 Carson City, NV 89701



Brian Sandoval Governor

> Patrick Cates Director

Jeffrey Hang Administrator

Purchasing U	se Only:
Approval #:	156

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:	Agency for Nuclear Projects			
	Contact Name(s) and Titles:	Robert J. Halstead, Executive Director			
		Susan W. Lynch, Administrator of Technical Programs			
	Telephone Number(s):	775-687-3744			
	Email Address(s):	bhalstead@nuc.state.nv.us; szeee@nuc.state.nv.us			

	Contractor Information:					
	Contractor:	Strolin Consulting, LLC				
2	Contact Name:	Joseph C. Strolin				
_	Address:	177 Sussex Place, Carson City, NV 89703				
	Phone Number:	775-720-4938				
	Email Address:	jstrolin@gmail.com				

	Ongoing relationship disclosure – List all previous contract information:						
	Procurement method:	Sole Source waivers: #090523; #130906; #150905					
	CETS #:	11020; 12850; 15048; 17152					
	Contract "not to exceed amount":	\$50,000.00; \$75,000.00					
3	Contract term:	Start date:	End date:				
		7/1/09	1/19/11				
		12/13/11	12/31/13				
		1/1/14	12/31/15				
		1/1/16	12/31/16				

	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:			
4	Quote, solicitation # if applicable:			
	Waiver, provide number:	#090532; 130906; #150905		
	Other:			

	Current contract information:							
	CETS #:	17152						
5	Initial contract "not to exceed amount":	\$75,000.00						
	Contract term:	Start date:	End date:					
		1/1/16	12/31/16					

	Amendment information – List all previously approved amendments:								
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in "not to exceed" amount:	Change in end date: mm/dd/yy					
	All	All amendments have been to extend the termination date of the contract by one year and to add additional funding.	the same amount of						

	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	1	This is the first amendment to the original contract, which provides ongoing services necessary to implement the agency's mission in the continuing requirements of oversight of the Yucca Mountain repository program and the on-going Nuclear Regulatory Commission licensing proceeding, including work related to transuranic and low-level radioactive waste shipments within Nevada; work associated with the Agreement-in- Principle between the State of Nevada and the US Department of Energy/NNSA/Nevada Site Office; and other services required for the effective operations of the agency. This amendment extends the termination date from December 31, 2016 to December 31, 2017 and increases the maximum amount from \$75,000 to \$150,000 due to the extension.	Increase from \$75,000.00 to \$150,000.00	12/31/17

What is the justification to extend the contract term beyond the State's four (4) year resolicitation policy (SAM 0338):
The complex licensing process for the Yucca Mountain repository program has been ordered restarted by a federal appeals court. The Nuclear Regulatory Commission has issued the 5-volume Safety Evaluation Report and a draft Supplemental Environmental Impact Statement for the repository program. Mr. Strolin has been and still is heavily involved in assessing the impacts of these actions on the State of Nevada and giving counsel and advice to the Agency. Mr. Strolin is also the State Agency Integrator under the Agreement-in-Principle (AIP) between the State of Nevada and the US Department of Energy/NNSA dealing with Nevada National Security Site issues and low-level radioactive waste and mixed hazardous/low-level waste shipments through Nevada. His continued availability to the State and this Agency is important to maintain.

Contract Extension Justification and Request Form

What are the potential consequences to the State if the contract extension request is denied? Providing for the continued services of Mr. Strolin is crucial at a time when the licensing process for the Yucca Mountain nuclear waste repository program has been ordered restarted by a federal appeals court. Mr. Strolin has unique qualifications, knowledge and experience as a result of his long tenure with the Agency and his close involvement with the Yucca Mountain program

and other nuclear waste issues/activities in the state. There is no one available in or out of state 9 service who has the knowledge, experience and ability to assure continuity of Agency activities with respect to policy, planning, licensing, impact assessment and transportation of nuclear waste and nuclear materials. His advice and counsel have proven to be essential during the past few years, and it is expected that having his knowledge and expertise available as the Agency returns to the complex and highly charged licensing proceeding will be extremely important.

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 SUSAN W LINCH <u>10 - 10 - 2016</u> Date Print Name of Agency Representative Initiating Request Signature of Agency Head Authorizing Request 10.11.2016

Print Name of Agency Head Authorizing Request

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

15-2016

Date

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

DI	ESCRI	PTION OF C	CONTRACT						
1.	Contra	act Number:	10619			Amendment Number:	5		
						Legal Entity Name:	APPRISS,	, INC.	
	Agenc	y Name:	ATTORNEY GENE	ERAL'S	OFFICE	Contractor Name:	: APPRISS,	, INC.	
	Agenc	y Code:	030			Address:	10401 LIN	IN STATION RD	
	Appro	priation Unit:	1042-18				STE 200		
	ls bud availat	get authority ble?:	Νο			City/State/Zip	LOUISVIL	LE, KY 40223	
	submit	please expla tted to correct gent upon IFC	in: Work program (budget authority a approval	C38329 nd cont	was ract is	Contact/Phone:	Matt Dods	on 800.816.0491	
						Vendor No.:	T3200090	7	
						NV Business ID:	NV200716	670784	
	To what	at State Fisca	l Year(s) will the co	ontract b	be charged?	2010-2017			
			of funds that will be e paid by multiple fi			ctor? Indicate the p	ercentage of	each funding sour	ce if
		General Fur	nds 0.00 %		Fees	0.00 %			
		Federal Fun	ds 0.00 %		Bonds	0.00 %			
		Highway Fu	nds 0.00 %	Х	Other funding	100.00 % STO	P Grant and	participating age	encies
	Agenc	y Reference #	#: RFP #1846						
2.	Contra	act start date:							
	a. Effe Exa	ective upon B aminer's appr	oard of No oval?	or b	other effective of	date 04/01/201	0		
	A	nticipated BC	E meeting date	12/2	2016				
	Retroa	active?	No						
		s", please exp							
		pplicable							
3.	Previo Termir	usly Approve	d 06/30/2017						
	Contra	act term:	7 years and	92 day	/S				
1	Type	of contract:	Contract	-					
ч.	•••	act description		Systen	า				
5.	Purpos	se of contract	:						
	Auton	nated Victim	endment to the or Information and N 3,256 to \$1,417,72	lotifica	tion Program in	Nevada. This am	nendment in	creases the maxi	tewide mum
	-			.9 10 01					
6.	CONT	RACT AMEN	DMENT		- 4		•		
		-			Trans \$		-	Action Accum \$	Agenda
	1.	contract:	ount of the original		\$490,100.00				Yes - Action
		a. Amendme			\$0.00		\$0.00	\$0.00	No
		b. Amendme			\$181,000.00				Yes - Action
		c. Amendme			\$377,700.00				Yes - Action
	_	d. Amendme			\$194,456.00				Yes - Action
	2.	Amount of cu (#5):	urrent amendment		\$174,473.00) \$368,9	929.00	\$368,929.00	Yes - Action

3. New maximum contract \$1,417,729.00 amount:

II. JUSTIFICATION

I.

7. What conditions require that this work be done?
--

The 1983 Nevada Legislature mandated certain rights and guarantees to crime victims and witnesses. Accordingly, Chapter 178 of the Nevada Revised Statutes recognizes the needs and rights of crime victims. Among other provisions, Chapter 178 mandates that a victim be notified by law enforcement of the location of the defendant following arrest, during prosecution of the criminal case, during a sentence to confinement, and when there is any release or escape of the defendant from confinement.

- 8. Explain why State employees in your agency or other State agencies are not able to do this work: No state agencies or employees have the equipment or the experience to provide these services. 9. Were quotes or proposals solicited? Yes Was the solicitation (RFP) done by the Purchasing Yes Division? 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? This contractor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria. 01/02/2010 Anticipated re-bid date: 01/02/2013 d. Last bid date: 10. Does the contract contain any IT components? No **III. OTHER INFORMATION** 11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada? No b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months? No c. Is the contractor employed by any of Nevada's political subdivisions or by any other government? If "Yes", please explain No Not Applicable 12. Has the contractor ever been engaged under contract by any State agency? Yes If "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. Contractor entered into a contract with the Department of Public Safety, June 2009 and has been satisfied with their services 13. Is the contractor currently involved in litigation with the State of Nevada? If "Yes", please provide details of the litigation and facts supporting approval of the contract: No 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	mradu	08/09/2016 11:24:50 AM
Division Approval	clesli1	08/09/2016 11:34:00 AM
Department Approval	chowle	08/09/2016 11:57:26 AM
Contract Manager Approval	Iramire7	10/31/2016 12:31:54 PM

Budget Analyst Approval BOE Agenda Approval dstoddar jthom17 11/02/2016 11:47:10 AM 11/15/2016 12:03:50 PM

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

I. DESCRIPTION OF CONTRACT

D	ESCRIPTION OF CON	ITRACT				
1.	Contract Number: 159	85			Amendment Number:	2
					Legal Entity Name:	CGI TECHNOLOGIES AND SOLUTIONS INC DBA CGI
	Agency Name: COI	NTROLLER'S C	FFICE		Contractor Name:	CGI TECHNOLOGIES AND SOLUTIONS INC DBA CGI
	Agency Code: 060				Address:	11325 RANDOM HILLS RD
	Appropriation Unit: 113	0-10				
	Is budget authority available?:	Yes			City/State/Zip	FAIRFAX, VA 22030-6051
	If "No" please explain: I	Not Applicable			Contact/Phone:	HEIDI GREEN, VP CONSULTING SERVICES 916-830-1167
					Vendor No.:	T27031473
					NV Business ID:	NV19951148995
	To what State Fiscal Ye	ar(s) will the cor	ntract be	e charged?	2015-2022	
	What is the source of fu the contractor will be pa				tor? Indicate the per	rcentage of each funding source if
	General Funds	0.00 %		Fees	0.00 %	
	Federal Funds	0.00 %		Bonds	0.00 %	
	Highway Funds	0.00 %	Х	Other funding	100.00 % Contro	oller's Debt Recovery Account
2.	Contract start date:					
	a. Effective upon Board Examiner's approval	d of No ?	or b.	other effective d	ate 09/10/2014	L
	Anticipated BOE m	neeting date	12/20	016		
	Retroactive?	No				
	If "Yes", please explain					
	Not Applicable					
3.	Previously Approved Termination Date:	09/08/2018				
	Contract term:	7 years and	181 day	ys		
4.	Type of contract:	Contract				
	Contract description:	Debt Collect	ion			

5. Purpose of contract:

This is the second amendment to the original contract which provides for the implementation of the Advantage Collection software module and creation of a custom built software application for collection of debts owed to the State. This amendment extends the termination date from September 8, 2018 to March 8, 2022 and increases the maximum amount from \$2,531,790 to \$3,401,152. In addition, this amendment restates and amends the original contract to incorporate the termination clauses into the contract and stipulate contract termination events and costs; revises applicable attachments to facilitate removal of the termination clauses; updates the Contractor's Statement of Work (Attachment CC); and adds a maintenance agreement for the custom built Nevada Collections Information Software application.

6. CONTRACT AMENDMENT

	-	Trans \$	Info Accum \$	Action Accum \$ Agenda
1.	The max amount of the original contract:	\$1,848,000.00	\$1,848,000.00	\$1,848,000.00 Yes - Action
	a. Amendment 1:	\$683,790.00	\$683,790.00	\$683,790.00 Yes - Action
2.	Amount of current amendment (#2):	\$869,362.00	\$1,553,152.00	\$1,553,152.00 Yes - Action
3.	New maximum contract amount:	\$3,401,152.00		
	and/or the termination date of the original contract has changed to:	03/08/2022		

II. JUSTIFICATION

7. What conditions require that this work be done?

While the Debt Collection staff is doing the best they can with the tools they have, there is much room for improvement. The new module will automate our existing processes, and allow the staff to focus their time on collection efforts instead of tracking data. The new module also has tools to process debt through the Treasury Offset Program (TOP), update debtor information, implement and manage levy and garnishment processes, implement the Financial Institute Data Match process (FIDM), establish self-service case resolution (debtor payments by phone, etc.), implement enhanced private collection agency (PCA) management, and implement enhanced management and AR reporting.

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

State employees do not have the time, knowledge, or resources to create a robust, complicated software system that would perform all of the automation and interface tasks that the CGI Advantage Collections module does.

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

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

Not Applicable

b. Soliciation Waiver: Sole Source Contract (As Approved by Chief of Purchasing) Approval #: 140706 Approval Date: 08/06/2014

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

CGI Technologies and Solutions Inc. owns the Advantage financial system software that the State of Nevada uses in its Integrated Financial System. The Advantage software system is a proprietary system. Part of the implementation process will be to integrate the Advantage Collections software module into the existing Advantage system. Other debt collection software vendors would have to provide a comparable system or build an interface to the CGI Advantage System to meet our needs, thereby increasing the cost of their solution. CGI has proposed to implement the Collections module at their expense, and only be compensated when the system actually begins to generate increases of debt collection revenue to the Debt Recovery Account. We know of no other vendor willing to implement a system without advance and regularly-scheduled payments.

Yes

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

If "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

No

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

No If "Yes", please provide details of the litigation 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?

Contract #: 15985

- 18. Agency Field Contract Monitor:
- 19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jsmack	11/10/2016 11:21:23 AM
Division Approval	jsmack	11/10/2016 11:21:26 AM
Department Approval	jsmack	11/10/2016 11:21:29 AM
Contract Manager Approval	hbill1	11/10/2016 11:26:26 AM
DoIT Approval	rkeith	11/15/2016 14:45:38 PM
Budget Analyst Approval	knielsen	11/15/2016 15:29:19 PM
BOE Agenda Approval	sbrown	11/15/2016 16:18:35 PM

State of Nevada Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300 Carson City, NV 89701



RECEIVED

NOV 1.0 2016

Purchasing	Use Only:	
Approval#:	16/107-	

GOVERNOR'S FINANCE OFFICE BUDGET DIVISION

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below: State Agency:					
1 a	Contact Name and Title	Phone Number	Email Address			
	H. Wes Bills, Management Analyst 2	775-684-5636	wbills@controller.state.nv.us			
	James W. Smack, Chief Deputy Controller	775-684-5658	jsmack@controller.state.nv.us			

	Vendor Information:	
	Identify Vendor:	CGI Technologies and Solutions, Inc.
	Contact Name:	Heidi Green, VP Consulting Services
1b	Address:	11325 Random Hills Road, Fairfax, VA 22030
	Telephone Number:	916-830-1167
	Email Address:	heidi.green@cgi.com

1		Type of Waiver Requested - Check	the appropriate type:	1
	c	Sole or Single Source:	X	
		Professional Service Exemption:		

	Contract Information:			· · · · · · · · · · · · · · · · · · ·
	Is this a new Contract?	Yes	No	X
1d	Amendment:	# 2		
	CETS:	#15985		

	Term:						
1 e	One (1) Time Purchase:		X – License is good for 30 years				
	Contract:15985	Start Date:	9/10/2014	End Date: 3/9/2022			

	Funding:	
	State Appropriated:	
1f	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Contract funded by the Debt Recovery Account, which is self-funded

	1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
L	*5	Amendment: \$869,362.00; Revised Value of Contract: \$3,401,152.00

3

Brian Sandoval Governor

> Patrick Cates Director

Jeffrey Haag Administrator Provide a description of work/services to be performed or commodity/good to be purchased: This amendment will make adjustments to the original contract by increasing the consideration of the contract from \$2,531,790.00 to \$3,401,152.00; provide for vendor upgrade and on-going maintenance

 of Third Party software; provide for continuing User Acceptance Testing; provide for Incident Management Fixes and System Test; provide for required Go Live services; provide for Post Implementation support; and provide for on-going vendor maintenance for the custom-built Nevada Collections Information System (NCIS).

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

CGI Technologies and Solutions Inc. owns the Advantage financial system software that the State of Nevada uses in its Integrated Financial System. Part of the installation process will be to integrate the Advantage Collections module to the existing Advantage system.

CGI initially proposed to implement the CGI Advantage Collections system module at their expense, and only be compensated when the system actually begins to generate increases of debt collection

³ and only be compensated when the system actually begins to generate increases of debt collection revenue to the Debt Recovery Account. This Amendment now includes additional contract deliverables achieved at specified milestone events such as completion of Design Documentation, software upgrades, User Acceptance Testing (UAT), and in association of the performance of "final One Month Post-Imp Support."

All other vendors that we know of require payment in advance or at established points within the implementation project timeline, and their systems would require an interface to the CGI Advantage System. This would incur additional cost for building the interface.

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

4 CGI Technologies and Solutions Inc. owns the Advantage financial software system that the State of Nevada uses in its Integrated Financial System. The Advantage software system is a proprietary system. Other debt collection software vendors would have to provide a comparable system or build an interface to the CGI Advantage System to meet our needs, thereby increasing the cost of their solution.

Were alternative services or commodities evaluated? Check One.	Yes:	X	No:	

a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.

The State Legislature originally authorized \$200,000.00 for debt collection system enhancements. The Controller's Office had researched various debt collection systems and process improvements, and was preparing an RFP to solicit a debt collection solution when we learned of the proposed CGI debt collection module. Through basic research into currently available debt collection systems, we discovered that \$200,000.00 could not purchase an adequate solution with the extensive tools that

5 the proposed CGI system promised. During the summer of 2014, the IFC authorized up to \$1,848,000.00 for the CGI contract. The contract was subsequently approved by the BOE on 9/10/2014. On January 12, 2016, Amendment 1 authorized additional services at a cost of \$683,790.00, increasing the total value of the contract to \$2,531,790.00.

b. If not, why were alternatives not evaluated?

6 Has the agency purchased this service or commodity in the past? Check Yes: X No:

One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.

a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:

Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ #, Waiver #)	
9/10/2014	9/8/2018	\$2,531,790.00	CGI Advantage Collections and Nevada Collection Information System	Waiver #140706A	
9/10/2014	9/8/2018 \$1,848,000		CGI Advantage Collections and Nevada Collection Information System	Waiver #140706	
		\$			
		\$			
		\$			

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

If this waiver is denied, the vendor will need to complete the software application development under the existing contract. If the Controller's Office has to bid the additional work identified in this amendment, current development work on the NCIS system may be delayed by several months, application development efforts may cease, and in the worst scenario, the Debt Collection Group may need to resort to using prior debt collection processes via Microsoft Excel spreadsheets. Debt collection activities may remain manual and time consuming.

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?

Prior to the introduction of the CGI Advantage Collections proposal, the Controller's Office had conducted preliminary research to see what commercial products were available. Three products we looked at were eCollections by ecollections.com, Collect! Software, and Debtmaster by Comtronics Systems. Each of those systems would require extensive modification to interface to the Advantage/IFS system. These products are designed primarily for commercial and private collection agencies, not government collection efforts. The CGI solution is specifically designed for government collection processes.

	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information</u> included on Page 2, Section 9 of the instructions.	Yes:	No:	X
9 a. If yes, please provide details regarding future obligations or needs.				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Agency Representative Initiating Request

H. Wes Bills, Management Analyst 2 Print Name of Agency Representative Initiating Request

Signature of Agency Head Authorizing Request

James W. Smack, Chief Deputy Controller Print Name of Agency Head Authorizing Request

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

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:

urchasing Division or Designee Administrator,

10/2016

Date

-77-20

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

I. DESCRIPTION OF CONTRACT 1. Contract Number: 15263 8 Amendment Number: CARPENTER SELLERS ASSOC DBA Legal Entity CARPENTER SELLERS ARCHITECTS Name: **ADMIN - STATE PUBLIC WORKS** Agency Name: Contractor Name: CARPENTER SELLERS ASSOC DBA **CARPENTER SELLERS ARCHITECTS** DIVISION Agency Code: 082 Address: **1919 S JONES BLVD STE C** Appropriation Unit: 1510-63 Yes Is budget authority City/State/Zip **LAS VEGAS, NV 89146** available?: If "No" please explain: Not Applicable Contact/Phone: 702/251-8896 Vendor No.: T80997582 NV19871041041301 NV Business ID: 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 % 0.00 % Federal Funds 0.00 % Bonds **Highway Funds** 0.00 % Х Other funding 100.00 % 13% Univ Sys Rcpt, 10% trans from Cap Proj Fnd, 55% trans from Treas, 22% trans - Pub Works Agency Reference #: 92114 2. Contract start date: a. Effective upon Board of No or b. other effective date 02/04/2014 Examiner's approval? Anticipated BOE meeting date 12/2016 **Retroactive?** No If "Yes", please explain Not Applicable 3. Previously Approved 06/30/2017 Termination Date: Contract term: 3 years and 146 days 4. Type of contract: Contract Contract description: Arch/Eng Serv 5. Purpose of contract: This is the eighth amendment to the original contract, which provides professional architectural/engineering services for the University of Las Vegas Hotel College Academic Building: CIP Project No. 15-C78; SPWD Contract No. 92114. This amendment increases the maximum amount from \$4,105,219.90 to \$4,232,452.40 for additional construction administrative services, additional services to alleviate ponding, and finalize the scope for the audio visual standards.

