



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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

Date: October 5, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Budget Analyst *N*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

APPROVAL TO PAY A CASH SETTLEMENT

Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

Agenda Item Write-up:

Department of Transportation (NDOT) – Administration - \$11,500,000

The department requests settlement approval in the total amount of \$18,656,000 to fully resolve an eminent domain action to acquire 1.87 acres of real property owned by MLK Spur, LLC et al (Walker Furniture), located on Martin Luther King Boulevard north of Alta Drive in Las Vegas. NDOT previously deposited \$7,156,000 with the Court for a right of occupancy which the defendant withdrew. NDOT now requests an additional \$11,500,000 to resolve the action.

Additional Information:

NDOT has considered the benefits of settlement and has made the decision that settlement is reasonable, prudent, and in the public interest. If the board approves the settlement, NDOT intends to enter into a settlement agreement and/or stipulated order to resolve the action in full for the said amount, inclusive of all attorneys' fees, costs, and interest. NDOT will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Statutory Authority:

NRS 41.037

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



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7440
Fax: (775) 888-7201

RECEIVED

OCT 05 2016

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

October 4, 2016

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

From: Rudy Malfabon, Director, Nevada Department of Transportation
Dennis Gallagher, Chief Deputy Attorney General
Joe Vadala, Special Counsel

Subject: Proposed Settlement of an Eminent Domain and
Inverse Condemnation Consolidated Action:
State of Nevada vs. MLK Spur, LLC, et. al., Case No: A-14-707519-C and
A-14-710169-C (collectively referred to as the "Walker Furniture
Litigation")

SUMMARY

The State of Nevada, on relation of its Department of Transportation ("the State") initiated this eminent domain action in November 2014, for the partial taking of property owned by various Walker Furniture Entities ("Walker"). The State is condemning this property as part of Project Neon. There is a total of 1.87+/- acres being taken (the "Direct Action") from a 10.22 +/- acre assemblage of parcels located on Martin Luther King Boulevard just north of Alta Drive in Las Vegas, Nevada and referred to as the "Walker Furniture Campus." The Walker Furniture Campus includes the Walker Furniture retail showroom, a furniture clearance center, an ancillary furniture showroom, and a 32,000 sq. ft. building currently leased to Zappos. The only improvement which was taken through the Direct Action was the 52,000 +/- square feet Walker Furniture Warehouse that displayed the massive on-premise sign directly adjacent to Interstate 15 and which was demolished in May 2016.

In addition to the Direct Action, Walker claimed an inverse condemnation taking by the State as to a portion of certain ingress and egress rights (the "Inverse Condemnation Action"). Walker also claimed precondemnation damages, interest, and attorneys' fees for the Inverse Condemnation Action. Both the Direct and Inverse Condemnation Actions (the "Consolidated Actions") will be fully resolved and Walker will fully and finally release the State for all claims related to Project Neon if this Settlement is approved by the Board of Examiners.

Pursuant to the proposed Settlement Agreement, the State requests monetary settlement approval in the total amount of \$18,656,000 to fully resolve the Consolidated Actions. The State previously deposited with the Clerk of the Court \$7,156,000 (the "Deposit"), representing its 2014 appraised value of the property to be condemned, in support of its Motion for Immediate Occupancy filed on May 21, 2015. Walker withdrew the Deposit on or about October 21, 2015. As part of the Settlement Agreement, Walker will retain the Deposit. The State now requests an additional \$11,500,000 in new settlement funds as a final monetary settlement payment to fully resolve the action ("New Settlement Funds"). The proposed Settlement Agreement further contemplates, post completion of Project Neon, the transfer of certain Exchange Property from the State to Walker as additional non-monetary consideration.

RELEVANT PROCEDURAL HISTORY OF CONSOLIDATED ACTION

The eminent domain case was filed just under two years ago. In August 2015, the State obtained occupancy of the property so that Project NEON work could move forward while the case proceeded through the Court system. As a condition of taking control of the property needed for the project, the State deposited \$7,156,000 into the District Court's Eminent Domain Account, which amount Walker withdrew. This \$7,156,000 deposit was based upon the State's expert, Timothy Morse's, MAI, initial appraisal report.

In January 2016, the parties disclosed initial expert witnesses. The State disclosed its one initial expert witness—appraiser, Timothy Morse. Walker disclosed ten (10) initial expert witnesses, who collectively valued just compensation in excess of \$75 million. Walker's experts opined that the partial take of property and the loss of the Walker Furniture Warehouse and its massive on-premise wall sign, combined with the business disruption caused by Project Neon construction, would cause Walker Furniture to fail as a going business concern. Walker's damages also included claims for loss of business goodwill.

The State then retained and disclosed ten rebuttal witnesses (including economists, engineers, sign experts, accountants, and appraisers) to refute the \$75 million claim. The parties then conducted extensive discovery and after nearly two years of complex litigation, the case proceeded to a two-day mediation on June 8 and 9, 2016, before the Honorable Phillip Pro (Retired) with JAMS. While a settlement was not fully reached at the mediation, settlement efforts continued and a proposed settlement was reached and memorialized in a comprehensive Settlement Agreement Term Sheet. The parties continued to negotiate a comprehensive proposed Settlement Agreement and Release of All Claims, which was executed on October 4, 2016 (the "Settlement Agreement"), contingent upon Board of Examiner's approval.

POINTS THAT FAVOR SETTLEMENT

Walker's ten (10) initial expert witnesses, including engineers, architects, accountants, and others collectively opined that Walker is entitled to \$75 million in just compensation damages. While many of Walker's claims were, and would continue to be, vigorously challenged by the State in litigation, absent dismissal of some of these claimed damages through pretrial motion work, the State was facing, at worst, in excess of \$75,000,000 in potential exposure at trial. Moreover, if successful at trial, Walker would have pursued pre- and post-judgment interests and costs in the Direct Action, and attorneys' fees in the Inverse Condemnation Action. Again, while the State believed that many of Walker's claims were overstated, unauthorized under controlling statutory and case law, and untenable, the Court and Jury may have determined otherwise.

Importantly, Walker representatives claimed that its 50-year-old family furniture business would be "forced out of business" by the State and Project Neon and that, as a result, its 200 +/- employees would lose their jobs. Facing claims of \$75,000,000 in just compensation damages, claims that Project Neon was causing Walker Furniture to "go out of business", and the real potential for a significant adverse decision at trial, the State believes it is in the best interest of the State to enter into this Settlement Agreement.

The proposed Settlement Agreement contemplates a total monetary settlement payment of \$18,656,000, which is far below the \$75,000,000 of sought-after just compensation exposure to the State. If this Settlement is approved, the State will have fully and finally resolved this massive damage exposure. In so doing, the State will have diligently worked to mitigate damages to the Walker Furniture business enterprise and to help preserve the jobs for the Walker Furniture employees.

A settlement further benefits the State in that it will not be faced with continuing legal fees, expert fees and costs, and costs of suit. Further, given the many novel legal issues involved in this complex case, an appeal would likely have been pursued by the non-prevailing party.

RECOMMENDATION

The State has considered the benefits of settlement and has made the decision that this proposed settlement is reasonable, prudent, and in the public interest. The State requests the authority to settle the Walker Furniture Litigation for the total amount of \$18,656,000 (\$11,500,000 in new settlement funds plus the \$7,156,000 already deposited with the Clerk of the Court). If the Board approves the Settlement, the State will pay the agreed-upon balance of new settlement funds within 30 days of Board approval and have the Court enter a