6. CONTRACT AMENDMENT

		Trans \$	Info Accum \$	Action Accum \$ Agenda
1.	The max amount of the original contract:	\$2,794,118.00	\$2,794,118.00	\$2,794,118.00 Yes - Action
	a. Amendment 1:	\$345.00	\$345.00	\$345.00 No
	b. Amendment 2:	\$43,645.00	\$43,990.00	\$43,990.00 Yes - Info
	c. Amendment 3:	\$34,465.00	\$34,465.00	\$78,455.00 Yes - Action
	d. Amendment 4:	\$161,890.00	\$161,890.00	\$161,890.00 Yes - Action
	e. Amendment 5:	\$11,770.00	\$11,770.00	\$11,770.00 Yes - Info
	f. Amendment 6:	\$225,222.40	\$225,222.40	\$236,992.40 Yes - Action
	g. Amendment 7:	\$833,764.50	\$833,764.90	\$833,764.90 Yes - Action

		2.	Amount of current amendm (#8):	ent \$	127,232.50	\$127,232.50	\$127,232.50 Yes - Action		
		3.	New maximum contract amount:	\$4,2	232,452.40				
П.	JL	JSTIF	ICATION						
	7. What conditions require that this work be done?								
	1	2013 (
	8.	Explai	n why State employees in yo	our agency or othe	er State agencies are	not able to do this work:			
		Profes	ssional Services are provide on their ability to provide de	d by SPWD to su	pport the State Capita	I Improvement Program.	Consultants are selected the Legislature.		
	9.	Were	quotes or proposals solicited	1?	No				
		Was tl Divisio	he solicitation (RFP) done by on?	/ the Purchasing	No				
	ſ		the names of vendors that v	vere solicited to su	ubmit proposals (inclu	de at least three):			
			oplicable			<u>``</u>			
			ciation Waiver: Professiona y was this contractor chosen	•))			
	1		nstrated the required expertis						
			t bid date:		ted re-bid date:				
1	0.	Does	the contract contain any IT c		No				
III.					-				
1	1.	a. Is th	ne contractor a current emplo	oyee of the State	of Nevada or will the c	ontracted services be pe	rformed by a current		
		emplo N	yee of the State of Nevada?				·		
		b. Wa perfor N	s the contractor formerly em med by someone formerly en	ployed by the Stat mployed by the St	te of Nevada within the ate of Nevada within t	e last 24 months or will th he last 24 months?	e contracted services be		
			ne contractor employed by a	•	litical subdivisions or l	by any other government	?		
	[pplicable	4111					
1			ne contractor ever been enga	aged under contra	ct by any State agenc	v?			
1	۷.		•	n and for which ag	ency and indicate if th	ne quality of service provi	ded to the identified		
		SPWD	D, currently and/or in the pas	t for various amou	ints with satisfactory r	esults.			
1	3.	Is the	contractor currently involved	l in litigation with t	he State of Nevada?				
				de details of the li	tigation and facts supp	porting approval of the co	ontract:		
		Not Ap	oplicable						
1	4.		ontractor is registered with th la Corporation	ne Nevada Secreta	ary of State's Office as	s a:			
1	5.	a. Is th Ye	ne Contractor Name the sam	e as the legal Ent	ity Name?				
1	6.		es the contractor have a curr	ent Nevada State	Business License (SE	BL)?			
1	7.	a. Is th	ne legal entity active and in g	good standing with	the Nevada Secretar	y of State's Office?			
1	8.	Ye	es cy Field Contract Monitor:						
		-	act Status:						
1	5.		act Approvals:						
			pproval Level	User	Signature	Date			
			udget Account Approval	dgrimm	•	6 14:36:53 PM			
		Di	vision Approval	dgrimm	11/01/201	6 14:36:56 PM			

Department Approval Contract Manager Approval Budget Analyst Approval BOE Agenda Approval dgrimm dgrimm laaron pnicks 11/01/2016 16:09:38 PM 11/01/2016 16:09:41 PM 11/02/2016 13:32:56 PM 11/03/2016 11:24:06 AM

5

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18239

				Legal Entity Name:	VAN WOERT BIGOTTI ARCHITECTS
	Agency Name:	ADMIN - STATE PU DIVISION	BLIC WORKS		VAN WOERT BIGOTTI ARCHITECTS
	Agency Code:	082		Address:	1400 S VIRGINIA ST STE C
	Appropriation Unit:	1567-17			
	Is budget authority available?:	Yes		City/State/Zip	RENO, NV 89502-2836
	If "No" please expl	ain: Not Applicable		Contact/Phone:	775/328-1010
				Vendor No.:	T60080600
				NV Business ID:	NV19781005709
		al Year(s) will the cont	•	2017-2019	
	What is the source the contractor will be	of funds that will be us be paid by multiple fun	sed to pay the contra ding sources.	actor? Indicate the pe	rcentage of each funding source if
	General Fu		Fees	0.00 %	
	Federal Fu	nds 0.00 %	Bonds	0.00 %	
	Highway F	unds 0.00 %	X Other funding	100.00 % Bonds	S
	Agency Reference	#: 110657			
	2. Contract start date	:			
	a. Effective upon l Examiner's app		or b. other effective	date: NA	
	Anticipated B	OE meeting date	12/2016		
	Retroactive?	No			
	If "Yes", please ex	plain			
	Not Applicable				
:	3. Termination Date:	06/30/2019			
	Contract term:	2 years and 2	10 days		
4	 Type of contract: 	Contract			
	Contract descriptio	on: Arch/Eng Ser	V		
ę	5. Purpose of contrac				
		tract to provide profe on: CIP Project No. 15			ices for the Northern Nevada Veterans
(6. NEW CONTRACT				
	The maximum amo	ount of the contract for	the term of the contr	act is: \$784,000.00	
	Other basis for pay	ment: Monthly progree	ss payments based c	on services provided.	
II	JUSTIFICATION				
-	7. What conditions re	quire that this work be	done?		
	2015 CIP				
8	B. Explain why State	employees in your age	ency or other State ag	gencies are not able t	to do this work:
					ment Program. Consultants are selected established by the Legislature.
ę	9. Were quotes or pro	oposals solicited?		No	
	Was the solicitation Division?	n (RFP) done by the P	urchasing	No	
	<u>a. List the name</u> s o	of vendors that were so	plicited to submit prop	oosals (include at leas	st three):
	Not Applicable				
	b. Soliciation Waiv	er: Professional Serv	ice (As defined in N	IAC 333.150)	
Contra	act #: 18239		Page 1	of 2	

Demonstrated the required experti	se for work on this	project.
d. Last bid date:		ed re-bid date:
10. Does the contract contain any IT c	omponents?	No
. OTHER INFORMATION		
11. a. Is the contractor a current emplo	oyee of the State of	f Nevada or will the contracted services be performed by a current
employee of the State of Nevada? No		
performed by someone formerly en	ployed by the State	of Nevada within the last 24 months or will the contracted services be the of Nevada within the last 24 months?
Νο		
c. Is the contractor employed by a	ny of Nevada's poli	tical subdivisions or by any other government?
No If "Yes", please expla	ain	
Not Applicable		
12. Has the contractor ever been enga	•	
Yes If "Yes", specify wher agency has been ver	n and for which age	ency and indicate if the quality of service provided to the identified
SPWD, currently and/or in the pas		
13. Is the contractor currently involved		
-	•	gation and facts supporting approval of the contract:
Not Applicable		
14. The contractor is registered with the	ne Nevada Secretar	rv of State's Office as a:
Nevada Corporation		
15. a. Is the Contractor Name the sam	e as the legal Entit	v Name?
Yes		,
16. a. Does the contractor have a curr	ent Nevada State E	Business License (SBL)?
Yes		
17. a. Is the legal entity active and in c	ood standing with	the Nevada 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	11/01/2016 15:36:01 PM
Division Approval	dgrimm	11/01/2016 15:36:04 PM
Department Approval	dgrimm	11/01/2016 15:57:47 PM
Contract Manager Approval	dgrimm	11/01/2016 16:07:51 PM
Budget Analyst Approval	laaron	11/02/2016 12:58:43 PM

BOE Agenda Approval

BOE Final Approval

pnicks

Pending

11/02/2016 14:53:08 PM

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18249

		10240			
				Legal Entity Name:	CORE CONSTRUCTION SERVICES OF NEVADA, INC., DBA CORE CONSTRUCTION
	Agency Name:	ADMIN - STATE PUBLIC DIVISION	WORKS	Contractor Name:	CORE CONSTRUCTION SERVICES OF NEVADA, INC., DBA CORE CONSTRUCTION
	Agency Code:	082		Address:	7150 CASCADE VALLEY CT
	Appropriation Unit:	1590-71			
	Is budget authority available?:	Yes		City/State/Zip	LAS VEGAS, NV 89128-0455
	If "No" please expla	ain: Not Applicable		Contact/Phone:	Shamayne Rustebakke 702/794-0550
				Vendor No.:	T81092744
				NV Business ID:	NV19861002524
	To what State Fisca	al Year(s) will the contract I	be charged?	2017-2020	
	What is the source		o pay the contra	ctor? Indicate the pe	rcentage of each funding source if
	General Fu	nds 0.00 %	Fees	0.00 %	
	Federal Fur	nds 0.00 %	Bonds	0.00 %	
	X Highway Fu	unds 100.00 %	Other funding	0.00 %	
	Agency Reference		0		
2	Contract start date:				
۷.	a. Effective upon E Examiner's appr	Board of Yes or b	. other effective	date: NA	
			2016		
	Retroactive?	No			
	If "Yes", please exp	blain			
	Not Applicable				
3.	Termination Date:	06/30/2020			
	Contract term:	3 years and 211 da	ays		
4.	Type of contract:	Contract			
	Contract description	n: Owner CMAR Con	st Agr		
5.	Purpose of contract	t:			
	This is a new cont Department of Mo	tract to provide owner co tor Vehicles in Las Vegas	nstruction man s: CIP Project N	ager at risk service lo. 15-M29; SPWD (es for building upgrades at the Flamingo Contract No. 110715.
6	NEW CONTRACT				
		ount of the contract for the t	erm of the contra	act is: \$1.524.367.0	00
		ment: Monthly progress pa			
	USTIFICATION	, , , , , , , , , , , , , , , , , , ,	,		
7.		quire that this work be done	∋?		
	2015 CIP				
8.	Explain why State e	employees in your agency	or other State ag	gencies are not able	to do this work:
		es are provided by SPWD ty to provide construction s			ment Program. Consultants are selected d by the Legislature.
9.	Were quotes or pro	posals solicited?		No	
		(RFP) done by the Purcha	asing	No	
	Division?	f venders that were solicite	5	-	

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

II.

Not Applicable							
b. Soliciation Waiver: Profession	al Service (As defir	ned in NAC 333.150)					
c. Why was this contractor choser	n in preference to oth	ner?					
Demonstrated the required expert	Demonstrated the required expertise for work on this project.						
d. Last bid date:	Anticipate	d re-bid date:					
10. Does the contract contain any IT of	components?	No					
II. OTHER INFORMATION							
11. a. Is the contractor a current employee of the State of Nevada? No	oyee of the State of	Nevada or will the contracted services be performed by a current					
 b. Was the contractor formerly emperformed by someone formerly e No 	ployed by the State mployed by the Stat	of Nevada within the last 24 months or will the contracted services be the of Nevada within the last 24 months?					
c. Is the contractor employed by a No If "Yes", please expla	•	ical subdivisions or by any other government?					
Not Applicable							
12. Has the contractor ever been eng Yes If "Yes", specify whe agency has been ver	n and for which age	ncy and indicate if the quality of service provided to the identified					
SPWD, currently and/or in the pas							
13. Is the contractor currently involved	d in litigation with the	State of Nevada?					
-	-	ation and facts supporting approval of the contract:					
Not Applicable							
 The contractor is registered with the Nevada Corporation 	he Nevada Secretar	y of State's Office as a:					
15. a. Is the Contractor Name the san Yes	ne as the legal Entity	/ Name?					
16. a. Does the contractor have a curr Yes	rent Nevada State B	usiness License (SBL)?					
17. a. Is the legal entity active and in g Yes	good standing with t	he Nevada Secretary of State's Office?					
18. Agency Field Contract Monitor:							
19. Contract Status:							
Contract Approvals:							
Approval Level	User	Signature Date					
Budget Account Approval	amarangi	11/01/2016 14:21:13 PM					
Division Approval	amarangi	11/01/2016 14:21:17 PM					
Department Approval	amarangi	11/01/2016 14:21:19 PM					
Contract Manager Approval	amarangi	11/01/2016 14:21:21 PM					

BOE Agenda Approval

BOE Final Approval

pnicks

Pending

11/02/2016 16:06:28 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18274

						Legal Entity Name:	Shums Coda Associates
	Agency Name:	ADMIN - S	STATE PUI	BLIC	WORKS	Contractor Name:	Shums Coda Associates
	Agency Code:	082				Address:	5776 Stoneridge Mall Rd. Ste 1
	Appropriation Unit:	All Appro	priations				-
	Is budget authority available?:		Yes			City/State/Zip	Pleasanton, CA 94588
	If "No" please expla	ain: Not Ap	plicable			Contact/Phone: Vendor No.:	925-463-0651
						NV Business ID:	NV20161545987
	To what State Fisca	al Year(s) v	will the cont	ract b	e charged?	2017	
	What is the source the contractor will b					ctor? Indicate the pe	rcentage of each funding source if
	General Fu		.00 %	Ū	Fees	0.00 %	
	Federal Fur	nds 0.	.00 %		Bonds	0.00 %	
	Highway Fu	unds 0.	.00 %	Х	Other funding	100.00 % varies	s depending upon the project requiring
						this w	vork
	Agency Reference	#: 110)625				
2.	Contract start date:						
	a. Effective upon E		Yes of	orb.	other effective of	date: NA	
	Examiner's appr Anticipated BC		g date	12/2	016		
	Retroactive?		No				
	If "Yes", please exp	olain					
	Not Applicable						
3.	Termination Date:	06/	30/2017				
	Contract term:	210) days				
4.	Type of contract:	Со	ntract				
	Contract description		de PI Chck				
5.	Purpose of contract	t:					
	· ·		ovide profe	ssio	nal Code Plan (Checking services	as required. SPWD Contract No. 110625
6	NEW CONTRACT						
0.		ount of the o	contract for	the te	erm of the contra	act is: \$100,000.00	
	Other basis for pay						
JI	USTIFICATION	U	, , , ,			•	
7	What conditions red	nuire that th	nis work he	done	2		
•••						ty and code complia	ince.
8	Explain why State	-	•			* *	
0.							Improvement Program. Consultants are
	selected based on	their ability	to provide	desig	n and engineeri	ng services to meet	the goals established by the Legislature.
9.	Were quotes or pro	•				No	
	Was the solicitation Division?	n (RFP) dor	ne by the P	urcha	sing	No	
	a. List the names o	f vendors t	hat were so	licited	to submit prop	osals (include at lea	st three):
	Not Applicable						
	b. Soliciation Waive	er: Profess	ional Servi	ce (A	s defined in N	AC 333.150)	

II.

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? If "Yes", please explain No Not Applicable 12. Has the contractor ever been engaged under contract by any State agency? If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified No agency has been verified as satisfactory: Not Applicable 13. Is the contractor currently involved in litigation with the State of Nevada? If "Yes", please provide details of the litigation and facts supporting approval of the contract: No 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 11/08/2016 14:16:25 PM Budget Account Approval dgrimm **Division Approval** dgrimm 11/08/2016 14:16:28 PM Department Approval dgrimm 11/08/2016 16:04:24 PM **Contract Manager Approval** dgrimm 11/08/2016 16:04:30 PM Budget Analyst Approval dstoddar 11/09/2016 08:58:30 AM **BOE** Agenda Approval pnicks 11/09/2016 17:45:39 PM **BOE Final Approval** Pending

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

I.

DESC	RIPTION OF (CONTRACT			
1. Cor	tract Number:	14700		Amendment Number:	2
				Legal Entity Name:	Northeastern Nevada Regional Development Authority
Age	ncy Name:	GOVERNOR'S C		Contractor Name:	Northeastern Nevada Regional Development Authority
Age	ncy Code:	102		Address:	
Арр	ropriation Unit:	1526-15			
	udget authority ilable?:	Yes		City/State/Zip	ELKO, NV 89801
lf "N	lo" please expla	ain: Not Applicable	е	Contact/Phone:	775/738-2100
				Vendor No.:	T81072742
				NV Business ID:	Government
То у	what State Fisca	al Year(s) will the	contract be charged?	2014-2017	
What the	at is the source contractor will b	of funds that will b be paid by multiple	be used to pay the contract funding sources.	ctor? Indicate the pe	rcentage of each funding source if
>	General Fu	nds 100.00 %	Fees	0.00 %	
	Federal Fur	nds 0.00 %	Bonds	0.00 %	
	Highway Fu	unds 0.00 %	Other funding	0.00 %	
2. Cor	tract start date:				
a. I	Effective upon E Examiner's appl	Board of Nc roval?	or b. other effective	date 08/13/2013	3
	Anticipated BC	OE meeting date	12/2016		
Ret	roactive?	No			
	roactive?	No			
If "Y	-	No			
If "Y Not 3. Pre	roactive? ′es", please exp	No			
lf "Y Not 3. Pre Terr	roactive? <u>´es", please exp</u> Applicable viously Approve	No olain ed 06/30/2017			
If "Y Not 3. Pre Ten Cor	roactive? <u>´es", please exp</u> Applicable viously Approve mination Date:	No olain ed 06/30/2017	7		
If "Y Not 3. Pre Tern Cor 4. Typ	roactive? Yes", please exp Applicable viously Approve mination Date: atract term:	No blain ed 06/30/2013 3 years ar Contract	7		
If "Y Not 3. Pre Tern Cor 4. Typ Cor	roactive? <u>Applicable</u> viously Approve mination Date: tract term: e of contract:	No blain ed 06/30/2013 3 years ar Contract n: Economic	7 nd 322 days		
If "Y Not 3. Pre Tern Cor 4. Typ Cor 5. Pur This Nev acc \$42	roactive? <u>Applicable</u> viously Approve mination Date: tract term: e of contract: tract description pose of contract s is the second viously Approve tract description pose of contract s is the second vidia by providi ounting servic	No blain ed 06/30/2013 3 years ar Contract n: Economic t: d amendment to to ing assistance w ses, legal services 000 for the Northe	7 nd 322 days : Development :he original contract wh ith the dissemination of s, travel and training. T	program informati his amendment inc	encourages economic development in on, marketing, grant writing, reases the maximum amount from ea representation to include Eureka and
If "Y Not 3. Pre Tern Cor 4. Typ Cor 5. Pur This Nev acc \$42 Wh	roactive? <u>Applicable</u> viously Approve mination Date: tract term: e of contract: tract description pose of contract s is the second viously Approve out a term: e of contract: tract description pose of contract s is the second vide by provide ounting servic 0,000 to \$510,0	No blain ed 06/30/2013 3 years ar Contract n: Economic t: d amendment to t ing assistance w ses, legal services 000 for the Northolies.	7 nd 322 days : Development the original contract wh ith the dissemination of s, travel and training. T eastern Nevada Regiona	program informati his amendment inc al Development Are	on, marketing, grant writing, reases the maximum amount from a representation to include Eureka and
If "Y Not 3. Pre Tern Cor 4. Typ Cor 5. Pur This Nev acc \$42 Wh	roactive? <u>Applicable</u> viously Approve mination Date: tract term: e of contract: tract description pose of contract s is the second rada by providi ounting servic 0,000 to \$510,0 ite Pine Counti	No blain ed 06/30/2013 3 years ar Contract n: Economic t: d amendment to t ing assistance w ses, legal services 000 for the Northolies.	7 nd 322 days : Development :he original contract wh ith the dissemination of s, travel and training. T	program informati his amendment inc al Development Are	on, marketing, grant writing, reases the maximum amount from a representation to include Eureka and
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If "Y Not 3. Pre Tern Cor 4. Typ Cor 5. Pur 5. Pur This Nev acc \$42 Wh 6. COI 1.	roactive? <u>Applicable</u> viously Approve mination Date: atract term: e of contract: atract description pose of contract ounting servic 0,000 to \$510,0 ite Pine Counti NTRACT AMEN The max am contract: a. Amendme Amount of c	No blain ed 06/30/2017 3 years ar Contract n: Economic t: d amendment to t ing assistance w ses, legal services 000 for the Northe ies. NDMENT hount of the origination ent 1: urrent amendment	7 nd 322 days : Development :he original contract wh ith the dissemination of s, travel and training. T eastern Nevada Regiona Trans S al \$160,000.00 \$260,000.00	is program information his amendment including al Development Area \$ Info Acc \$ \$160,00 \$ \$260,00 \$ \$90,00	on, marketing, grant writing, reases the maximum amount from ea representation to include Eureka andum \$Action Accum \$Agenda00.00\$160,000.00 Yes - Action00.00\$260,000.00 Yes - Action

II. JUSTIFICATION

7. What conditions require that this work be done? Statutory mandate to diversify Nevada's economy.

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

	Not feasible.								
9.	Were quotes or proposals solicite	ed?	Yes						
	Was the solicitation (RFP) done Division?		No						
	a. List the names of vendors that	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 chose		ner?						
	Vendor's proposal was the only p	proposal that was res	ponsive to RFP	13-03.					
	d. Last bid date: 05/01/20	13 Anticipate	d re-bid date:	04/01/2015					
10.	Does the contract contain any IT	components?	No						
. (OTHER INFORMATION								
11.	a. Is the contractor a current employee of the State of Nevada	bloyee of the State of a contract of a contr	Nevada or will	the contracted services be performed by a current					
	b. Was the contractor formerly er performed by someone formerly	mployed by the State employed by the Stat	of Nevada with te of Nevada wi	in the last 24 months or will the contracted services be thin the last 24 months?					
	Νο								
	c. Is the contractor employed by No If "Yes", please exp	•	ical subdivision	s or by any other government?					
	Not Applicable								
12	Has the contractor ever been en	naged under contract	by any State a	dencv?					
	Yes If "Yes", specify wh		ncy and indicate	e if the quality of service provided to the identified					
	Current provider; satisfactory wo								
13.	Is the contractor currently involve	ed in litigation with the	e State of Neva	da?					
	-	-		supporting approval of the contract:					
	Not Applicable								
14.	The contractor is not registered v Governmental Entity	with the Nevada Secr	etary of State's	Office because the legal entity is a:					
15.	Not Applicable								
16.	Not Applicable								
17.	Not Applicable								
18.	Agency Field Contract Monitor:								
	Contract Status:								
	Contract Approvals:								
	Approval Level	User	Siana	ature Date					
	Budget Account Approval	swoodbur	-	/2016 11:18:04 AM					
	Division Approval	swoodbur		/2016 11:18:06 AM					

Budgot / toobunt / tpproval	onoodbal	10/01/2010 11:10:01/10
Division Approval	swoodbur	10/31/2016 11:18:06 AM
Department Approval	swoodbur	10/31/2016 11:18:10 AM
Contract Manager Approval	swoodbur	10/31/2016 11:18:14 AM
Budget Analyst Approval	dstoddar	11/02/2016 08:57:31 AM
BOE Agenda Approval	lfree1	11/02/2016 14:24:40 PM

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18193

				Legal Entity Name:	Governor's Office of Science, Innovation, and Technology
	Agency Name:	NDE - DEPARTMENT OF EDUCATION		Contractor Name:	Governor's Office of Science, Innovation, and Technology
	Agency Code:	300		Address:	100 N. Stewart St., Suite 220
	Appropriation Unit:	2716-56			
	Is budget authority available?:	Yes		City/State/Zip	Carson City, NV 89701
	If "No" please expla	in: Not Applicable		Contact/Phone: Vendor No.:	Brian Mitchell 775-687-0988
				NV Business ID:	N/A
	To what State Fisca	al Year(s) will the contract be o	charged?	2017-2018	
	What is the source the contractor will b	of funds that will be used to pa e paid by multiple funding sou	ay the contrac irces.	tor? Indicate the per	rcentage of each funding source if
	General Fu	nds 0.00 % F	ees	0.00 %	
	X Federal Fur	nds 100.00 % B	onds	0.00 %	
	Highway Fu	inds 0.00 % O	ther funding	0.00 %	
2.	Contract start date:				
	a. Effective upon E Examiner's appr	oval?		late: NA	
	Anticipated BC	DE meeting date 12/201	6		
	Retroactive?	Νο			
	If "Yes", please exp	lain			
	Not Applicable				
3.	Termination Date:	08/30/2017			
	Contract term:	271 days			
4	Type of contract:	Interlocal Agreement			
	Contract description	•			
5	Purpose of contract				
0.			and enhance	a website that hel	os educate Nevadans about careers
	and motivate Neva	ada's kids to pursue Science from the Nevada P-20 to Wo	e, Technology	y, Engineering, and	Mathematics career paths by using
6.	NEW CONTRACT				
	The maximum amo	unt of the contract for the term	n of the contra	ct is: \$70,000.00	
	Other basis for pay	ment: upon receipt of detailed	invoice.		
	USTIFICATION				
7.		quire that this work be done?			
	Nevada P-20 to Wo	Education received a federal or prkforce Research Data System ng the federal grant.	grant for imple m (NPWR). Th	ementing the Statew his work is part of the	ide Longitudinal Data System (SLDS) and e federal grant project and needs to be
	L				

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

The Department of Education is contracting with another state agency.

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

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

BOE

II.

	Not Applicable							
	Not Applicable b. Soliciation Waiver: Not Applicable							
	c. Why was this contractor chosen		her?					
		ontracting with the Governor's Office of Science, Innovation, and						
	d. Last bid date:	Anticipate	ed re-bid date:					
10.	Does the contract contain any IT c	omponents?	No					
III. C	OTHER INFORMATION							
11.	a. Is the contractor a current emploemployee of the State of Nevada?	oyee of the State of	Nevada or will the contracted services be performed by a current					
			of Nevada within the last 24 months or will the contracted services be te of Nevada within the last 24 months?					
	c. Is the contractor employed by an No If "Yes", please expla		tical subdivisions or by any other government?					
	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	e State of Nevada?					
	-	Is the contractor currently involved in litigation with the State 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 wir Governmental Entity	th the Nevada Secr	etary of State's Office because the legal entity is a:					
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	amccalla	10/20/2016 11:40:14 AM					
	Division Approval	amccalla	10/20/2016 11:40:17 AM					
	Department Approval	amccalla	10/20/2016 11:40:26 AM					
	Contract Manager Approval	ablackwe	10/20/2016 12:07:16 PM					

Budget Analyst Approval BOE Agenda Approval **BOE** Final Approval

knielsen sbrown Pending

10/20/2016 12:08:58 PM 11/03/2016 13:45:37 PM

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18243

				Legal Entity Name:	B2B DELIVERY, LLC
		ADMIN - NV ST LI ARCHIVES AND F	BRARY, PUBLIC RECORDS	Contractor Name:	B2B DELIVERY, LLC
	Agency Code:	332		Address:	2125 E. 5th Street, Suite 105
	Appropriation Unit:	1346-10			
	Is budget authority available?:	Yes		City/State/Zip	Tempe, AZ 85281
	If "No" please explai	in: Not Applicable		Contact/Phone:	702-708-6588
				Vendor No.:	
				NV Business ID:	NV20111451161
	To what State Fisca	I Year(s) will the co	ontract be charged?	2017-2019	
	What is the source of the contractor will be			ntractor? Indicate the pe	rcentage of each funding source if
	General Fun	ds 0.00 %	X Fees	100.00 % Mail s	ervices
	Federal Fun	ds 0.00 %	Bonds	0.00 %	
	Highway Fur	nds 0.00 %	Other fundi	ing 0.00 %	
	Agency Reference #	#: RFP 3258			
2.	Contract start date:				
	a. Effective upon Be	oard of No	or b. other effecti	ve date 01/01/2017	7
	Examiner's appro	oval?			
	Anticipated BO	E meeting date	12/2016		
	Retroactive?	No			
	If "Yes", please expl	ain			
	Not Applicable				
3.	Termination Date:	12/28/2018			
	Contract term:	1 year and	361 days		
Δ	Type of contract:	Contract	-		
т.	Contract description		`		
_			•		
5.	Purpose of contract:				
	Carson City Mail C				pick-up and delivery, between the
6.	NEW CONTRACT				
	The maximum amou	unt of the contract f	or the term of the co	ontract is: \$260,000.00	
	Payment for service	s will be made at th	ne rate of \$2,500.00	per week	
	Other basis for payn	nent: As invoiced b	y the Contractor and	d approved by the State	
J	USTIFICATION				
7.	What conditions req	uire that this work l	be done?		
	The need for state n				
8				e agencies are not able	to do this work:
0.	Lack of mail person		going of other otal	ageneice are not able	
0				Vee	
9.	Were quotes or prop		Durchasing	Yes	
	Was the solicitation Division?		-	Yes	
	a. List the names of	vendors that were	solicited to submit p	roposals (include at leas	st three):

II.

On Time Package OnTrac MPC

b. Soliciation Waiver: Not Applicable

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

Pursuant to RFP #3258 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: 08/09/2016 Anticipated re-bid date: 08/09/2019

10. Does the contract contain any IT components?

III. OTHER INFORMATION

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

No

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

No

No

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

No If "Yes", please explain

Not Applicable

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

If "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

No

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

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

No If Not Applicable

- 14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation
- 15. a. Is the Contractor Name the same as the legal Entity Name? Yes
- 16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes
- 17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes
- 18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	11/01/2016 08:40:10 AM
Division Approval	csweeney	11/01/2016 08:40:16 AM
Department Approval	csweeney	11/01/2016 08:40:19 AM
Contract Manager Approval	ssands	11/01/2016 08:41:03 AM
Budget Analyst Approval	laaron	11/02/2016 11:55:36 AM
BOE Agenda Approval	cmurph3	11/07/2016 09:26:10 AM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

		CONTRACT			
1. Conti	ract Number:	15223		Amendment Number:	2
				Legal Entity Name:	Palco, Inc.
Agen	ncy Name:	DHHS - AGING SERVICES DIV	AND DISABILITY ISION	Contractor Name:	Palco, Inc.
Agen	ncy Code:	402		Address:	17300 Chenal Parkway, Ste 300
Appro	opriation Unit:	3167-11			
	dget authority able?:	Yes	;	City/State/Zip	Little Rock, AR 72223
lf "No	o" please expla	ain: Not Applicab	ble	Contact/Phone:	ALICIA PALADINO 501-604-9936
				Vendor No.:	T32002687A
Total	hat Stata Fias	ol Voor(o) will the	apperant be abarrand?	NV Business ID: 2014-2018	NV20131682265
		()	e contract be charged?		rcentage of each funding source if
the c	ontractor will b	be paid by multipl	e funding sources.	cior? indicate the pe	rcentage of each funding source in
Х	General Fu	nds 81.00 %	Fees	0.00 %	
Х	Federal Fu	nds 19.00 %	Bonds	0.00 %	
	Highway Fu	unds 0.00 %	Other funding	0.00 %	
Agen	ncy Reference	#: RFP #308	82		
2. Conti	ract start date:	:			
a. Ef Ex	ffective upon E xaminer's app	Board of N roval?	o or b. other effective	date 04/01/2014	l
	Anticipated B	OE meeting date	01/2017		
	pactive?	No			
lf "Ve					
	es", please exp	olain			
	es", please exp Applicable	olain			
Not A 3. Previ			17		
Not A 3. Previ Term	Applicable		17		
Not A 3. Previ Term Conti	Applicable iously Approve iination Date:	ed 03/31/20 ′			
Not A 3. Previ Term Contr 4. Type	Applicable iously Approve ination Date: ract term:	ed 03/31/20 4 years Contract			
Not A 3. Previ Term Contr 4. Type Contr	Applicable iously Approve ination Date: ract term: of contract:	ed 03/31/20 4 years Contract n: Fiscal Int			
Not A 3. Previ Term Contr 4. Type Contr 5. Purpo This child fundo	Applicable iously Approve ination Date: ract term: of contract: ract descriptio ose of contrac is the second lren whose fa ed, self-direc	ed 03/31/20 4 years Contract n: Fiscal In t: d amendment to milies/guardian ted program. Th	termediary the original contract wh s and veterans chose to his amendment extends	direct their own set the termination date	oing fiscal management services for rvices and support through the state- e from March 31, 2017 to March 31, 2018 e continued need for these services.
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Not A 3. Previ Term Contr 4. Type Contr 5. Purpo This child funde and i	Applicable iously Approve ination Date: ract term: of contract: ract descriptio ose of contrac is the second lren whose fa ed, self-direc increases the	ed 03/31/20 4 years Contract n: Fiscal In t: d amendment to milies/guardian ted program. Th maximum amou	termediary the original contract wh s and veterans chose to his amendment extends	direct their own se the termination date 6,755,470 due to the	rvices and support through the state- e from March 31, 2017 to March 31, 2018 e continued need for these services.
Not A 3. Previ Term Contr 4. Type Contr 5. Purpo This child funde and i	Applicable iously Approve ination Date: ract term: of contract: ract descriptio ose of contrac is the second lren whose fa ed, self-direc increases the TRACT AMEN	ed 03/31/20 4 years Contract n: Fiscal In t: d amendment to milies/guardian ted program. Th maximum amou	termediary the original contract wh s and veterans chose to his amendment extends unt from \$5,685,470 to \$ Trans	direct their own se the termination dat 6,755,470 due to the \$ Info Acc	rvices and support through the state- e from March 31, 2017 to March 31, 2018 e continued need for these services. um \$ Action Accum \$ Agenda
Not A 3. Previ Term Contr 4. Type Contr 5. Purpo This child fund and i 6. CON	Applicable iously Approve ination Date: ract term: of contract: ract descriptio ose of contract is the second is the second ren whose fa ed, self-direc increases the TRACT AMEN The max arr	ed 03/31/20 4 years Contract n: Fiscal Int t: d amendment to milies/guardian ted program. The maximum amount DMENT	termediary the original contract wh s and veterans chose to his amendment extends unt from \$5,685,470 to \$ Trans	direct their own set the termination date 6,755,470 due to the \$ Info Acc 0 \$4,605,12	rvices and support through the state- e from March 31, 2017 to March 31, 2018 e continued need for these services.um \$Action Accum \$Agenda20.00\$4,605,120.00 Yes - Action50.00\$1,080,350.00 Yes - Action
Not A 3. Previ Term Contr 4. Type Contr 5. Purpo This child fund and i 6. CON	Applicable iously Approventination Date: ract term: of contract: ract descriptio ose of contract is the second ren whose fared, self-directinc increases the TRACT AMEN The max and contract: a. Amendme	ed 03/31/20 4 years Contract n: Fiscal Int t: d amendment to milies/guardian ted program. The maximum amount DMENT	termediary the original contract wh s and veterans chose to his amendment extends unt from \$5,685,470 to \$ Trans hal \$4,605,120.0 \$1,080,350.0	direct their own set the termination date 6,755,470 due to the \$ Info Acc 0 \$4,605,12 0 \$1,080,35	rvices and support through the state- e from March 31, 2017 to March 31, 2018 e continued need for these services.um \$Action Accum \$Agenda20.00\$4,605,120.00 Yes - Action50.00\$1,080,350.00 Yes - Action
Not A 3. Previ Term Contr 4. Type Contr 5. Purpe Child funde and i 6. CON 1.	Applicable iously Approventination Date: ract term: of contract: ract descriptio ose of contract is the second ren whose fared, self-direc increases the TRACT AMEN The max and contract: a. Amendme Amount of c	ed 03/31/20 4 years Contract n: Fiscal In t: d amendment to milies/guardian ted program. The maximum amount NDMENT nount of the origin ent 1: current amendment	termediary the original contract wh s and veterans chose to his amendment extends unt from \$5,685,470 to \$ Trans hal \$4,605,120.0 \$1,080,350.0	direct their own set the termination date 6,755,470 due to the \$ Info Acc 0 \$4,605,12 0 \$1,080,35 0 \$1,070,00	rvices and support through the state- e from March 31, 2017 to March 31, 2018 e continued need for these services.um \$Action Accum \$Agenda20.00\$4,605,120.00 Yes - Action50.00\$1,080,350.00 Yes - Action

II. JUSTIFICATION

1.	What conditions require that	(Even also al. O alf. Diana atra di a constructione			
	The State requires a fiscal in	termediary	service to manag	ge the State-	Funded, Self-Directed program.			
8.	Explain why State employees in your agency or other State agencies are not able to do this work:							
	The State does not have the personnel or expertise to provide this service.							
9.	Were quotes or proposals so	licited?		Yes				
	Was the solicitation (RFP) do Division?	one by the F	Purchasing	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?							
	determined by an independe	ntly appoint	ted evaluation co	ommittee.	ed vendor was the highest scoring proposer as			
	d. Last bid date: 08/19	9/2013	Anticipated r	e-bid date:	11/15/2016			
0.	Does the contract contain an	y IT compo	nents?	No				
C	OTHER INFORMATION							
4	a la tha contractor a ourrant	omployee	of the State of Ne		the contracted convises he performed by a current			
1.	employee of the State of Nev		of the State of Ne	evada or will	the contracted services be performed by a current			
	No	uuu.						
	-							
					in the last 24 months or will the contracted services b			
	performed by someone forme	eriy employ	ed by the State of	or Nevada wi	tnin the last 24 months?			
	Νο							
	c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?							
				al subdivision	s or by any other government?			
			vevada s política	al subdivision	s or by any other government?			
	No If "Yes", please Not Applicable	explain						
	NoIf "Yes", pleaseNot ApplicableHas the contractor ever been	explain	under contract by	/ any State a	gency?			
	No If "Yes", please Not Applicable Has the contractor ever beer Yes If "Yes", specify	explain engaged u when and	under contract by	/ any State a				
2.	NoIf "Yes", pleaseNot ApplicableHas the contractor ever beer YesYesIf "Yes", specify agency has been	explain engaged u when and en verified a	under contract by for which agency as satisfactory:	/ any State a	gency?			
2.	NoIf "Yes", pleaseNot ApplicableHas the contractor ever beer YesYesIf "Yes", specify agency has beenADSD Current contract-Satistic	explain engaged u when and en verified a factory 04/0	under contract by for which agency as satisfactory: 01/2014-current	/ any State a y and indicat	gency? e if the quality of service provided to the identified			
2.	NoIf "Yes", pleaseNot ApplicableHas the contractor ever beer YesYesIf "Yes", specify agency has beenADSD Current contract-SatisticIs the contractor currently involved	explain engaged u when and en verified a factory 04/0	under contract by for which agency is satisfactory: 01/2014-current gation with the S	/ any State a y and indicat	gency? e if the quality of service provided to the identified da?			
2.	NoIf "Yes", pleaseNot ApplicableHas the contractor ever beer YesYesIf "Yes", specify agency has beenADSD Current contract-SatisticIs the contractor currently involved	explain engaged u when and en verified a factory 04/0	under contract by for which agency is satisfactory: 01/2014-current gation with the S	/ any State a y and indicat	gency? e if the quality of service provided to the identified			
3.	NoIf "Yes", pleaseNot ApplicableHas the contractor ever beer YesYesIf "Yes", specify agency has beenADSD Current contract-SatisticIs the contractor currently involved	explain engaged u when and en verified a factory 04/0 rolved in litig	under contract by for which agency is satisfactory: 01/2014-current gation with the S	/ any State a y and indicat	gency? e if the quality of service provided to the identified da?			
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(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17955

						Legal Entity Name:	Regional Transportation Commission of Southern Nevada
	Agency Name:	DHHS & POL		H CARE F	FINANCING	Contractor Name:	Regional Transportation Commission of Southern Nevada
	Agency Code:	403				Address:	600 South Grand Central Pkwy
	Appropriation Unit:	3157-0	00				Suite 350
	Is budget authority available?:		Yes			City/State/Zip	Las Vegas , NV 89706
	If "No" please expla	ain: No	t Applicab	le		Contact/Phone: Vendor No.:	702-676-1500
						NV Business ID:	Governmental Entity
	To what State Fisca	al Year(s) will the	contract b	be charged?	2017-2020	
		of fund	s that will	be used to	o pay the contra		ercentage of each funding source if
	General Fur	•	0.00 %	5	Fees	0.00 %	
	Federal Fur	nds	0.00 %		Bonds	0.00 %	
	Highway Fu	unds	0.00 %	х	Other funding	100.00 % Inter-	Governmental Transfer
~						,	
	Contract start date:		د ۱ ۱	e or b		data 07/04/2014	
	a. Effective upon B Examiner's appr	roval?			. other effective	e date 07/01/2010	0
	Anticipated BC	JE mee	eting date	11/2	2016		
	Retroactive?		Yes				
	If "Yes", please exp	olain					
	This contract requ	uires a	retroactiv	e start da	ate due to neg	otiations between th	ne Counties and the State.
3.	Termination Date:		06/30/202	0			
	Contract term:		4 years				
4.	Type of contract:		Revenue	Contract			
	Contract description	n:	Paratran	sit service	es		
5.	Purpose of contract						
	This is a new inter	rlocal r	evenue a gible reci	greement pients pe	to receive inter the Nevada I	er-governmental tra Nedicaid State Plan.	nsfer funds to support paratransit
6	NEW CONTRACT			l I			
0.		unt of t	he contra	t for the t	erm of the cont	ract is: \$12,872,130	-00
						, , , , , , , , , , , , , , , , , , ,	
J	USTIFICATION						
7.	What conditions rec	quire th	at this wo	k be done	e?		
							id Services Manual, services will be jible for paratransit rides.
8.	Explain why State e	emplove	ees in vou	r agency o	or other State a	gencies are not able	to do this work:
						rovide paratransit ride	
9.	Were quotes or pro	posals	solicited?			No	
	Was the solicitation Division?	•		he Purcha	asing	No	
		f vendo	rs that we	re solicite	d to submit pro	posals (include at lea	st three):
	Not Applicable						
	b. Soliciation Waive	er: Exer	npt (Per s	statute)			
	c. Why was this cor		• •	-	ce to other?		
	5. Wity was this COI						

II.

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No	If "Yes", please explain	
Not Applic	able	

- 12. Has the contractor ever been engaged under contract by any State agency?
 - Yes If "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 RTC currently provides eligibility assessments for the State and services are satisfactory.

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

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

Not Applicable

- 14. The contractor is 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	aree2	06/21/2016 09:30:41 AM
Division Approval	ecreceli	10/20/2016 10:19:50 AM
Department Approval	ecreceli	10/20/2016 10:19:53 AM
Contract Manager Approval	aree2	10/26/2016 08:37:54 AM
Budget Analyst Approval	dstoddar	10/27/2016 10:41:04 AM
BOE Agenda Approval	nhovden	10/27/2016 10:42:53 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL Governor



RICHARD WHITLEY, MS Director

> MARTA JENSEN Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH CARE FINANCING AND POLICY 1100 East William Street, Suite 101 Carson City, Nevada 89701 Telephone (775) 684-3676 • Fax (775) 687-3893 <u>http://dhcfp.nv.gov</u>

MEMORANDUM

Date: June 21, 2016

TO: Debi Reynolds, Budget Analyst IV

FROM: Ambra Reed, Certified Contract Manager DHCFP

RE: RTC of Southern Nevada

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2016. This contract was delayed due to negotiations between the Counties and the State and to allow the Counties to take the contract to their Commission Meeting for approval.

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17957

					Legal Entity Name:	Regional Transportation Commission of Washoe County
	Agency Name:	DHHS - HEALTH (& POLICY	CARE F	INANCING	Contractor Name:	Regional Transportation Commission of Washoe County
	Agency Code:	403			Address:	P.O. Box 30002
	Appropriation Unit:	3157-00				
	Is budget authority available?:	Yes			City/State/Zip	Reno, NV 89520
	If "No" please expla	in: Not Applicable			Contact/Phone: Vendor No.:	David Jickling 775-348-0400
					NV Business ID:	Governmental Entity
	To what State Fisca	l Vear(s) will the co	ntract h	e charged?	2017-2020	Governmental Entity
		of funds that will be	used to	pay the contrac		rcentage of each funding source if
	General Fur		5	Fees	0.00 %	
	Federal Fun	ds 0.00 %		Bonds	0.00 %	
	Highway Fu	nds 0.00 %	Х	Other funding	100.00 % Inter-0	Governmental Transfer
2	Contract start date:			-		
۷.	a. Effective upon B Examiner's appr	oard of No	or b.	other effective c	late 07/01/2016	;
		E meeting date	10/2	016		
	Retroactive?	Yes				
	If "Yes", please exp	lain				
	· • •		start da	te due to negot	iations between th	e Counties and the State.
З	Termination Date:	06/30/2020		—		
5.	Contract term:	4 years				
		-				
4.	Type of contract:	Revenue C		_		
	Contract description		service	S		
5.	Purpose of contract	:				
	This is a new inter services for Medic	local revenue agre aid eligible recipio	eement ents per	to receive inter the Nevada Me	-governmental trar edicaid State Plan.	nsfer funds to support paratransit
6.	NEW CONTRACT					
•		unt of the contract f	or the te	erm of the contra	ct is: \$1,101,838.0	0
J	USTIFICATION				····· • • • • • • • • • • • • • • • • •	
7	What conditions rec	uire that this work	he done	2		
	Per the Nevada Me	dicaid State Plan, A	Attachme	ent 3.1-A, Sectio	n 9 and the Medicai ed and deemed eligi	d Services Manual, services will be ible for paratransit rides.
8	Explain why State e	molovees in your a	dency o	r other State an	encies are not able t	to do this work [.]
0.					vide paratransit ride	
9.	Were quotes or pro	posals solicited?			No	
	Was the solicitation Division?	(RFP) done by the	Purcha	sing	No	
	a. List the names of	vendors that were	solicited	<u>d to submit propo</u>	osals (include at leas	st three):
	Not Applicable					
	b. Soliciation Waive	r: Exempt (Per sta	tute)			
	c. Why was this cor	tractor chosen in p	referenc	e to other?		

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No	If "Yes", please explain	
Not Applic	able	

- 12. Has the contractor ever been engaged under contract by any State agency?
 - Yes If "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 RTC currently provides eligibility assessments for the State and services are satisfactory.

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

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

Not Applicable

- 14. The contractor is 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:

Approval Level	User	Signature Date
Budget Account Approval	aree2	06/21/2016 10:56:30 AM
Division Approval	ecreceli	11/01/2016 11:06:18 AM
Department Approval	ecreceli	11/01/2016 11:06:21 AM
Contract Manager Approval	aree2	11/01/2016 12:20:59 PM
Budget Analyst Approval	laaron	11/02/2016 08:58:50 AM
BOE Agenda Approval	nhovden	11/03/2016 17:55:47 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL Governor



RICHARD WHITLEY, MS Director

> MARTA JENSEN Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH CARE FINANCING AND POLICY 1100 East William Street, Suite 101 Carson City, Nevada 89701 Telephone (775) 684-3676 • Fax (775) 687-3893 <u>http://dhcfp.nv.gov</u>

MEMORANDUM

Date: June 21, 2016

TO: Debi Reynolds, Budget Analyst IV

FROM: Ambra Reed, Certified Contract Manager DHCFP

RE: RTC of Washoe County

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2016. This contract was delayed due to negotiations between the Counties and the State and to allow the Counties to take the contract to their Commission Meeting for approval.

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18262

							Legal Entity Name:	Health Management Systems, Inc.
	Agency Name:	DHHS & POL			FINANCI	NG	Contractor Name:	Health Management Systems, Inc.
	Agency Code:	403					Address:	827 E Park Blvd
	Appropriation Unit:	3158-0	4					Suite 260
	Is budget authority available?:		Yes				City/State/Zip	Boise, ID 83712
	If "No" please expla	ain: Not	Applicab	е			Contact/Phone: Vendor No.:	Marnie Basom 208-639-8202
							NV Business ID:	NV20091229345
	To what State Fisca	al Year(s) will the	contrac	t be charg	ed?	2017-2022	
	What is the source the contractor will b	of funds be paid b	s that will by multiple	be used funding	l to pay the g sources.	e contrac	ctor? Indicate the pe	rcentage of each funding source if
	X General Fu	nds	50.00 %		Fees		0.00 %	
	X Federal Fur	nds	50.00 %		Bonds		0.00 %	
	Highway Fu	unds	0.00 %		Other f	funding	0.00 %	
2.	Contract start date:							
	a. Effective upon E Examiner's appr Anticipated BC	roval?			b. other ef 2/2016	ffective c	date 01/01/2017	,
			-	12	./2010			
	Retroactive?		No					
	If "Yes", please exp	blain						
	Not Applicable							
3.	Termination Date:		12/31/202	1				
	Contract term:	:	5 years					
4.	Type of contract:		Contract					
	Contract description	n:	RAC Aud	it/Reco	very			
5.	Purpose of contract	t:						
	This is a new cont	tract to	provide	audit an	d recover	ry of ina	ppropriate Medicai	id payments in compliance with the
	Centers for Medic	are and	Medicai	d Servio	ces Final	Rule.		
6.	NEW CONTRACT							
	The maximum amo	ount of th	ne contrac	t for the	e term of th	ne contra	nct is: \$4,400,000.0	0
J	USTIFICATION							
7.	What conditions rec	quire that	at this wo	k be do	ne?			
	Mandated by 42 CF	FR 455.	500 Subp	art F.				
8.	Explain why State e	employe	es in you	ragency	y or other	State ag	encies are not able t	to do this work:
	State employees ar	re perfo	rming this	work bu	ut Federal	regulatio	ons require that each	n state contract with a Recovery Audit
	Contractor to perfor	rm these	e function	s that w	ill supplem	ent the e	effort of State emplo	yees.
9.	Were quotes or pro	posals	solicited?				Yes	
	Was the solicitation Division?	n (RFP)	done by t	ne Purc	hasing		Yes	
				re solici	ted to subi	mit propo	osals (include at leas	st three):
	Health Managemer							
	b. Soliciation Waive		••					
	c. Why was this cor				ence to oth	er?		
	HMS is the only ver	ndor tha	t propose	d.				

d. Last bid date: 08/11/2016 Anticipated re-bid date: 06/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

HMS has been a contractor with DHCFP and their work has been satisfactory.

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

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

Not Applicable

- 14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation
- 15. a. Is the Contractor Name the same as the legal Entity Name? Yes
- 16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes
- 17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes
- 18. Agency Field Contract Monitor:
- 19. Contract Status:

Approval Level	User	Signature Date
Budget Account Approval	aree2	11/03/2016 09:58:12 AM
Division Approval	ecreceli	11/03/2016 13:27:17 PM
Department Approval	ecreceli	11/03/2016 13:27:21 PM
Contract Manager Approval	aree2	11/03/2016 14:19:15 PM
Budget Analyst Approval	laaron	11/09/2016 11:54:44 AM
BOE Agenda Approval	nhovden	11/12/2016 10:23:17 AM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18247

							Legal Entity Name:	Aetna Better Health Nevada, Inc.
	Agency	y Name:	DHHS & PO		TH CARE F	INANCING	Contractor Name:	Aetna Better Health Nevada, Inc.
	Agency	y Code:	403				Address:	4500 E. Cotton Center Blvd.
	Approp	priation Unit:	3243-	12				
	ls budų availab	get authority le?:		Ye	es		City/State/Zip	Pheonix, AZ 85040
	If "No"	please expla	ain: No	ot Applica	able		Contact/Phone: Vendor No.:	Laurie Brubaker 602-659-1160
							NV Business ID:	NV20161477081
	To wha	at State Fisca	al Year	(s) will th	ne contract b	e charged?	2018-2021	
	What is		of fund	ds that wi	ill be used to	pay the contrac	ctor? Indicate the pe	rcentage of each funding source if
	х	General Fu	•	17.10 %		Fees	0.00 %	
	Х	Federal Fur	nds	82.90 %	6	Bonds	0.00 %	
		Highway Fu	unds	0.00 %	6	Other funding	0.00 %	
2	Contra	ct start date:				Ū		
	a. Effe	ective upon E aminer's app	Board c	of	No or b.	other effective of	date 07/01/2017	7
		nticipated B		eting dat	e 12/2	2016		
	Retroa	ctive?		N	0			
	If "Yes	", please exp	olain					
	Not Ap	oplicable						
3.	Termin	ation Date:		06/30/2	021			
-		ct term:		4 years	-			
4.	Type o	of contract:		Contrac	ct			
		ct descriptio	n:	Manage				
5.	Purpos	se of contrac	:t:					
	This is	a new cont	tract to	o provide Kl medic	e risk-based al assistand	d capitated Mar ce programs.	naged Care Organiz	zation services designed in support of
6.	NEW C	CONTRACT						
-	The ma	aximum amo	ount of	the contr	act for the te	erm of the contra	act is: \$7,598,968,1	75.00
JI	USTIFI	CATION						
7.	What c	conditions re	quire th	nat this w	ork be done	?		
	Manag	ed care serv	vices ar	re an effe	ective cost c	ontainment strat	egy to provide healt	h care services approved by CMS.
8.	Explair	n why State e	emplov	vees in vo	our agency o	or other State ag	encies are not able	to do this work:
•						o provide these		
9	Were	quotes or pro	posals	solicited	12		Yes	
0.		ne solicitatior	•			sing	Yes	
	a. List	the names o	of vendo	ors that w	vere solicite	d to submit prop	osals (include at lea	st three):
	SilverS Health	Better Health Summit Health Plan of Nev group Nevad	thplan, ada, In	Inc	C			
	b. Solid	ciation Waive	er: Not	Applica	ble			

	It is required by Statute to maintain two vendor contracts for theses services. It was determined to be in the State's best interest to enter into negotiations with four vendor's.								
			ed re-bid date: 06/30/2020						
10	. Does the contract contain an	y IT components?	No						
. (OTHER INFORMATION								
11	. a. Is the contractor a current employee of the State of Nev No		Nevada or will the contracted services be performed by a current						
	 b. Was the contractor former performed by someone former No 	ly employed by the State arly employed by the Stat	of Nevada within the last 24 months or will the contracted services be te of Nevada within the last 24 months?						
	c. Is the contractor employed No If "Yes", please Not Applicable		ical subdivisions or by any other government?						
12	. Has the contractor ever been No If "Yes", specify		ncy and indicate if the quality of service provided to the identified						
13	. Is the contractor currently inv	-	e State of Nevada? gation and facts supporting approval of the contract:						
14	. The contractor is registered v Nevada Corporation	with the Nevada Secretary	y of State's Office as a:						
15	. a. Is the Contractor Name the Yes	e same as the legal Entity	/ Name?						
16	. a. Does the contractor have a Yes	a current Nevada State B	usiness License (SBL)?						
17	. a. Is the legal entity active an Yes	nd in good standing with t	he Nevada Secretary of State's Office?						
18	. Agency Field Contract Monitor	or:							
19	. Contract Status: Contract Approvals:								
	Approval Level Budget Account Approva Division Approval Department Approval	User al aree2 ecreceli ecreceli	Signature Date 11/01/2016 09:30:34 AM 11/03/2016 09:22:47 AM 11/03/2016 09:22:51 AM						
	Department Approva	val aree2	11/03/2016 09:36:23 AM						

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18244

					Legal Entity Name:	Amerigroup Nevada, Inc.
	Agency Name:	DHHS - & POLI		CARE FINANCING	Contractor Name:	Amerigroup Nevada, Inc.
	Agency Code:	403			Address:	9133 Russell Road
	Appropriation Unit:	3243-12	2			Building 9
	Is budget authority available?:		Yes		City/State/Zip	Las Vegas , NV 89148
	If "No" please expla	ain: Not /	Applicable		Contact/Phone: Vendor No.:	Eric Lloyd 702-228-1308
					NV Business ID:	NV20051537996
	To what State Fisca	al Year(s) will the co	ontract be charged?	2018-2021	
	What is the source the contractor will b	of funds be paid by	that will be y multiple f	used to pay the contrac unding sources.	ctor? Indicate the per	rcentage of each funding source if
	X General Fur	nds 1	7.10 %	Fees	0.00 %	
	X Federal Fur	nds 8	82.90 %	Bonds	0.00 %	
	Highway Fu	inds	0.00 %	Other funding	0.00 %	
2.	Contract start date:					
	a. Effective upon B Examiner's appr		No	or b. other effective of	date 07/01/2017	,
	Anticipated BC	DE meeti	ng date	12/2016		
	Retroactive?		No			
	If "Yes", please exp	olain				
	Not Applicable					
3.	Termination Date:	0	6/30/2021			
	Contract term:	4	years			
4	Type of contract:	C	ontract			
	Contract description		lanaged C	are		
5.	Purpose of contract	t:	-			
•	This is a new cont	tract to p	provide ris medical as	k-based capitated Man ssistance programs.	aged Care Organiz	ation services designed in support of
6	NEW CONTRACT			• =		
0.		ount of the	e contract f	or the term of the contra	act is: \$7.598.968.1	75.00
					,,,,,,,,,,,,	
J	USTIFICATION					
7.	What conditions rec					
	Managed care serv	vices are	an effectiv	e cost containment strate	egy to provide health	n care services approved by CMS.
8.	Explain why State e	employee	es in your a	igency or other State ag	encies are not able t	to do this work:
	The State does not	have res	sources av	ailable to provide these s	services.	
9.	Were quotes or pro	posals s	olicited?		Yes	
	Was the solicitation Division?	ı (RFP) d	lone by the	Purchasing	Yes	
	a. List the names of	f vendors	s that were	solicited to submit prope	osals (include at leas	st three):
	Aetna Better Health					
	SilverSummit Healt Health Plan of Neva	npian, in ada, Inc	C			
	Amerigroup Nevada	a, Inc				
	b. Soliciation Waive	er: Not A	pplicable			

	It is required by Statute to maintain two vendor contracts for theses services. It was determined to be in the State's best interest to enter into negotiations with four vendor's.								
	d. Last bid date: 07/01/2		ed re-bid date: 06/01/2020						
10.	Does the contract contain any I	T components?	No						
0	THER INFORMATION								
11.	a. Is the contractor a current en	ployee of the State of	f Nevada or will the contracted services be performed by a current						
	employee of the State of Nevad								
	Νο								
	b. Was the contractor formerly e performed by someone formerly	employed by the State / employed by the State	of Nevada within the last 24 months or will the contracted services be te of Nevada within the last 24 months?						
performed by someone formerly employed by the State of Nevada within the last 24 months? No									
c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?									
г	No If "Yes", please ex	plain							
	Not Applicable								
12.	Has the contractor ever been engaged under contract by any State agency?								
	Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:								
[The contractor has been engaged under contract by DHCFP for several years and the service has been satisfactory.								
13.	Is the contractor currently involved in litigation with the State of Nevada?								
	•	•	gation and facts supporting approval of the contract:						
	Not Applicable								
	The contractor is registered with Nevada Corporation	n the Nevada Secretar	ry of State's Office as a:						
15.	a. Is the Contractor Name the s Yes	ame as the legal Entity	y Name?						
16.	a. Does the contractor have a c Yes	urrent Nevada State B	Business License (SBL)?						
17.	a. Is the legal entity active and i Yes	n good standing with t	the Nevada Secretary of State's Office?						
18.	Agency Field Contract Monitor:								
19.	Contract Status:								
	Contract Approvals:								
	Approval Level	User	Signature Date						
	Budget Account Approval	aree2	11/01/2016 08:47:13 AM						
	Division Approval	ecreceli	11/03/2016 09:22:00 AM						
	Department Approval	ecreceli	11/03/2016 09:22:03 AM						
	Contract Manager Approval		11/03/2016 09:36:36 AM						
	Budget Analyst Approval	laaron	11/08/2016 11:41:20 AM						
	BOE Agenda Approval BOE Final Approval	nhovden Pending	11/12/2016 10:29:00 AM						
		Donding							

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18245

						Legal Entity Name:	Health Plan of Nevada, Inc.
	Agency Name:	DHHS & POI		TH CARE F	INANCING	Contractor Name:	Health Plan of Nevada, Inc.
	Agency Code:	403				Address:	2720 Tenaya Way
	Appropriation Unit:	3243-	12				
	Is budget authority available?:		Ye	es		City/State/Zip	Las Vegas, NV 89128
	If "No" please expla	ain: No	ot Applica	able		Contact/Phone: Vendor No.:	Kelly Simonson 702-242-7200
						NV Business ID:	NV19841007076
	To what State Fisca	al Year	(s) will th	he contract b	e charged?	2018-2021	
	What is the source the contractor will b	of fund be paid	ls that w by multi	ill be used to ple funding s	pay the contractources.	ctor? Indicate the per	rcentage of each funding source if
	X General Fur	nds	17.10 %	%	Fees	0.00 %	
	X Federal Fur	nds	82.90 %	%	Bonds	0.00 %	
	Highway Fu	unds	0.00 %	%	Other funding	0.00 %	
2.	Contract start date:						
	a. Effective upon B Examiner's appr	Board o roval?	of	No or b.	other effective of	date 07/01/2017	,
	Anticipated BC	DE mee	eting dat	te 12/2	016		
	Retroactive?		N	lo			
	If "Yes", please exp	olain					
	Not Applicable						
3.	Termination Date:		06/30/2	021			
	Contract term:		4 years	5			
4.	Type of contract:		Contra	ct			
	Contract description	n:		ed Care			
5.	Purpose of contract	t:					
	This is a new cont the Title XIX and T	tract to Title XX	o provid (I medic	e risk-based al assistanc	l capitated Man e programs.	aged Care Organiz	ation services designed in support of
6.	NEW CONTRACT						
	The maximum amo	ount of t	the conti	ract for the te	erm of the contra	act is: \$7,598,968,1	75.00
J	USTIFICATION						
7.	What conditions rec	quire th	at this w	vork be done	?		
	Managed care serv	vices ar	e an effe	ective cost co	ontainment strate	egy to provide health	n care services approved by CMS.
8.	Explain why State e	emplov	ees in v	our agency o	r other State ad	encies are not able t	to do this work:
	The State does not						
9.	Were quotes or pro	posals	solicited	d?		Yes	
	Was the solicitation Division?	•			sing	Yes	
	a. List the names of	f vendo	ors that v	were solicited	I to submit prop	osals (include at leas	st three):
	SilverSummit Healt Health Plan of Neva Amerigroup Nevada	aḋa, In	с				
	Amerigroup Nevada Aetna Better Health	n of Ne	vada, In	с			
	b. Soliciation Waive	er: Not	Applica	able			

	It is required by Statute to maintain two vendor contracts for theses services. It was determined to be in the State's best interest to enter into negotiations with four vendor's.								
	d. Last bid date: 07/01/201		d re-bid date: 06/01/2020						
10.	Does the contract contain any IT	components?	No						
	OTHER INFORMATION								
11.			Nevada or will the contracted services be performed by a current						
	employee of the State of Nevada'	<u>{</u>							
	b. Was the contractor formerly en	ployed by the State of	of Nevada within the last 24 months or will the contracted services						
		employed by the State	e of Nevada within the last 24 months?						
	No	· · · · · · · · · · · · · · · · · · ·							
	c. Is the contractor employed by a No If "Yes", please expl		cal subdivisions or by any other government?						
	Not Applicable								
12		aged under contract l	by any State agency?						
	Has the contractor ever been engaged under contract by any State agency? Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified								
	agency has been verified as satisfactory:								
			HCFP for several years and the service has been satisfactory.						
13.	Is the contractor currently involve No If "Yes", please prov	-	State of Nevada? ation and facts supporting approval of the contract:						
	Not Applicable								
14	The contractor is registered with t	he Nevada Secretary	v of State's Office as a:						
	Nevada Corporation								
15.	a. Is the Contractor Name the sar	ne as the legal Entity	Name?						
	Yes								
16	a. Does the contractor have a cur Yes	rent Nevada State Bu	usiness License (SBL)?						
		good standing with th	ne Nevada Secretary of State's Office?						
	a. Is the legal entity active and in								
	a. Is the legal entity active and in Yes								
17.									
17. 18.	Yes Agency Field Contract Monitor: Contract Status:								
17. 18.	Yes Agency Field Contract Monitor: Contract Status: Contract Approvals:								
17. 18.	Yes Agency Field Contract Monitor: Contract Status: Contract Approvals: Approval Level	User	Signature Date						
17. 18.	Yes Agency Field Contract Monitor: Contract Status: Contract Approvals: Approval Level Budget Account Approval	aree2	11/01/2016 09:04:15 AM						
17. 18.	Yes Agency Field Contract Monitor: Contract Status: Contract Approvals: Approval Level Budget Account Approval Division Approval	aree2 ecreceli	11/01/2016 09:04:15 AM 11/03/2016 09:22:27 AM						
17. 18.	Yes Agency Field Contract Monitor: Contract Status: Contract Approvals: Approval Level Budget Account Approval Division Approval Department Approval	aree2 ecreceli ecreceli	11/01/2016 09:04:15 AM 11/03/2016 09:22:27 AM 11/03/2016 09:22:29 AM						
17. 18.	Yes Agency Field Contract Monitor: Contract Status: Contract Approvals: Approval Level Budget Account Approval Division Approval Department Approval Contract Manager Approval	aree2 ecreceli ecreceli aree2	11/01/2016 09:04:15 AM 11/03/2016 09:22:27 AM 11/03/2016 09:22:29 AM 11/03/2016 09:35:34 AM						
17. 18.	Yes Agency Field Contract Monitor: Contract Status: Contract Approvals: Approval Level Budget Account Approval Division Approval Department Approval	aree2 ecreceli ecreceli	11/01/2016 09:04:15 AM 11/03/2016 09:22:27 AM 11/03/2016 09:22:29 AM						

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18246

					Legal Entity Name:	SilverSummit Healthplan, Inc.
	Agency Name:	DHHS - & POLI	-	ARE FINANCING	Contractor Name:	SilverSummit Healthplan, Inc.
	Agency Code:	403			Address:	3753 Howard Hughes Parkway
	Appropriation Unit:	3243-12	2			Suite 200
	Is budget authority available?:		Yes		City/State/Zip	Las Vegas , NV 89169
	If "No" please expla	ain: Not	Applicable		Contact/Phone: Vendor No.:	Brent Layton 702-784-5921
					NV Business ID:	NV20061600559
	To what State Fisca	al Year(s	s) will the co	ntract be charged?	2018-2021	
	What is the source the contractor will b	of funds be paid b	that will be y multiple fu	used to pay the contrac nding sources.	ctor? Indicate the per	rcentage of each funding source if
	X General Fur	nds '	17.10 %	Fees	0.00 %	
	X Federal Fur	nds 8	82.90 %	Bonds	0.00 %	
	Highway Fu	unds	0.00 %	Other funding	0.00 %	
2.	Contract start date:					
;	a. Effective upon B Examiner's appr		No	or b. other effective of	date 07/01/2017	,
	Anticipated BC	DE meet	ing date	12/2016		
	Retroactive?		No			
_	If "Yes", please exp	olain				
[Not Applicable					
3.	Termination Date:	C	6/30/2021			
	Contract term:	4	years			
4	Type of contract:	C	Contract			
	Contract description		Managed Ca	re		
5.	Purpose of contract	t:				
				-based capitated Mar sistance programs.	naged Care Organiz	ation services designed in support of
6.	NEW CONTRACT					
	The maximum amo	ount of th	e contract fo	or the term of the contra	act is: \$7,598,968,1	75.00
JL	JSTIFICATION					
7.	What conditions rec	quire tha	t this work b	e done?		
[Managed care serv	vices are	an effective	cost containment strat	egy to provide health	n care services approved by CMS.
8.	Explain why State e	emplove	es in vour ad	gency or other State ag	encies are not able t	to do this work:
Г				ilable to provide these		
9.	Were quotes or pro	posals s	olicited?		Yes	
	Was the solicitation Division?	n (RFP) d	done by the	Purchasing	Yes	
г	a. List the names of	f vendor	s that were s	solicited to submit prop	osals (include at leas	st three):
	Aetna Better Health SilverSummit Health Health Plan of Neva Amerigroup Nevada	hplan, Ir ada, Inc				
	b. Soliciation Waive	•	pplicable			

	It is required by Statute to maintain two vendor contracts for theses services. It was determined to be in the State's best interest to enter into negotiations with four vendor's.				
	d. Last bid date: 07/01/		ed re-bid date: 06/01/2020		
10.	Does the contract contain any	IT components?	No		
I. (OTHER INFORMATION				
11.	a. Is the contractor a current e employee of the State of Neva No		Nevada or will the contracted services be performed by a current		
	b. Was the contractor formerly performed by someone forme No	v employed by the State rly employed by the Stat	of Nevada within the last 24 months or will the contracted services be te of Nevada within the last 24 months?		
	c. Is the contractor employed No If "Yes", please e Not Applicable		ical subdivisions or by any other government?		
12.	. Has the contractor ever been No If "Yes", specify		ncy and indicate if the quality of service provided to the identified		
13.	Is the contractor currently invo	•	e State of Nevada? gation and facts supporting approval of the contract:		
14.	. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation				
15.	a. Is the Contractor Name the Yes	same as the legal Entity	/ Name?		
16.	a. Does the contractor have a Yes	current Nevada State B	usiness License (SBL)?		
17.	a. Is the legal entity active and Yes	d in good standing with t	he Nevada Secretary of State's Office?		
18.	Agency Field Contract Monito	r:			
19.	Contract Status: Contract Approvals: Approval Level	User	Signature Date		
	Budget Account Approval	aree2	11/01/2016 09:17:10 AM		
	Division Approval	ecreceli	11/03/2016 09:23:10 AM		
	Department Approval Contract Manager Approv	ecreceli al aree2	11/03/2016 09:23:12 AM 11/03/2016 09:36:10 AM		
	Budget Analyst Approval	laaron	11/04/2016 12:58:45 PM		
	U U U U	nhovden	11/12/2016 10:29:46 AM		

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18259

				Legal Entity	Netsmart Technologies, Inc.	
				Name:	-	
	Agency Name:	DHHS - PUBLIC AND E HEALTH	BEHAVIORAL	Contractor Name:	Netsmart Technologies, Inc.	
	Agency Code:	406		Address:	4950 College Blvd.	
	Appropriation Unit:	3168-26				
	Is budget authority available?:	Yes		City/State/Zip	Overland Park, KS 66211	
	If "No" please expla	ain: Not Applicable		Contact/Phone:	Julie Meyer 913-272-2468	
				Vendor No.:	PUR0003686	
				NV Business ID:	NV20101021052	
	To what State Fisca	al Year(s) will the contrac	t be charged?	2017-2022		
		of funds that will be used be paid by multiple fundin		ctor? Indicate the per	rcentage of each funding source if	
	X General Fu	nds 100.00 %	Fees	0.00 %		
	Federal Fur	nds 0.00 %	Bonds	0.00 %		
	Highway Fu	inds 0.00 %	Other funding	0.00 %		
	Agency Reference	#: RFP 3249/C 1584	19			
2.	Contract start date:					
	a. Effective upon E	Board of Yes or	b. other effective of	date: NA		
	Examiner's appr		2/2016			
	•	0	2/2016			
	Retroactive?	No				
	If "Yes", please exp	blain				
	Not Applicable					
3.	Termination Date:	12/12/2021				
	Contract term:	5 years and 12 d	ays			
4.	Type of contract:	Lease/Purchase	Agreement			
	Contract description	n: Pharmaceutical	Equip			
5	Purpose of contract	t•				
0.			pharmaceutical d	ispensina equipme	nt to Department of Health and Human	
	Services run phar	macies which include:	Rawson Neal Psy	chiatric Hospital, S	tein Hospital, Desert Willow Treatment	
	Center, Dini Town	send Psychiatric Hospi	tal and Lake's Cr	ossing Center.		
6.	NEW CONTRACT					
		unt of the contract for the			0	
	Other basis for pay	ment: As invoiced by the	Contractor and ap	proved by the State		
J	USTIFICATION					
	7. What conditions require that this work be done?					
7.	What conditions rec	quire that this work be do	ne?			

Pharmaceutical dispensing equipment is required at state run facilities to reduce human error and increase patient safety.

8.	. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees have the knowledge to operate the equipment, however it is more cost effective for the state equipment rather than purchasing.	

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):

Carefusion Netsmart Clinical Solutions

b. Soliciation Waiver: Not Applicable

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

Pursuant to RFP #3249, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/04/2016 Anticipated re-bid date: 05/04/2021

10. Does the contract contain any IT components?

III. OTHER INFORMATION

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

No

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

No

No

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

No If "Yes", please explain

Not Applicable

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

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

With the Division of Public and Behavioral Health and Division of Child and Family Services since 2006 - 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:

• •		
Approval Level	User	Signature Date
Budget Account Approval	chadwic1	11/04/2016 10:12:17 AM
Division Approval	chadwic1	11/04/2016 10:12:19 AM
Department Approval	ecreceli	11/04/2016 11:40:29 AM
Contract Manager Approval	rmorse	11/04/2016 13:14:37 PM
Budget Analyst Approval	dstoddar	11/07/2016 09:10:59 AM
BOE Agenda Approval	nhovden	11/14/2016 11:16:19 AM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18234

				Legal Entity Name:	Nevada Department of Motor Vehicles
	Agency Name:	DHHS - PUBLIC A HEALTH	ND BEHAVIORAL	Contractor Name:	Nevada Department of Motor Vehicles
	Agency Code:	406		Address:	555 Wright Street
	Appropriation Unit:	4547-10			
	Is budget authority available?:	Yes		City/State/Zip	Carson City, NV 89711-0400
	If "No" please expla	ain: Not Applicable		Contact/Phone:	775 684-4368
				Vendor No.:	D81000000
				NV Business ID:	Governmental Entity
	To what State Fisca	al Year(s) will the co	ontract be charged?	2016-2019	
		of funds that will be be paid by multiple fu		actor? Indicate the pe	rcentage of each funding source if
	General Fu	nds 0.00 %	X Fees	100.00 % PART	
	Federal Fur	nds 0.00 %	Bonds	0.00 %	
	Highway Fu	unds 0.00 %	Other funding	g 0.00 %	
	Agency Reference	#: C 15508			
2.	Contract start date:				
	a. Effective upon E Examiner's appr	Board of No roval?	or b. other effective	e date 07/01/2015	5
	Anticipated BC	DE meeting date	11/2016		
	Retroactive?	Yes			
	If "Yes", please exp	blain			
	(MMR) online patie	ent registration sys g MMR foot traffic	stem and the DMVs i in the participating D	identification card pr DMVs, as well as elim	een the Medical Marijuana Registry ocessing system. The interface is ninating the unnecessary burden on ed some of the interface work into SFY
3.	Termination Date:	06/30/2019			
	Contract term:	4 years			
4.	Type of contract:	Interlocal A	greement		
	Contract description	n: MMW Cards	6		
5.	Purpose of contract				
	caregiver card ap	plicants from Depa	rtment of Health and	d Human Services wi	re the medical marijuana patient and th the Department of Motor Vehicles to the applicant through the DMV

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$92,400.00** Payment for services will be made at the rate of \$105.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The DMV shall process medical marijuana patient and caregiver card requests electronically received from DPBH if the applicant has an existing driver's license (DL), identification card (ID) or drivers authorization card (DAC) within the DMVs database. This will be through a batch process and will not be a real-time system.

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

9.	Were quotes or proposals solicite	d?	No			
	Was the solicitation (RFP) done b Division?		No			
	a. List the names of vendors that were solicited to submit proposals (include at least three):					
	Not Applicable					
	b. Soliciation Waiver: Not Applica					
	c. Why was this contractor choser	n in preference to othe	ır?			
	d. Last bid date:	Anticipated	re-bid date:			
10.	Does the contract contain any IT of	components?	No			
. C	OTHER INFORMATION					
11.	a. Is the contractor a current employee of the State of Nevada?	loyee of the State of N ?	evada or will the contracted services be performed by a current			
	b. Was the contractor formerly em	nployed by the State of employed by the State	f Nevada within the last 24 months or will the contracted services be of Nevada within the last 24 months?			
	c. Is the contractor employed by any of Nevada's political subdivisions or 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	d in litigation with the S	State 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 w Governmental Entity	ith the Nevada Secret	ary of State's Office because the legal entity is a:			
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	chadwic1	10/27/2016 16:06:48 PM			

Appioval Level	0361	Signature Date
Budget Account Approval	chadwic1	10/27/2016 16:06:48 PM
Division Approval	chadwic1	10/27/2016 16:06:50 PM
Department Approval	ecreceli	11/01/2016 11:07:43 AM
Contract Manager Approval	rmorse	11/01/2016 13:26:49 PM
Budget Analyst Approval	dstoddar	11/02/2016 11:02:22 AM
BOE Agenda Approval	nhovden	11/03/2016 18:10:10 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL Governor

RICHARD WHITLEY, MS Director

STATE OF NEVADA

CODY L. PHINNEY, MPH Administrator

JOHN DIMURO, D.O., MBA Chief Medical Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH 4150 Technology Way, Suite 300 Carson City, NV 89706 Telephone: (775) 684-4200 · Fax: (775) 684-4211

October 27, 2016

MEMORANDUM

- TO: Bessie Wooldridge Budget Analyst Budget Division
- THROUGH: Mark Winebarger Administrative Services Officer IV Division of Public and Behavioral Health
- FROM: Chad Warren Westom Bureau Chief Preparedness, Assurance, Inspections and Statistics Bureau

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Department of Motor Vehicles (CETS #TBD)

The purpose of this contract between DPBH and DMV is to fund the development of an interface between the Medical Marijuana Registry (MMR) online patient registration system and the DMV's identification card processing system. The interface is critical to reducing MMR foot traffic in the participating DMVs, as well as eliminating the unnecessary burden on patients to visit a DMV in order to obtain their MMR cards. DPBH and DMV expected the development and implementation of the interface would be completed before the end of SFY 16, however, unanticipated delays forced some of the interface work into SFY 17.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2015. If the contract is not approved, DPBH will not be able to reimburse DMV for development work they have already completed during SFY 17.

Thank you for your consideration in this matter.

CC: Rick Morse, Management Analyst II Division of Public and Behavioral Health

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18257

				Legal Entity Name:	ANYTIME PLUMBING, INC., DBA ABES PLUMBING AIR REPAIR FAST WATER
	Agency Name:	ADJUTANT GENERAL & GUARD	NATIONAL	Contractor Name:	ANYTIME PLUMBING, INC., DBA ABES PLUMBING AIR REPAIR FAST WATER
	Agency Code:	431		Address:	4690 W POST RD STE 130
	Appropriation Unit:	3650-07			
	Is budget authority available?:	Yes		City/State/Zip	LAS VEGAS, NV 89118-4345
	If "No" please expla	in: Not Applicable		Contact/Phone:	Scott Jester 702/362-9300
				Vendor No.:	PUR0005090A
				NV Business ID:	NV19991205584
		al Year(s) will the contract be	0	2017-2021	
	the contractor will b	e paid by multiple funding s	ources.	·	rcentage of each funding source if
	X General Fur		Fees	0.00 %	
	X Federal Fun		Bonds Other funding	0.00 %	
	Highway Fu	inds 0.00 %	Other funding	0.00 %	
2.	Contract start date: a. Effective upon B Examiner's appr Anticipated BC	Board of Yes or b. oval? DE meeting date 12/20	other effective o	date: NA	
	Retroactive?	No			
	If "Yes", please exp	lain			
	Not Applicable				
3.	Termination Date:	12/13/2020			
	Contract term:	4 years and 13 days	S		
4.	Type of contract:	Contract			
	Contract description	n: Plumbing Services			
5.	Purpose of contract				
	This is a new cont locations in Las V	ract to provide ongoing p egas and Henderson.	lumbing servic	es on an "as neede	ed" basis at Nevada Army Guard
6.	NEW CONTRACT				
	The maximum amo	unt of the contract for the te	rm of the contra	act is: \$99,960.00	
	Payment for service	es will be made at the rate o	of \$24,990.00 pe	er year	
J	USTIFICATION				
7.	What conditions rec	quire that this work be done	?		
	Plumbing services a	are required throughout the	year as mainter	nance or repairs are	needed.
8.	Explain why State e	employees in your agency o	r other State ag	encies are not able t	o do this work:
					ng repair and maintenance.
9.	Were quotes or pro	posals solicited?		Yes	
	Was the solicitation Division?	(RFP) done by the Purchas	sing	No	
	a. List the names of	f vendors that were solicited	to submit prop	osals (include at leas	st three):
	Butter Plumbing Anytime Plumbing Larkin Plumbing				

	n Waiver: Not Applicable				
	this contractor chosen in preference to other?				
	umbing was one of the vendors chosen based on the bidding process.				
d. Last bid d	date: Anticipated re-bid date:				
10. Does the co	ontract contain any IT components? No				
III. OTHER INFO	ORMATION				
	ntractor a current employee of the State of Nevada or will the contracted services be performed by a current of the State of Nevada?				
No					
	b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months? No				
c. Is the con	ntractor employed by any of Nevada's political subdivisions or by any other government?				
No	If "Yes", please explain				
Not Applicat	ble				
12. Has the con	ntractor 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 Applicat	ble				
13. Is the contra	actor currently involved in litigation with the State of Nevada?				
No	If "Yes", please provide details of the litigation and facts supporting approval of the contract:				
Not Applicat	ble				

- 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

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/01/2016 16:39:48 PM
Division Approval	ctyle1	11/01/2016 16:39:50 PM
Department Approval	ctyle1	11/01/2016 16:39:52 PM
Contract Manager Approval	twollan1	11/01/2016 16:40:25 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:36:43 AM
BOE Agenda Approval	pnicks	11/02/2016 17:21:46 PM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18253

				Legal Entity Name:	Avalon Electric
	Agency Name:	ADJUTANT GENERAL	& NATIONAL	Contractor Name:	Avalon Electric
	Agency Code:	431		Address:	4310 Cameron St., Ste. 12B
	Appropriation Unit:	3650-07			
	Is budget authority available?:	Yes		City/State/Zip	Las Vegas, NV 89103
	If "No" please expla	ain: Not Applicable		Contact/Phone:	Christian Peterson 7026366181
				Vendor No.:	T27037109
				NV Business ID:	NV20131356733
	To what State Fisca	al Year(s) will the contra	ct be charged?	2017-2021	
		of funds that will be use be paid by multiple fundi		ctor? Indicate the per	rcentage of each funding source if
	X General Fu	nds 50.00 %	Fees	0.00 %	
	X Federal Fur	nds 50.00 %	Bonds	0.00 %	
	Highway Fu	inds 0.00 %	Other funding	0.00 %	
2.	Contract start date:				
	a. Effective upon E Examiner's appr		b. other effective of	late: NA	
			2/2016		
	Retroactive?	No			
	If "Yes", please exp	blain			
	Not Applicable				
3.	Termination Date:	12/13/2020			
	Contract term:	4 years and 13	days		
4.	Type of contract:	Contract			
	Contract description	n: Electrical Servi	ces		
5.	Purpose of contract	t:			
	This is a new cont Guard locations ir	ract to provide ongoir n Las Vegas, Henderso	ng electrical mainte on and Ely.	enance services on	an "as needed" basis at Nevada Army
6.	NEW CONTRACT				
	The maximum amo	unt of the contract for th	e term of the contra	nct is: \$99,960.00	
	Payment for service	es will be made at the ra	ate of \$24,990.00 pe	r year	
J	USTIFICATION				
7.	What conditions red	quire that this work be d	one?		
	Electrical services a	are required throughout	the year as mainten	ance or repairs are	needed.
8.	Explain why State e	employees in your agen	cy or other State ag	encies are not able t	o do this work:
	State employees do	o not have all necessary	equipment to perfo	rm adequate electric	cal repair and maintenance.
9.	Were quotes or pro	•		Yes	
	Division?	(RFP) done by the Pur	-	No	
		f vendors that were solid	cited to submit prope	osals (include at leas	st three):
	Southwest Electric American Southwes Helix Electric	st			
	b. Soliciation Waive	er: Not Applicable			

	Ion Electric was one of the ven ast bid date: 07/22/2016		
			I re-bid date:
10. Doe	es the contract contain any IT c	omponents?	No
OTH	ER INFORMATION		
11. a. ls emp	s the contractor a current emplo bloyee of the State of Nevada? No	oyee of the State of I	Nevada or will the contracted services be performed by a current
b. V perf	Vas the contractor formerly emp formed by someone formerly er No	bloyed by the State on nployed by the State	of Nevada within the last 24 months or will the contracted services be a of Nevada within the last 24 months?
c. Is	the contractor employed by ar No If "Yes", please expla	•	cal subdivisions or by any other government?
Not	Applicable		
12. Has	the contractor ever been enga No If "Yes", specify wher agency has been ver	and for which agen	by any State agency? cy and indicate if the quality of service provided to the identified
Not	Applicable		
	ne contractor currently involved No If "Yes", please provid Applicable	-	State of Nevada? ation and facts supporting approval of the contract:
	e contractor is registered with th vada Corporation	e Nevada Secretary	of State's Office as a:
	s the Contractor Name the sam Yes	e as the legal Entity	Name?
	loes the contractor have a curro Yes	ent Nevada State Bu	isiness License (SBL)?
17. a. ls	s the legal entity active and in g Yes	ood standing with th	e Nevada Secretary of State's Office?
18. Age	ency Field Contract Monitor:		
Con	ntract Status: ntract Approvals:		
	Approval Level	User	Signature Date
	Budget Account Approval Division Approval	ctyle1	11/01/2016 16:10:29 PM 11/01/2016 16:10:31 PM
	Department Approval	ctyle1 ctyle1	11/01/2016 16:10:31 PM
	Contract Manager Approval	twollan1	11/01/2016 16:11:55 PM
	Budget Analyst Approval	dstoddar	11/02/2016 09:41:50 AM
	BOE Agenda Approval	pnicks	11/02/2016 17:23:22 PM
		Pending	
	BOE Final Approval	0	
	BOE Final Approval	0	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18256

				Legal Entity Name:	Butter Building & Development Inc.
	Agency Name:	ADJUTANT GENE GUARD	ERAL & NATIONAL	Contractor Name:	Butter Plumbing
	Agency Code:	431		Address:	4130 Artic Spring Ave., Ste. A
	Appropriation Unit:	3650-07			
	Is budget authority available?:	Yes		City/State/Zip	Las Vegas, NV 89115
	If "No" please expla	ain: Not Applicable		Contact/Phone: Vendor No.:	Shawn Butter 7026555214
				NV Business ID:	NV19981332063
	To what State Fisca	al Year(s) will the co	ontract be charged?	2017-2021	
	What is the source the contractor will b	of funds that will be be paid by multiple f	used to pay the contrac unding sources.	ctor? Indicate the per	rcentage of each funding source if
	X General Fu	nds 50.00 %	Fees	0.00 %	
	X Federal Fur	nds 50.00 %	Bonds	0.00 %	
	Highway Fu	unds 0.00 %	Other funding	0.00 %	
2.	Contract start date:				
	a. Effective upon E Examiner's appi		or b. other effective of	date: NA	
	Anticipated BC	DE meeting date	12/2016		
	Retroactive?	No			
	If "Yes", please exp	olain			
	Not Applicable				
3.	Termination Date:	12/13/2020			
	Contract term:	4 years and	l 13 days		
4.	Type of contract:	Contract			
	Contract description	n: Plumbing S	Services		
5.	Purpose of contract	t:			
	This is a new cont locations statewic	tract to provide on le.	going plumbing servic	es on an "as neede	ed" basis at Nevada Army Guard
6.	NEW CONTRACT				
	The maximum amo	ount of the contract f	for the term of the contra	act is: \$99,960.00	
	Payment for service	es will be made at tl	ne rate of \$24,990.00 pe	er year	
JI	JSTIFICATION				
7.	What conditions red	quire that this work	be done?		
	Plumbing services	are required throug	hout the year as mainter	nance or repairs are	needed.
8.	Explain why State	employees in your a	agency or other State ag	encies are not able t	to do this work:
	State employees do	o not have all neces	sary equipment to perfo	rm adequate plumbi	ng repair and maintenance.
9.	Were quotes or pro	posals solicited?		Yes	
	Was the solicitation Division?	n (RFP) done by the	Purchasing	No	
		f vendors that were	solicited to submit propo	osals (include at leas	st three):
	Larkin Plumbing Anytime Plumbing Butter Plumbing				
	b. Soliciation Waive	er: Not Applicable			

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

 Butter Plumbing and Heating was one of the vendors chosen based on the bidding process.

 d. Last bid date:
 07/22/2016

 Anticipated re-bid date:

 10. Does the contract contain any IT components?
 No

 III. OTHER INFORMATION

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

No

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

No

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

No	If "Yes", please explain

Not Applicable

No

- 12. Has the contractor ever been engaged under contract by any State agency?
 - If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

- 15. a. Is the Contractor Name the same as the legal Entity Name?
 - No b. If "No", please explain:

The vendor's registered name is Butter Building & Development Inc. but their State Contractor's Board has listed Butter Plumbing.

- 16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes
- 17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes
- 18. Agency Field Contract Monitor:
- 19. Contract Status:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/01/2016 16:23:50 PM
Division Approval	ctyle1	11/01/2016 16:23:53 PM
Department Approval	ctyle1	11/01/2016 16:23:55 PM
Contract Manager Approval	twollan1	11/01/2016 16:39:07 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:33:51 AM
BOE Agenda Approval	pnicks	11/02/2016 17:17:51 PM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18252

					Legal Entity Name:	Helix Electric of Nevada, LLC
	3	ADJUTAN GUARD	NT GENERAL	& NATIONAL	Contractor Name:	Helix Electric of Nevada, LLC
	0 ,	431			Address:	3078 E. Sunset Rd. Ste. #9
	Appropriation Unit:	3650-07				
	Is budget authority available?:		Yes		City/State/Zip	Las Vegas, NV 89120
	If "No" please explai	in: Not Ap	plicable		Contact/Phone:	Earl Ward 7027321188
					Vendor No.:	T29030678
					NV Business ID:	NV20011076993
	To what State Fisca	l Year(s) v	vill the contra	ct be charged?	2017-2021	
	What is the source of the contractor will be	of funds th e paid by r	at will be use nultiple fundir	d to pay the contrac ng sources.	ctor? Indicate the per	centage of each funding source if
	X General Fun	nds 50.	00 %	Fees	0.00 %	
	X Federal Fund	ds 50.	00 %	Bonds	0.00 %	
	Highway Fur	nds 0.	00 %	Other funding	0.00 %	
2.	Contract start date:					
	a. Effective upon Be	oard of	Yes or	b. other effective of	late: NA	
	Examiner's appro					
	Anticipated BO	E meeting	g date 1	2/2016		
	Retroactive?		No			
	If "Yes", please expl	lain				
	Not Applicable					
3.	Termination Date:	12/ ⁻	13/2020			
	Contract term:	4 ye	ears and 13	days		
4.	Contract term: Type of contract:	-	ears and 13 ontract	days		
4.		Со		-		
	Type of contract: Contract description	Cor Ele	ntract	-		
	Type of contract: Contract description Purpose of contract: This is a new contr	Cor Ele	ntract ctrical Servio	ces	enance services on	an "as needed" basis at Nevada Air
5.	Type of contract: Contract description Purpose of contract: This is a new contr and Army Guard Io	Cor Ele	ntract ctrical Servio	ces	enance services on	an "as needed" basis at Nevada Air
5.	Type of contract: Contract description Purpose of contract: This is a new contr and Army Guard lo NEW CONTRACT	Con Ele ract to pro pocations s	ntract ctrical Servie ovide ongoin tatewide.	ces Ig electrical mainte		an "as needed" basis at Nevada Air
5.	Type of contract: Contract description Purpose of contract: This is a new contr and Army Guard Io NEW CONTRACT The maximum amou	Con Ele ract to pro ocations s	ntract ctrical Servio ovide ongoin tatewide.	ces og electrical mainte e term of the contra	act is: \$99,960.00	an "as needed" basis at Nevada Air
5. 6.	Type of contract: Contract description Purpose of contract: This is a new contract and Army Guard Io NEW CONTRACT The maximum amou Payment for service	Con Ele ract to pro ocations s	ntract ctrical Servio ovide ongoin tatewide.	ces og electrical mainte e term of the contra	act is: \$99,960.00	an "as needed" basis at Nevada Air
5. 6. JI	Type of contract: Contract description Purpose of contract: This is a new contr and Army Guard lo NEW CONTRACT The maximum amou Payment for service	Con Ele ract to pro cations s unt of the o s will be m	ntract ctrical Servic ovide ongoin tatewide. contract for th nade at the ra	ces ag electrical mainte e term of the contra te of \$24,990.00 pe	act is: \$99,960.00	an "as needed" basis at Nevada Air
5. 6. JI	Type of contract: Contract description Purpose of contract: This is a new contract: This is a new contrant and Army Guard Io NEW CONTRACT The maximum amou Payment for service USTIFICATION What conditions req	Con Ele ract to pro ocations s unt of the o s will be m uuire that th	ntract ctrical Servic ovide ongoin tatewide. contract for th nade at the ra	ces og electrical mainte le term of the contra te of \$24,990.00 pe	act is: \$99,960.00 r year	
5. 6. JI 7.	Type of contract: Contract description Purpose of contract: This is a new contrant and Army Guard loo NEW CONTRACT The maximum amou Payment for service USTIFICATION What conditions req Electrical services a	Con Electric Electric ract to pro- cations s unt of the or s will be m unite that the re required	ntract ctrical Servic ovide ongoin tatewide. contract for th hade at the ra	ces og electrical mainte te term of the contra te of \$24,990.00 pe one? the year as mainter	act is: \$99,960.00 Fr year Hance or repairs are	needed.
5. 6. JI 7.	Type of contract: Contract description Purpose of contract: This is a new contract: This is a new contract NEW CONTRACT The maximum amou Payment for service USTIFICATION What conditions req Electrical services a Explain why State en	Con Electric Electric ract to pro- pocations s unt of the of s will be m unite that the unite that the unite required mployees	ntract ctrical Servic ovide ongoin tatewide. contract for the nade at the ra	ces og electrical mainte te term of the contra te of \$24,990.00 pe one? the year as mainten cy or other State ag	act is: \$99,960.00 r year hance or repairs are encies are not able t	needed. o do this work:
5. 6. 7. 8.	Type of contract: Contract description Purpose of contract: This is a new contract: This is a new contract NEW CONTRACT The maximum amou Payment for service USTIFICATION What conditions req Electrical services a Explain why State en State employees do	Con Electron cations s ant of the or s will be m <u>uire that the re required</u> mployees not have	ntract ctrical Servic ovide ongoin tatewide. contract for the nade at the rach his work be do d throughout in your agence all necessary	ces og electrical mainte te term of the contra te of \$24,990.00 pe one? the year as mainten cy or other State ag	act is: \$99,960.00 or year <u>hance or repairs are</u> <u>encies are not able t</u> rm adequate electric	needed.
5. 6. 7. 8.	Type of contract: Contract description Purpose of contract: This is a new contract: This is a new contrant and Army Guard Io NEW CONTRACT The maximum amou Payment for service USTIFICATION What conditions req Electrical services a Explain why State en State employees do Were quotes or prop	Con Ele ract to pro- cations s unt of the of s will be m uire that the re required mployees not have cosals soli	ntract ctrical Servic ovide ongoin tatewide. contract for the nade at the rational service in your agence all necessary cited?	ces og electrical mainte te term of the contra te of \$24,990.00 pe one? the year as mainten cy or other State ag equipment to perfo	act is: \$99,960.00 Fryear <u>aance or repairs are</u> <u>encies are not able t</u> <u>rm adequate electric</u> Yes	needed. o do this work:
5. 6. 7. 8.	Type of contract: Contract description Purpose of contract: This is a new contrant and Army Guard loo NEW CONTRACT The maximum amou Payment for service USTIFICATION What conditions req Electrical services a Explain why State en State employees do Were quotes or prop Was the solicitation Division?	Con Ele continuent of the optimization continuent of the optim	ntract ctrical Servic pvide ongoin tatewide. contract for the nade at the rach his work be do d throughout the in your agend all necessary cited? ne by the Pure	ces ag electrical mainten the term of the contra the of \$24,990.00 per one? the year as mainten cy or other State ag requipment to perfor chasing	act is: \$99,960.00 or year <u>eance or repairs are</u> <u>encies are not able t</u> <u>rm adequate electric</u> Yes No	needed. o do this work: cal repair and maintenance.
5. 6. 7. 8.	Type of contract: Contract description Purpose of contract: This is a new contract: This is a new contract NEW CONTRACT The maximum amou Payment for service USTIFICATION What conditions req Electrical services a Explain why State en State employees do Were quotes or prop Was the solicitation Division? a. List the names of	Con Ele continuent of the optimization continuent of the optim	ntract ctrical Servic pvide ongoin tatewide. contract for the nade at the rach his work be do d throughout the in your agend all necessary cited? ne by the Pure	ces ag electrical mainten the term of the contra the of \$24,990.00 per one? the year as mainten cy or other State ag requipment to perfor chasing	act is: \$99,960.00 or year <u>eance or repairs are</u> <u>encies are not able t</u> <u>rm adequate electric</u> Yes No	needed. o do this work: cal repair and maintenance.
5. 6. 7. 8.	Type of contract: Contract description Purpose of contract: This is a new contract: This is a new contract: This is a new contract: The Weat CONTRACT The maximum amou Payment for service USTIFICATION What conditions req Electrical services a Explain why State en State employees do Were quotes or prop Was the solicitation Division? a. List the names of Southwest Electric	Con Ele continuent of the optimization continuent of the optim	ntract ctrical Servic pvide ongoin tatewide. contract for the nade at the rach his work be do d throughout the in your agend all necessary cited? ne by the Pure	ces ag electrical mainten the term of the contra the of \$24,990.00 per one? the year as mainten cy or other State ag requipment to perfor chasing	act is: \$99,960.00 or year <u>eance or repairs are</u> <u>encies are not able t</u> <u>rm adequate electric</u> Yes No	needed. o do this work: cal repair and maintenance.
5. 6. 7. 8.	Type of contract: Contract description Purpose of contract: This is a new contract: This is a new contract NEW CONTRACT The maximum amou Payment for service USTIFICATION What conditions req Electrical services a Explain why State en State employees do Were quotes or prop Was the solicitation Division? a. List the names of	Con Electron cations s and of the or swill be m <u>uire that the re required</u> mployees not have cosals soli (RFP) dor vendors the	ntract ctrical Servic pvide ongoin tatewide. contract for the nade at the rach his work be do d throughout the in your agend all necessary cited? ne by the Pure	ces ag electrical mainten the term of the contra the of \$24,990.00 per one? the year as mainten cy or other State ag requipment to perfor chasing	act is: \$99,960.00 or year <u>eance or repairs are</u> <u>encies are not able t</u> <u>rm adequate electric</u> Yes No	needed. o do this work: cal repair and maintenance.

	Helix Electric was one of	the vendors	chosen based on	the bidding process.
	d. Last bid date: 0	7/22/2016	Anticipated	re-bid date:
10.	Does the contract contain	n any IT com	ponents?	No
. (THER INFORMATION			
11.	a. Is the contractor a curr employee of the State of	ent employe Nevada?	e of the State of N	levada or will the contracted services be performed by a current
	No			
	performed by someone for	merly employ ormerly empl	yed by the State o oyed by the State	f Nevada within the last 24 months or will the contracted services be of Nevada within the last 24 months?
	No			
	•		of Nevada's politic	al subdivisions or by any other government?
	No If "Yes", ple	ase explain		
	Not Applicable			
12.	Has the contractor ever b	00		, , , , , , , , , , , , , , , , , , , ,
			nd for which agend d as satisfactory:	cy and indicate if the quality of service provided to the identified
	Not Applicable		4	
13.	Is the contractor currently	/ involved in	litigation with the S	State of Nevada?
	•		•	tion and facts supporting approval of the contract:
	Not Applicable			
14.	The contractor is register LLC	ed with the N	levada Secretary	of State's Office as a:
15.	a. Is the Contractor Name Yes	e the same a	is the legal Entity I	Name?
16.	a. Does the contractor ha	ave a current	Nevada State Bus	siness License (SBL)?
17.	a. Is the legal entity active Yes	e and in goo	d standing with the	e Nevada Secretary of State's Office?
18.	Agency Field Contract Me	onitor:		
19.	Contract Status: Contract Approvals:			
	Approval Level		User	Signature Date
	Budget Account App		ctyle1	11/01/2016 15:35:11 PM
	Division Approval		ctyle1	11/01/2016 15:35:13 PM
	Department Approva		ctyle1 twollan1	11/01/2016 15:35:17 PM
	Contract Manager Ap Budget Analyst Appro	•	dstoddar	11/01/2016 15:51:11 PM 11/02/2016 09:47:51 AM
	BOE Agenda Approv		onicks	11/02/2016 17:26:40 PM
	BOE Final Approval	-	Pending	······································
			0	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18255

					Legal Entity Name:	LARKIN PLUMBING & HEATING CO
	Agency Name:	ADJUT GUAR		RAL & NATIONAL	Contractor Name:	LARKIN PLUMBING & HEATING CO
	Agency Code:	431			Address:	INC
	Appropriation Unit:	3650-0	7			1801 INDUSTRIAL RD
	Is budget authority available?:		Yes		City/State/Zip	LAS VEGAS, NV 89102
	If "No" please expla	ain: Not	Applicable		Contact/Phone:	Rich Robinson 702/382-2410
					Vendor No.:	T80904083
					NV Business ID:	NV19511000064
	To what State Fisca	al Year(s) will the con	tract be charged?	2017-2021	
	What is the source the contractor will b	of funds e paid b	s that will be ι by multiple fur	used to pay the contrac nding sources.	ctor? Indicate the per	rcentage of each funding source if
	X General Fur	nds	50.00 %	Fees	0.00 %	
	X Federal Fur	nds	50.00 %	Bonds	0.00 %	
	Highway Fu	inds	0.00 %	Other funding	0.00 %	
2.	Contract start date:					
	a. Effective upon B Examiner's appr		Yes	or b. other effective c	date: NA	
	Anticipated BC	DE mee	ting date	12/2016		
	Retroactive?		No			
	If "Yes", please exp	lain				
	Not Applicable					
3.	Termination Date:		12/13/2020			
	Contract term:	4	4 years and $ m \prime$	13 days		
4.	Type of contract:	(Contract			
	Contract description	n: l	Plumbing Se	rvices		
5.	Purpose of contract	t:				
	This is a new cont locations in the La	ract to as Vega	provide ong s area.	oing plumbing servic	es on an "as neede	ed" basis at Nevada Army Guard
6.	NEW CONTRACT					
	The maximum amo	unt of th	ne contract fo	r the term of the contra	act is: \$99,960.00	
	Payment for service	es will b	e made at the	e rate of \$24,990.00 pe	er year	
JI	JSTIFICATION					
7.	What conditions rec	quire tha	at this work be	e done?		
	Plumbing services a	are requ	ired througho	out the year as mainter	nance or repairs are	needed.
8.	Explain why State e	employe	es in your ag	ency or other State age	encies are not able t	to do this work:
	State employees do	o not ha	ve all necess	ary equipment to perfo	rm adequate plumbi	ing repair and maintenance.
9.	Were quotes or pro	posals s	solicited?		Yes	
	Was the solicitation Division?	(RFP)	done by the F	Purchasing	No	
	a. List the names of	f vendoi	rs that were s	olicited to submit prope	osals (include at leas	st three):
	Larkin Plumbing Anytime Plumbing Butter Plumbing					
	b. Soliciation Waive	er: Not A	Applicable			

Larkin Plumbing and Heating was one of the vendors chosen based on the bidding process.d. Last bid date:07/22/2016Anticipated re-bid date:	1
d Last hid date: 07/22/2016 Anticipated re-hid date:	
U. Last blu date. 01/22/2010 Anticipated te-bid date.	
10. Does the contract contain any IT components? No	
III. OTHER INFORMATION	
11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a employee of the State of Nevada?	current
No	
b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted performed by someone formerly employed by the State of Nevada within the last 24 months?	services be
Νο	
c. Is the contractor employed by any of Nevada's political subdivisions or 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 ide agency has been verified as satisfactory:	entified
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	
 The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation 	
15. a. Is the Contractor Name the same as the legal Entity Name? Yes	
16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes	
17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes	
18. Agency Field Contract Monitor:	
19. Contract Status: Contract Approvals:	
Approval Level User Signature Date	
Budget Account Approval ctyle1 11/01/2016 16:16:28 PM	
Budget Account Approval ctyle1 11/01/2016 16:16:28 PM Division Approval ctyle1 11/01/2016 16:16:30 PM	

Budget Analyst Approval dstoddar BOE Agenda Approval pnicks **BOE** Final Approval Pending

11/02/2016 09:11:20 AM 11/02/2016 17:27:58 PM

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18258

				Legal Entity Name:	Southwest Electric
	Agency Name:	ADJUTANT GENE GUARD	RAL & NATIONAL	Contractor Name:	Southwest Electric
	Agency Code:	431		Address:	921 American Pacific Dr.
	Appropriation Unit:	3650-07			Unit 307
	Is budget authority available?:	Yes		City/State/Zip	Henderson, NV 89014
	If "No" please expla	ain: Not Applicable		Contact/Phone: Vendor No.:	Tom Sarnelli 7025645003
				NV Business ID:	NV20151095644
	To what State Fisca	al Year(s) will the co	ntract be charged?	2017-2021	102010100000
	What is the source	()	used to pay the contrac		rcentage of each funding source if
	X General Fu		Fees	0.00 %	
	X Federal Fur	nds 50.00 %	Bonds	0.00 %	
	Highway Fu	inds 0.00 %	Other funding	0.00 %	
2	Contract start date:		-		
	a. Effective upon E Examiner's appr	Board of Yes	or b. other effective of	date: NA	
		DE meeting date	12/2016		
	Retroactive?	No			
	If "Yes", please exp	blain			
	Not Applicable				
3.	Termination Date:	12/13/2020			
	Contract term:	4 years and	13 days		
4.	Type of contract:	Contract			
	Contract description	n: Electrical Se	ervices		
5.	Purpose of contract	t:			
	This is a new cont and Army Guard I	ract to provide ong ocations statewide	joing electrical mainte	enance services on	an "as needed" basis at Nevada Air
6.	NEW CONTRACT				
	The maximum amo	unt of the contract fo	or the term of the contra	act is: \$99,960.00	
	Payment for service	es will be made at th	e rate of \$24,990.00 pe	er year	
JI	JSTIFICATION				
7.	What conditions red	quire that this work b	e done?		
	Electrical services a	are required through	out the year as mainter	nance or repairs are	needed.
8.	Explain why State	employees in your ag	gency or other State ag	encies are not able t	to do this work:
	State employees do	o not have all necess	sary equipment to perfo	rm adequate electric	cal repair and maintenance.
9.	Were quotes or pro	posals solicited?		Yes	
	Was the solicitation Division?	(RFP) done by the	Purchasing	No	
	a. List the names o	f vendors that were	solicited to submit prop	osals (include at leas	st three):
	American Southwe Helix Electric Southwest Electric Avalon Electric	st			

h Soliciation Waiver: Not								
	 b. Soliciation Waiver: Not Applicable c. Why was this contractor chosen in preference to other? 							
	ne of the vendors chosen based on t	the bidding process.						
d. Last bid date:	Anticipated re-bid							
10. Does the contract contain	any IT components?	No						
III. OTHER INFORMATION								
11. a. Is the contractor a curre employee of the State of N No		a or will the contracted services be performed by a current						
b. Was the contractor forn performed by someone fo No	merly employed by the State of Neva prmerly employed by the State of Nev	ada within the last 24 months or will the contracted services be vada within the last 24 months?						
c. Is the contractor employ	yed by any of Nevada's political sub	divisions or by any other government?						
No If "Yes", plea	ase explain							
Not Applicable								
12. Has the contractor ever be	een 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								
-	vinvolved in litigation with the State of							
No If "Yes", plea	ise provide details of the litigation ar	nd facts supporting approval of the contract:						

- Not Applicable
- 14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation
- 15. a. Is the Contractor Name the same as the legal Entity Name?
 - Yes
- 16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes
- 17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes
- 18. Agency Field Contract Monitor:
- 19. Contract Status:
 - Contract Approvals: ... •

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/01/2016 16:44:24 PM
Division Approval	ctyle1	11/01/2016 16:44:26 PM
Department Approval	ctyle1	11/01/2016 16:44:28 PM
Contract Manager Approval	twollan1	11/01/2016 17:10:43 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:39:29 AM
BOE Agenda Approval	pnicks	11/02/2016 17:22:24 PM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18251

						Legal Entity Name:	Thomson, James F. Jr., DBA American Southwest Electric
		ADJU GUAR		GENERAL &	NATIONAL	Contractor Name:	Thomson, James F. Jr., DBA American Southwest Electric
	Agency Code:	431				Address:	
	Appropriation Unit:	3650-0	07				
	Is budget authority available?:		•	Yes		City/State/Zip	4485 Riviera Ridge, NV 89115
	If "No" please expla	ain: No	t Appli	cable		Contact/Phone: Vendor No.:	James F. Thomson Jr. 7026432900
						NV Business ID:	NV20101199025
	To what State Fisca	al Year	(s) will	the contract h	e charged?	2017-2021	14720101100020
		of fund	s that	will be used to	pay the contrac		centage of each funding source if
	X General Fur	•	50.00		Fees	0.00 %	
	X Federal Fun		50.00	%	Bonds	0.00 %	
	Highway Fu		0.00		Other funding	0.00 %	
2	Contract start date:				5		
	a. Effective upon B Examiner's appr Anticipated BC	Board o roval?			other effective d	ate: NA	
	·		0		010		
	Retroactive?	Jain		No			
	If "Yes", please exp Not Applicable	nain					
3.	Termination Date:		12/13				
	Contract term:		4 yea	rs and 13 day	S		
4.	Type of contract:		Contr				
	Contract description	n:	Electr	rical Services			
5.	Purpose of contract						
	This is a new cont and Army Guard Io	tract to ocatior	provi ns stat	ide ongoing e tewide.	lectrical mainte	nance services on	an "as needed" basis at Nevada Air
6.	NEW CONTRACT						
	The maximum amo	ount of t	he cor	ntract for the te	erm of the contra	ct is: \$99,960.00	
	Payment for service	es will b	be mad	de at the rate o	of \$24,990.00 pe	r year	
JI	JSTIFICATION						
7.	What conditions rec	quire th	at this	work be done	?		
	Electrical services a	are requ	uired t	hroughout the	year as mainten	ance or repairs are i	needed.
8.	Explain why State e	employe	ees in	your agency o	or other State age	encies are not able t	o do this work:
	State employees do	o not ha	ave all	necessary eq	uipment to perfo	rm adequate electric	al repair and maintenance.
9.	Were quotes or pro	posals	solicite	ed?		Yes	
	Was the solicitation Division?	ı (RFP)	done	by the Purcha	sing	No	
	a. List the names of	f vendo	ors that	t were solicited	d to submit propo	sals (include at leas	st three):
	Southwest Electric Helix Electic Avalon Electric						
	b. Soliciation Waive	er: Not	Applic	cable			

c. Why was this con		reference to other?
d. Last bid date:	07/22/2016	Anticipated re-bid date:
10. Does the contract c	ontain any IT compo	onents? No
III. OTHER INFORMA	ΓΙΟΝ	
11. a. Is the contractor a employee of the Sta		of the State of Nevada or will the contracted services be performed by a current
b. Was the contract performed by some No	or formerly employed one formerly employ	ed by the State of Nevada within the last 24 months or will the contracted services be yed by the State of Nevada within the last 24 months?
c. Is the contractor	employed by any of I	Nevada's political subdivisions or by any other government?

No	If "Yes", please explain	
Not Applica	ble	

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

If "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

No

13. Is the contractor currently involved in litigation with the State 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:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/01/2016 15:32:49 PM
Division Approval	ctyle1	11/01/2016 15:32:52 PM
Department Approval	ctyle1	11/01/2016 15:32:54 PM
Contract Manager Approval	twollan1	11/01/2016 15:34:39 PM
Budget Analyst Approval	dstoddar	11/02/2016 09:44:01 AM
BOE Agenda Approval	pnicks	11/02/2016 17:25:24 PM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18238

1. Contract Number: 18	238		
		Legal Entity Name:	Board of Regents, University of Nevada, Reno
Agency Name: DI	EPARTMENT OF CORRECTIONS	Contractor Name:	Board of Regents, University of Nevada, Reno
Agency Code: 44	0	Address:	1664 Virginia St. MS 313
Appropriation Unit: 37	/11-22		
Is budget authority available?:	Νο	City/State/Zip	Reno, NV 89557
If "No" please explain: scheduled for IFC Mee	Pending approval of WP C38293 eting on December 15, 2016	Contact/Phone:	Dr. Veronica Dahir 775-784-6272
		Vendor No.:	
		NV Business ID:	Governmental Entity
To what State Fiscal Y	ear(s) will the contract be charged?	2017-2018	
What is the source of the contractor will be p	funds that will be used to pay the contrac baid by multiple funding sources.	ctor? Indicate the pe	rcentage of each funding source if
General Funds	s 0.00 % Fees	0.00 %	
X Federal Funds		0.00 %	
Highway Fund	s 0.00 % Other funding	0.00 %	
Agency Reference #:	DHHS RFP 3106		
2. Contract start date:			
a. Effective upon Boa		date: NA	
Examiner's approv			
Anticipated BOE	meeting date 12/2016		
Retroactive? If "Yes", please explain	No		
Not Applicable			
	00/20/2017		
 Termination Date: Contract term: 	09/30/2017 202 dovo		
	302 days		
4. Type of contract:	Interlocal Agreement		
Contract description:	Re-Entry Programs		
5. Purpose of contract:			
This is a new interloo	cal agreement to evaluate the effective	eness of the Nevad	a's Strategic Recidivism Grant goals.
6. NEW CONTRACT			
	t of the contract for the term of the contra	act is: \$232.296.00	
JUSTIFICATION		, , , , , , , , , , , , , , , , , , , ,	
7 What conditions requir	re that this work be done?		
	provided a grant through the Bureau of J	ustice Assistance Se	econd Chance Act to provide re-entry
services to reduce rec goals.	idivism rates. The Department is contrac	ting with UNLV to ev	valuate the effectiveness of the grant
	oloyees in your agency or other State ag		
An outside party is rec	uired for this service and therefore servi	ces cannot be provid	ded by the Department.
9. Were quotes or propos	sals solicited?	No	
Was the solicitation (R Division?	FP) done by the Purchasing	No	
a. List the names of ve	endors that were solicited to submit prop	osals (include at leas	st three):
Not Applicable	I - 1		
b. Soliciation Waiver: I	Exempt (Per statute)		
atro at #1 10000		of 0	29

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

NRS 277.180 Any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of its public agencies is authorized by law to perform. d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No	If "Yes", please explain
Not Applie	cable
12. Has the c	ontractor 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:

Approval Level	User	Signature Date
Budget Account Approval	sewart	10/31/2016 15:08:02 PM
Division Approval	sewart	10/31/2016 15:08:05 PM
Department Approval	jborrowm	11/04/2016 11:52:16 AM
Contract Manager Approval	vfajota	11/04/2016 14:38:50 PM
Budget Analyst Approval	dstoddar	11/07/2016 11:27:27 AM
BOE Agenda Approval	pnicks	11/08/2016 08:20:34 AM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18254

			Legal Entity Name:	TASER International
Agency Name:	DPS-HIGHWAY PATROL		Contractor Name:	TASER International
Agency Code:	651		Address:	17800 N. 85th Street
Appropriation Unit:	4713-10			
Is budget authority available?:	Yes		City/State/Zip	Scottsdale, AZ 85255
If "No" please expla	in: Not Applicable		Contact/Phone:	Alissa McDowell 480-905-2038
			Vendor No.:	PUR0004851
			NV Business ID:	NV20131641254
	I Year(s) will the contract b	0	2017-2022	
the contractor will be	e paid by multiple funding	o pay the contrac sources.		rcentage of each funding source if
General Fur		Fees	0.00 %	
Federal Fun		Bonds	0.00 %	
X Highway Fu	nds 100.00 %	Other funding	0.00 %	
2. Contract start date:				
a. Effective upon B Examiner's appr	oval?	other effective d	late: NA	
Anticipated BC	E meeting date 12/2	2016		
Retroactive?	No			
If "Yes", please exp	lain			
Not Applicable				
3. Termination Date:	11/30/2021			
Contract term:	5 years			
4. Type of contract:	Contract			
Contract description	Body Worn Camer	as		
5. Purpose of contract				
This is a new contr assist officers in the		n cameras and i	in-car video servic	es to the Nevada Highway Patrol to
6. NEW CONTRACT				
The maximum amou	unt of the contract for the t	erm of the contra	nct is: \$1,252,000.0	0
Payment for service	s will be made at the rate	of \$1,414.19 per	camera	
Other basis for payr	nent: \$1,980.36 per dockir	ng station, \$15,00	00.00 for training, \$0	.75 in overage per GB.
JUSTIFICATION				
7. What conditions req	uire that this work be done	e?		
	sed by the 78th Nevada L body worn cameras for sw			partment of Public Safety Highway Patrol
8. Explain why State e	mployees in your agency of	or other State age	encies are not able t	o do this work:
There are no emplo	yees qualified to do this we	ork		
9. Were quotes or prop	oosals solicited?		No	
	(RFP) done by the Purcha	asing	Yes	
	vendors that were solicite	d to submit propo	osals (include at leas	st three):
b. Soliciation Waive	r: 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? If "Yes", please explain No Not Applicable 12. Has the contractor ever been engaged under contract by any State agency? If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified No agency has been verified as satisfactory: Not Applicable 13. Is the contractor currently involved in litigation with the State of Nevada? If "Yes", please provide details of the litigation and facts supporting approval of the contract: No 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 11/01/2016 16:28:31 PM Budget Account Approval bmarti8 **Division Approval** jdibasil 11/01/2016 16:31:31 PM Department Approval jdibasil 11/01/2016 16:37:45 PM **Contract Manager Approval** kdefe1 11/01/2016 16:37:54 PM Budget Analyst Approval dstoddar 11/02/2016 10:28:02 AM **BOE** Agenda Approval pnicks 11/02/2016 15:17:28 PM **BOE Final Approval** Pending

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18250

						Legal Entity Name:	TS HAZMAT CONSULTING SERVICES
	Agency Name:	DPS-FI	RE MARSH	AL		Contractor Name:	TS HAZMAT CONSULTING SERVICES
	Agency Code:	656				Address:	LLC DBA SIGNET NORTH AMERICA
	Appropriation Unit:	3816-25	5				195 Sunflower Loop
	Is budget authority available?:		Yes			City/State/Zip	Carbondale, CO 81623-9880
	If "No" please expla	ain: Not a	Applicable			Contact/Phone:	970-319-3819
						Vendor No.:	T29032255
						NV Business ID:	NV20131612196
	To what State Fisca	al Year(s) will the co	ntract b	e charged?	2017-2021	
	What is the source the contractor will b					ctor? Indicate the pe	ercentage of each funding source if
	General Fu	nds	0.00 %	X	Fees	100.00 % 50% NDEI	Transfer from SERC (Hazmat Fees), 50%
	Federal Fur	nds	0.00 %		Bonds	0.00 %	
	Highway Fu	inds	0.00 %		Other funding	0.00 %	
2.	Contract start date:						
	a. Effective upon E Examiner's appr	Board of oval?	No	or b.	other effective of	date 01/01/201	7
	Anticipated BC	DE meeti	ng date	12/2	017		
	Retroactive?		No				
	If "Yes", please exp	lain					
	Not Applicable						
3.	Termination Date:	1	2/31/2020				
	Contract term:	4	years				
4.	Type of contract:	C	Contract				
	Contract description	n: H	lazmat Trai	ning			
5.	Purpose of contract	t:					
	This is a new cont the Hazardous Ma City, and Las Vega	ract tha terial Te as.	t continues chnician L	s ongoi evel cu	ng services to Irriculum. It is a	provide classroon anticipated that cla	n and hands-on instruction/training of asses will be held in Elko, Reno, Carson

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$500,000.00

Other basis for payment: \$156,757.00 per class: books, equipment, materials, curriculum, printing, etc (\$34,210); instruction (\$58,100); and miscellaneous for travel, lodging, meals, support services, overhead and taxes (\$64,447).

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 477.045, the State Fire Marshal shall establish a statewide training program for the response to spills of hazardous materials and related fires. The division has received an increase in requests for hazardous materials training from local jurisdictions. This contract will provide for the hazardous material technician training throughout the state.

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

State agencies do not have the resources or expertise to develop the curriculum and instruct the 160 hour courses.

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):

BOE

	b. Soliciation Waiver: Not Applica	hla						
	c. Why was this contractor chosen		er?					
			333, the selected vendor was the highest scoring proposer as					
	determined by an independently a	ppointed evaluation of	committee.					
	d. Last bid date:	Anticipated	I re-bid date:					
10	. Does the contract contain any IT c	components?	No					
I. (OTHER INFORMATION							
11	a. Is the contractor a current emploemployee of the State of Nevada?	oyee of the State of N	Nevada or will the contracted services be performed by a current					
			of Nevada within the last 24 months or will the contracted services be of Nevada within the last 24 months?					
	c. Is the contractor employed by a No If "Yes", please expla	•	cal subdivisions or by any other government?					
	Not Applicable							
12	. Has the contractor ever been enga No If "Yes", specify when agency has been ver	n and for which agen	by any State agency? cy and indicate if the quality of service provided to the identified					
	Not Applicable	J						
13	. Is the contractor currently involved	I in litigation with the	State of Nevada?					
	No If "Yes", please provide details of the litigation and facts supporting approval of the contract:							
	Not Applicable							
14	. The contractor is registered with th Nevada Corporation	ne Nevada Secretary	of State's Office as a:					
15	a. Is the Contractor Name the same Yes	ne as the legal Entity	Name?					
16	a. Does the contractor have a curr Yes	ent Nevada State Bu	isiness License (SBL)?					
17	. a. Is the legal entity active and in g Yes	good standing with th	e Nevada Secretary of State's Office?					
18	Agency Field Contract Monitor:							
19	Contract Status:							
	Contract Approvals:							
	Approval Level	User	Signature Date					
	Budget Account Approval	jdibasil	11/02/2016 14:51:09 PM					
	Division Approval	jdibasil	11/02/2016 14:51:13 PM					
	Department Approval	kdefe1	11/02/2016 15:41:48 PM					
	Contract Manager Approval	mcar2	11/02/2016 15:45:56 PM					
	Budget Analyst Approval	dstoddar	11/09/2016 15:17:39 PM					
	BOE Agenda Approval	pnicks	11/09/2016 17:40:18 PM					
	BOE Final Approval	Pending						

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

DE	ESCRIPTION OF CO	ONTRACT			· · ·		,
	Contract Number: 1			Amendment Number:	4		
				Legal Entity Name:	Outdoor Immer	sion, Inc	
	Agency Name: F	PARKS DIVISION		Contractor Name:	Outdoor Imme	rsion, Inc	
	Agency Code: 7 Appropriation Unit: 4	04 162-00		Address:	PO Box 1675		
	Is budget authority available?:	Yes		City/State/Zip	Tahoe City, CA	A 96145	
	If "No" please explair	: Not Applicable		Contact/Phone: Vendor No.:	530-581-4336		
				NV Business ID:	NV2011103969	95	
	To what State Fiscal	Year(s) will the cont	ract be charged?	2011-2018			
	What is the source of the contractor will be	f funds that will be us paid by multiple fun	sed to pay the contra- ding sources.	ctor? Indicate the pe	rcentage of each	funding sour	ce if
	General Fund	ls 0.00 %	Fees	0.00 %			
	Federal Fund	s 0.00 %	Bonds	0.00 %			
	Highway Fun	ds 0.00 %	X Other funding	100.00 % Rever	nue Contract		
2.	Contract start date:						
	a. Effective upon Bo Examiner's approv	ard of No o val?	or b. other effective	date 05/10/2011	I		
	Anticipated BOE	E meeting date	12/2016				
	Retroactive?	No					
	If "Yes", please expla	in					
	Not Applicable						
3.	Previously Approved Termination Date:	05/10/2018					
	Contract term:	7 years and 2	days				
4.	Type of contract:	Revenue Con	tract				
	Contract description:						
5	Purpose of contract:						
э.	This is the fourth ar	nondmont to the o	viginal contract which		a arta rantal a an		ka Tahaa
	Nevada State Park a to the concession e	at Sand Harbor. Th	is amendment incre				
6.	CONTRACT AMEND	MENT					
			Trans	\$ Info Acc	um \$ Act	tion Accum \$	Agenda
	1. The max amore contract:	unt of the original	\$72,030.0	0 \$72,03	30.00	\$72,030.00	Yes - Actio
	a. Amendmen	t 1:	\$13,970.0	0 \$13,97	70.00	\$13,970.00	Yes - Info
	b. Amendmen	t 2:	\$215,000.0			\$228,970.00	
	c. Amendmen		\$0.0		\$0.00	\$0.00	No
	2. Amount of cur (#4):	rent amendment	\$231,000.0		00.00	\$231,000.00	Yes - Actio
	3. New maximun amount:	n contract	\$532,000.0	0			
JI	USTIFICATION						
7	What conditions requ	ire that this work be	done?				
٢.					/ · · · · · · ·		

The watersports concession will provide a much requested service to the visitors of Lake Tahoe-Nevada State Park.

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

a current							
ed services be							
No c. Is the contractor employed by any of Nevada's political subdivisions or by any other government? No If "Yes", please explain							
dentified							
C 							

III.

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18202

BOE

			Legal Entity Name:	DESERT RESEARCH INSTITUTE, DBA DRI RESEARCH FOUNDATION
Agency Name:	DCNR - ENVIRONME PROTECTION	NTAL	Contractor Name:	DESERT RESEARCH INSTITUTE, DBA DRI RESEARCH FOUNDATION
Agency Code:	709		Address:	2215 RAGGIO PKWY
Appropriation Unit	: 3175-74			
Is budget authority available?:	Yes		City/State/Zip	RENO, NV 89512-1095
If "No" please exp	lain: Not Applicable		Contact/Phone:	775/673-7379
			Vendor No.:	T29034539
			NV Business ID:	N/A
To what State Fise	cal Year(s) will the contra	ct be charged?	2017-2019	
	e of funds that will be use be paid by multiple fundi		ctor? Indicate the pe	rcentage of each funding source if
General F	unds 0.00 %	Fees	0.00 %	
Federal Fu	unds 0.00 %	Bonds	0.00 %	
Highway F	unds 0.00 %	X Other funding	100.00 % Settle	ment Income
Agency Reference	e #: DEP#17-010			
2. Contract start date):			
a. Effective upon Examiner's ap	Board of Yes or proval?	b. other effective	date: NA	
Anticipated E	OE meeting date	2/2016		
Retroactive?	No			
If "Yes", please ex	plain			
Not Applicable				
3. Termination Date:	12/12/2018			
Contract term:	2 years and 11	days		
4. Type of contract:	Interlocal Agre	ement		
Contract description	•			
· · · •				

5. Purpose of contract:

This is a new Interlocal Agreement to assist a management effort to remove perchlorate from the Las Vegas Wash originating with the Black Mountain Industrial complex. This agreement will provide NDEP with additional data on surface water/groundwater interactions and groundwater flow. Additional data is needed regarding the hydrogeologic conditions and groundwater flow to the Las Vegas Wash to understand the migration of perchlorate.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$181,040.00** Payment for services will be made at the rate of \$181,040.00 per 2 years

II. JUSTIFICATION

7. What conditions require that this work be done?

The Black Mountain Industrial (BMI) complex in Henderson, Nevada has been the site of industrial chemical production since 1942 by various companies including the U.S. Government for the World War 2 effort. A contaminant from these activities, perchlorate, was discovered in the Las Vegas Wash and prompted further investigation by NDEP. NDEP's planned future remediation activities will require the data from USGS that will be provided through this agreement.

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

The NV Division of Environmental Protection does not have the staffing, instrumentation or expertise to perform these services. The Desert Research Institute has the scientists, equipment and expertise to provide the products, data and services required.

Page 1 of 2

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

No

No

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

Not Applicable

b. Soliciation Waiver: Not Applicable

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

Desert Research Institute has the necessary equipment, background and scientific staffing in place to deliver the desired product and information required for this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Division has executed many agreements with the Desert Research Institute that have resulted in many products widely used by governmental agencies and the public. The results have been satisfactory.

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

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

Not Applicable

- 14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity
- 15. Not Applicable
- 16. Not Applicable
- 17. Not Applicable
- 18. Agency Field Contract Monitor:
- 19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ifleming	10/24/2016 07:24:08 AM
Division Approval	Ifleming	10/24/2016 07:24:12 AM
Department Approval	demme	10/24/2016 13:24:57 PM
Contract Manager Approval	sgotta	10/25/2016 11:26:01 AM
Budget Analyst Approval	laaron	11/08/2016 11:35:38 AM
BOE Agenda Approval	cmurph3	11/08/2016 12:59:51 PM
BOE Final Approval	Pending	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18229

			Legal Entity Name:	State of Nevada - Department of Business & Industry
Agency Name:	DETR - EMPLOYMEN DIVISION	SECURITY	Contractor Name:	State of Nevada - Department of Business & Industry
Agency Code:	902		Address:	1830 College Pkwy
Appropriation Unit:	4770-12			
Is budget authority available?:	Yes		City/State/Zip	Carson City, NV 89706
If "No" please expl	ain: Not Applicable		Contact/Phone:	Marcel F. Schaerer & Karen Schnog 702- 486-4492
			Vendor No.:	
			NV Business ID:	N/A
To what State Fisc	al Year(s) will the contra	ct be charged?	2017-2019	
What is the source the contractor will I	of funds that will be use be paid by multiple fundir	d to pay the contra ng sources.	ctor? Indicate the pe	rcentage of each funding source if
General Fu	inds 0.00 %	Fees	0.00 %	
Federal Fu	nds 0.00 %	Bonds	0.00 %	
Highway F	unds 0.00 %	X Other funding	100.00 % CEP	
Agency Reference	#: 2083-19-ESD_B	l		
2. Contract start date	:			
a. Effective upon l Examiner's app Anticipated B	roval?	b. other effective 2/2016	date: NA	
Retroactive?	No			
If "Yes", please ex	plain			
Not Applicable				
3. Termination Date:	06/30/2019			
Contract term:	2 years and 210	days		
4. Type of contract:	Interlocal Agree	ement		
Contract descriptio	-			

5. Purpose of contract:

This is a new interlocal contract to provide a loan program operated by private, non-profit entities to assist small business development among veterans and senior citizens.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

Payment for services will be made at the rate of \$100,000.00 per Fiscal Year

Other basis for payment: Business and Industry agrees to provide the services set forth in paragraph (6) at a cost not to exceed the amount indicated per State Fiscal Year (SFY): SFY17 - \$100,000; SFY18 - \$100,000; SFY19 - \$100,000. DETR will provide payment via Billing Claim in the amount of \$100,000 each year, minus any unobligated amounts from the prior fiscal year(s). Payment for SFY17 will be made after contract approval. Payment for SFY18 and SFY19 will be done after the start of each SFY. DETR does not agree to reimburse B&I for expenses unless otherwise specified in the incorporated attachments in paragraph (6) with the total Contract not to exceed \$300,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 612.673-612.685

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

The Employment Security Division (ESD) does not have the expertise to run a loan program as authorized in NRS 612.685, nor are there any other loan programs operated by any division in DETR. The division has worked closely with Business and Industry (B&I) and believes the program is in alignment with other business services provided by B&I. 9. Were quotes or proposals solicited? No Was the solicitation (RFP) done by the Purchasing No Division? a. List the names of vendors that were solicited to submit proposals (include at least three): Not Applicable b. Soliciation Waiver: Exempt (Per statute) c. Why was this contractor chosen in preference to other? The Department of Business and Industry has experience managing loan programs. d. Last bid date: Anticipated re-bid date: 10. Does the contract contain any IT components? No **III. OTHER INFORMATION** 11. a. Is the contractor 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? Yes See the attached Authorization to Contract form for details. c. Is the contractor employed by any of Nevada's political subdivisions or by any other government? If "Yes", please explain Yes The contractor/vendor is the Department of Business & Industry, Office of Business Finance & Planning, a Sate Agency. 12. Has the contractor ever been engaged under contract by any State agency? If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified No agency has been verified as satisfactory: Not Applicable 13. Is the contractor currently involved in litigation with the State of Nevada? If "Yes", please provide details of the litigation and facts supporting approval of the contract: No 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:

ondaol / approvalo.		
Approval Level	User	Signature Date
Budget Account Approval	jbende2	10/26/2016 15:12:08 PM
Division Approval	rolso1	10/26/2016 15:49:14 PM
Department Approval	jmcentee	10/31/2016 08:48:27 AM
Contract Manager Approval	jmcentee	10/31/2016 08:48:31 AM
Budget Analyst Approval	laaron	11/01/2016 08:33:30 AM
BOE Agenda Approval	lfree1	11/09/2016 10:46:54 AM
BOE Final Approval	Pending	

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

DE	ESCRIPTION OF	- CONTRACT			
1.	Contract Number	: 16789		Amendment Number:	4
				Legal Entity Name:	WORKFORCE CONNECTIONS
	Agency Name:	DETR - EMP DIVISION	LOYMENT SECURITY	Contractor Name:	WORKFORCE CONNECTIONS
	Agency Code:	902		Address:	6330 W CHARLESTON BLVD STE 150
	Appropriation Uni	it: 4770-11			
	Is budget authorit available?:	ty Y	/es	City/State/Zip	LAS VEGAS, NV 89146-1183
	If "No" please exp	plain: Not Applic	cable	Contact/Phone:	702/638-8750
				Vendor No.:	T81079028
				NV Business ID:	Governmental Entity
	To what State Fis	scal Year(s) will	the contract be charged?	2016-2017	
	What is the source the contractor will	e of funds that w I be paid by mult	vill be used to pay the contra tiple funding sources.	actor? Indicate the pe	rcentage of each funding source if
	General F	unds 0.00	% Fees	0.00 %	
	X Federal F	unds 100.00	% Bonds	0.00 %	
	Highway	Funds 0.00	% Other funding	0.00 %	
	Agency Reference	e #: PY15-l	DW-02		
2	Contract start dat				
	a. Effective upor Examiner's ap	Board of	No or b. other effective	date 07/01/2015	5
	Anticipated	BOE meeting da	ate 12/2016		
	Retroactive?	,	No		
		-			
	If "Yes", please e	-			
3.	If "Yes", please e Not Applicable Previously Appro	xplain ved 06/30/ 2			
3.	lf "Yes", please e Not Applicable	xplain ved 06/30/ 2	2017		
	If "Yes", please e Not Applicable Previously Appro Termination Date	xplain ved 06/30/: : 2 year	2017		
	If "Yes", please e Not Applicable Previously Appro Termination Date Contract term:	xplain ved 06/30/2 : 2 year Interlo	2017 s		
4.	If "Yes", please e Not Applicable Previously Appro Termination Date Contract term: Type of contract: Contract descript	xplain ved 06/30/2 2 year Interlo ion: WIOA	2017 s ocal Agreement		
4.	If "Yes", please e Not Applicable Previously Appro Termination Date Contract term: Type of contract: Contract descript Purpose of contra This is the fourt to Dislocated We (Code of Federa introducing Atta	xplain ved 06/30/2 2 year Interlo ion: WIOA act: h amendment t orkers in south I Regulations P ichment AAAA	2017 s ocal Agreement DW Funds o the original interlocal ag ern Nevada as required by Part 652 et al). This amendi	the Workforce Innometry the Workforce Innometry memory with the Workforce Innometry with the Workforce Innometry with the Dislocated Workforce Innometry with the Dislocated Workforce Innometry with the Workforce Inno	rides employment and training services ovation and Opportunity Act of 2014 ment AAAA's budget detail by forker Grant Program to the Adult
4. 5.	If "Yes", please e Not Applicable Previously Appro Termination Date Contract term: Type of contract: Contract descript Purpose of contra This is the fourt to Dislocated We (Code of Federa introducing Atta	xplain ved 06/30/2 2 year Interlo ion: WIOA act: h amendment t orkers in south I Regulations P ichment AAAAA sitating a modif	2017 s ocal Agreement DW Funds o the original interlocal ag ern Nevada as required by Part 652 et al). This amendi A to transfer \$1,200,000 fro	the Workforce Innometry the Workforce Innometry memory with the Workforce Innometry with the Workforce Innometry with the Dislocated Workforce Innometry with the Dislocated Workforce Innometry with the Workforce Inno	ovation and Opportunity Act of 2014 ment AAAA's budget detail by
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4. 5.	If "Yes", please e Not Applicable Previously Appro Termination Date Contract term: Type of contract: Contract descript Purpose of contra This is the fourth to Dislocated We (Code of Federa introducing Atta Program necess CONTRACT AME 1. The max a contract:	xplain ved 06/30/2 2 year Interlo ion: WIOA act: h amendment t orkers in south I Regulations P ichment AAAA/ sitating a modif ENDMENT amount of the ori ment 1:	2017 s pcal Agreement DW Funds o the original interlocal ag ern Nevada as required by Part 652 et al). This amendi A to transfer \$1,200,000 fro ication of the consideratio Trans iginal \$4,448,425.0	the Workforce Inno ment revises Attach om the Dislocated W n. \$ Info Acc 00 \$4,448,42	Action and Opportunity Act of 2014 ment AAAA's budget detail by Yorker Grant Program to the Adultum \$Action Accum \$Agenda25.00\$4,448,425.00 Yes - Action\$0.00\$0.00 No
4. 5.	If "Yes", please e Not Applicable Previously Appro Termination Date Contract term: Type of contract: Contract descript Purpose of contra This is the fourth to Dislocated We (Code of Federa introducing Atta Program necess CONTRACT AME 1. The max a contract: a. Amendr	xplain ved 06/30/2 2 year Interlo ion: WIOA act: h amendment t orkers in south I Regulations P ichment AAAA/ sitating a modif ENDMENT amount of the ori ment 1: ment 2:	2017 s pcal Agreement DW Funds o the original interlocal ag ern Nevada as required by Part 652 et al). This amendi A to transfer \$1,200,000 fro ication of the consideratio Trans iginal \$4,448,425.0 \$0.0	y the Workforce Inno ment revises Attach om the Dislocated W n. \$ Info Acc 00 \$4,448,42 00 \$ 00 -\$10,55	Action and Opportunity Act of 2014 ment AAAA's budget detail by Vorker Grant Program to the Adultum \$Action Accum \$Agenda25.00\$4,448,425.00 Yes - Action\$0.00\$0.00 No\$7.00-\$10,557.00 Yes - Info
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II. JUSTIFICATION

I.

7.	What conditions require that this w	ork be done?		
	Workforce Innovation and Opportu	inity Act (WIOA) of 20	14.	
8.			tate agencies are not able to do this work:	
	The Governor's Workforce Investment and training services		d the Local Workforce Investment Boards to facilitate the required IOA.	
9.	Were quotes or proposals solicited	1?	No	
	Was the solicitation (RFP) done by Division?	/ the Purchasing	No	
		vere solicited to subm	it proposals (include at least three):	
	Not Applicable			
	b. Soliciation Waiver: Not Applica	ble		
	c. Why was this contractor chosen	in preference to othe	r?	
	d. Last bid date:	Anticipated	re-bid date:	
10.	Does the contract contain any IT c	omponents?	No	
III. C	OTHER INFORMATION			
			evada or will the contracted services be performed by a current	
			f Nevada within the last 24 months or will the contracted services be of Nevada within the last 24 months?	
	c. Is the contractor employed by a	nv of Nevada's politic	al subdivisions or by any other government?	
	No If "Yes", please expla	•		
	Not Applicable			
12.	Has the contractor ever been enga	aged under contract b	y any State agency?	
Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identi agency has been verified as satisfactory:				
	Workforce Connections has been and has performed satisfactorily.	under contract with th	e Department of Employment, Training and Rehabilitation since 1999	
13.	s the contractor currently involved in litigation with the State of Nevada?			
		de details of the litigation	tion and facts supporting approval of the contract:	
	Not Applicable			
14.	The contractor is not registered with Governmental Entity	th the Nevada Secret	ary of State's Office because the legal entity is a:	
15.	Not Applicable			
16.	Not Applicable			
17.	Not Applicable			
18.	Agency Field Contract Monitor:			
19.	Contract Status:			
	Contract Approvals:	Lloor	Signature Data	
	Approval Level Budget Account Approval	User jbende2	Signature Date 10/11/2016 09:56:27 AM	
	Division Approval	rolso1	10/13/2016 08:24:44 AM	
	Department Approval	jmcentee	10/26/2016 19:03:53 PM	
	Contract Manager Approval	jmcentee	10/26/2016 19:03:56 PM	
	Budget Analyst Approval	sbrown	10/28/2016 11:10:53 AM	
	BOE Agenda Approval	sbrown	10/28/2016 11:10:57 AM	

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

I. DESCRIPTION OF CONTRACT 1. Contract Number: 16785 4 Amendment Number: Legal Entity WORKFORCE CONNECTIONS Name: **DETR - EMPLOYMENT SECURITY** Agency Name: Contractor Name: WORKFORCE CONNECTIONS DIVISION Agency Code: 902 Address: 6330 W CHARLESTON BLVD STE 150 Appropriation Unit: 4770-11 Yes Is budget authority City/State/Zip LAS VEGAS, NV 89146-1183 available?: If "No" please explain: Not Applicable Contact/Phone: 702/638-8750 Vendor No.: T81079028 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 % 0.00 % Х Federal Funds 100.00 % Bonds 0.00 % **Highway Funds** 0.00 % Other funding Agency Reference #: PY15-A-02 2. Contract start date: a. Effective upon Board of No or b. other effective date 07/01/2015 Examiner's approval? Anticipated BOE meeting date 12/2016 **Retroactive?** No If "Yes", please explain Not Applicable 3. Previously Approved 06/30/2017 Termination Date: Contract term: 2 years 4. Type of contract: **Interlocal Agreement** Contract description: **WIOA Adult Funds** 5. Purpose of contract: This is the fourth amendment to the original interlocal agreement which provides employment and training services to adults in Southern Nevada as required by the Workforce Innovation and Opportunity Act of 2014 (Code of Federal Regulations Part 652 et al). This amendment revises Attachment AAAA's budget detail by introducing Attachment AAAAA to transfer \$1,200,000 from the Dislocated Worker Grant Program to the Adult Program necessitating a modification of the consideration. 6. CONTRACT AMENDMENT Trans \$ Info Accum \$ Action Accum \$ Agenda 1. The max amount of the original \$7,375,010.00 \$7,375,010.00 \$7,375,010.00 Yes - Action contract: a. Amendment 1: \$0.00 \$0.00 \$0.00 No b. Amendment 2: -\$11,480.00 -\$11,480.00 -\$11,480.00 Yes - Info c. Amendment 3: \$11,480.00 \$11,480.00 \$0.00 Yes - Info 2. Amount of current amendment \$1,200,000.00 \$1,200,000.00 \$1,200,000.00 Yes - Action (#4):

3. New maximum contract \$8,575,010.00 amount:

II. JUSTIFICATION

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7.	What conditions require that this w	ork be done?		
	Workforce Innovation and Opportu	inity Act (WIOA) of 20	14.	
8.			ate agencies are not able to do this work:	
	The Governor's Workforce Investment and training services		d the Local Workforce Investment Boards to facilitate the required OA.	
9.	Were quotes or proposals solicited	1?	No	
	Was the solicitation (RFP) done by Division?	/ the Purchasing	No	
		vere solicited to submi	it proposals (include at least three):	
	Not Applicable			
	b. Soliciation Waiver: Not Applica	ble		
	c. Why was this contractor chosen	in preference to other	r?	
	d. Last bid date:	Anticipated I	re-bid date:	
10.	Does the contract contain any IT c	omponents?	No	
III. C	OTHER INFORMATION			
			evada or will the contracted services be performed by a current	
			Nevada within the last 24 months or will the contracted services be of Nevada within the last 24 months?	
	c. Is the contractor employed by an	ny of Nevada's politica	al subdivisions or by any other government?	
	No If "Yes", please expla	•		
	Not Applicable			
12.	Has the contractor ever been enga	aged under contract by	y any State agency?	
Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identi agency has been verified as satisfactory:				
	Workforce Connections has been and has performed satisfactorily.	under contract with the	e Department of Employment, Training and Rehabilitation since 1999	
13.	s the contractor currently involved in litigation with the State of Nevada?			
		de details of the litigat	ion and facts supporting approval of the contract:	
	Not Applicable			
14.	The contractor is not registered wit Governmental Entity	th the Nevada Secreta	ary of State's Office because the legal entity is a:	
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	10/11/2016 09:56:39 AM	
	Division Approval	rolso1	10/13/2016 08:26:39 AM	
	Department Approval	jmcentee	10/26/2016 18:59:36 PM	
	Contract Manager Approval	jmcentee	10/26/2016 19:02:48 PM	
	Budget Analyst Approval	sbrown	10/28/2016 11:09:12 AM	
	BOE Agenda Approval	sbrown	10/28/2016 11:09:16 AM	

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18222

1. Contract Number:	18222			
			Legal Entity Name:	COST CONTAINMENT STRATEGIES
Agency Name:	ADMIN - VICTIMS OF	CRIME	Contractor Name:	COST CONTAINMENT STRATEGIES
Agency Code:	931		Address:	INC
Appropriation Unit:	4895-04			PO BOX 94525
Is budget authority available?:	Yes		City/State/Zip	LAS VEGAS, NV 89193-4525
If "No" please expla	ain: Not Applicable		Contact/Phone:	702/433-3145
			Vendor No.:	T80984462A
-			NV Business ID:	NV19921037032
	al Year(s) will the contract	•	2017-2021	reantage of each funding source if
the contractor will b	be paid by multiple fundir	ig sources.	cor a maicate the pe	rcentage of each funding source if
General Fu	nds 0.00 %)	K Fees	100.00 % Fines,	fees and assessments
Federal Fur	nds 0.00 %	Bonds	0.00 %	
Highway Fu	unds 0.00 %	Other funding	0.00 %	
2. Contract start date:	:			
a. Effective upon E Examiner's app		b. other effective of	date 01/01/2017	,
Anticipated B	OE meeting date 12	2/2016		
Retroactive?	No			
If "Yes", please exp	olain			
Not Applicable				
3. Termination Date:	12/31/2020			
Contract term:	4 years			
4. Type of contract:	Contract			
Contract descriptio	n: Review Medical	Claim		
5. Purpose of contrac	t:			
This is a new con As well as scanni	tract to provide ongoin ng, data-input, vendor i	g medical billing r management, ven	eview, claims adm dor portal, docume	inistration and software programming. Int storage and retrieval services.
6. NEW CONTRACT				
The maximum amo	ount of the contract for the	e term of the contra	act is: \$5,993,317.2	0
Other basis for pay through 12/31/2018	ment: \$119,380.40 per N 3; \$126,650.70 per Month	10nth 01/01/2017 tl 01/01/2019 throug	hrough 12/31/2017; gh 12/31/2019; \$130	\$122,961.80 per Month 01/01/2018),450.20 per Month 01/01/2020 through
12/31/2020	·			
JUSTIFICATION				
	quire that this work be do			
	ne Program is authorized nt crime within the State		o provide assistance	e with medical expenses to individuals who
8. Explain why State	employees in your agend	y or other State ag	encies are not able t	to do this work:
The agency does n	ot have the expertise or	the resources to pe	erform these services	S
9. Were quotes or pro	•		No	
Was the solicitatior Division?	n (RFP) done by the Purc	hasing	No	
	f vendors that were solic	ited to submit prop	osals (include at leas	st three):
Not Applicable				

II.

b. Soliciation Waiver: Sole Source Contract (As Approved by Chief of Purchasing) Approval #: 160902 Approval Date: 09/19/2016

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

The proprietary claims management software provided by Cost Containment Strategies (CCSI) was custom built to meet the needs of the Nevada Victims of Crime Program. The system contains features and built in parameters that allow us to ensure compliance with the statues and policies that govern our program. The specialized software design elements allow us to manage claims process with limited staffing levels. CCSI has partnered with the program to provide direct support for all back room operations. This allows the program to focus on the victim while CCSI handles all systems and vendor issues, performs all data entry, and handles all document processing.

d. Last bid date: 09/01/2016 Anticipated re-bid date: 08/31/2020

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:

Since 2011 to current date, Cost Containment has worked with VOC satisfactorily.

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

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

No

- 14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation
- 15. a. Is the Contractor Name the same as the legal Entity Name? Yes
- 16. a. Does the contractor have a current Nevada State Business License (SBL)? Yes
- 17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes
- 18. Agency Field Contract Monitor:
- 19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	10/25/2016 09:16:39 AM
Division Approval	csweeney	10/25/2016 09:16:42 AM
Department Approval	csweeney	10/25/2016 09:16:55 AM
Contract Manager Approval	ssands	10/25/2016 09:32:20 AM
DoIT Approval	csweeney	10/26/2016 08:47:14 AM
Budget Analyst Approval	laaron	10/26/2016 10:50:01 AM
BOE Agenda Approval	sbrown	10/28/2016 11:13:48 AM
BOE Final Approval	Pending	

State of Nevada Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300 Carson City, NV 89701



Brian Sandoval Governor

> Patrick Cates Director

Jeffrey Hang Administrator

Purchasing	Use Only:
Approval#:	140902

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed b State Agency: Victims of Crime Program			
1 a	Contact Name and Title	Phone Number	Email Address	
1	Bryan NixEsq., Senior Appeals Officer	702-290-8719	bnix@admin.nv.gov	

	Type of Waiver Requested - Check the appropriate type:		
10	Sole or Single Source:	X	
	Professional Service Exemption:		

	Contract Information:	i.		
	Is this a new Contract?	Yes	No	X
1d	Amendment:	#		
	CETS:	#		

	Term:				and the second
1e	One (1) Time Purchase:				
	Contract:	Start Date:	01/01/2017	End Date:	12/31/2020

1f	Funding:	1	
	State Appropriated:		
	Federal Funds:		
	Grant Funds:	X	
	Other (Explain):	Fund for the Compensation of Crime Victims	

10	Total Estimated Value of this Service	e Contract,	Amendme	ent or Purchase:	
Ig	\$5,500,000-\$6,000,000		4 ¹ .		

Provide a description of work/services to be performed or commodity/good to be purchased: See attached Exhibit A - Scope of Work

2

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

The proprietary claims management software provided by Cost Containment Strategies (CCSI) was custom designed to meet the needs of the Nevada Victims of Crime Program. The system contains

3 features and built in parameters that allow us to ensure compliance with the statutes and policies that govern our program. The specialized software design elements allow us to manage the claims process with limited staffing levels. CCSI has partnered with the program to provide direct support for all back room operations. This allows the program to focus on the victim while CCSI handles all systems and vendor issues, performs all data entry, and handles all document processing.

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

Standard claims management software does not provide the flexibility needed to manage and process
victim claims. Custom designed software is very expensive, and not reasonably available to small agencies like the Victims of Crime Program. The software developed by CCSI was uniquely designed for use by a VOCA compensation program, and specifically designed to comply with Nevada statues and policies.

 Were alternative services or commodities evaluated? Check One.
 Yes:
 X
 No:

 a. If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.
 No:
 Image: Check One.
 Yes:
 X
 No:
 Image: Check One.
 Yes:
 <t

We have reviewed many of the programs implemented by other VOC programs. None had the desired multiple security levels built into the payment process. None had the ability to limit and manage the benefits paid on both a program level and individual claim level. And no other program provider was willing to consider setting up shop in Nevada to handle our backroom operational needs.

b. If not, why were alternatives not evaluated?

6	One. Note: If your p	revious purchase(s,	or commodity in the past? Check) was made via solicitation ous waivers <u>MUST</u> accompany this	Yes:	X	No:	
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term			Type of Procureme (RFP, RFQ, Waiver		Kontokowa	
	Start and End Dates	Value	Short Description	(RFP	RF(), Waiver #)	

5

			& Services	
01/01/2009	12/31/2012	\$6,000,000	Medical Billing Review & Claims Management Software & Services	RFP 1682
01/01/2004	12/31/2008	\$8,000,000	Medical Billing Review & Claims Management Software & Services	RFP 1347
04/14/1999	12/30/2003	Maximum \$375,000/month	Medical Bill Review – Paid 10 percent of Savings	RFP
		\$		

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

The software needs of a VOCA compensation program are somewhat unique. We were fortunate to find a contractor who was willing to absorb the software development costs and willing to take on our back room operations. The partnership we have created has allowed the Nevada VOC Program to become a national leader in our field. We cannot use a shelf product without significant staff increases, so reviewing responses to the RFP is a waste of resources. We believe direct negotiation with our current contractor will lead to the best pricing for the State, and will allow us to continue providing an outstanding level of service to victims of crime.

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?

We have solicited RFP's for these services for almost 20 years. Other than our current contractor, the few responses we received focused on the Medical Bill Review component. These responders have assumed that an insurance claims management system will satisfy our needs but a VOCA Compensation Program does not operate the same as an insurance company. We would lose our built in system parameters, our multi-level security and approval process, and our backroom services component. Losing these features and services would require us to develop in-house methods to track compliance with statutes and program policies, increasing our personnel expenses and reducing our productivity.

8

7

Exhibt B documents our cost analysis of various operating processes: our current process; reverting to paper files; performing all services in-house; and outsourcing the entire program. This cost analysis shows that our current operating procedures provide the best financial benefit to the program.

The VOC program continually reviews our operations to ensure we are using the most efficient, cost effective processes available. We have the opportunity to compare our results against other states, and have been consistently rated one of the best programs in the nation. We attribute a great deal of our success to the implementation of our contractor's claim management software.

	Vill this purchase obligate the State to this vendor for future purchases? heck One.	Yes:	I	No:	X				
a.	a. If yes, please provide details regarding future obligations or needs.								
9			4						

09/16/2016 08:30 IFAX pur1fax0purchasing.state.nv.us 001/001 Sep. 16. 2016 8:58AM No. 0776 P. 775 6840188 By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that an extrements are true-and correct. gency Representative Initiating Request Bryan Nix 9/13/16 Print Name of Agency Representative Initiating Request Signature of Agenoy Head Authorizing Request Bryan Nix 9/13/16 Print Name of Agency Head Authorizing Request 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 solioit 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 . 1 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 resoluted in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE). If you have any questions or concerns please contact the Purchasing Division at 775-684-0170. Signed: Administrator, Purchasing Division or Designee Revised: May 2015 Page S Solicitation Walver

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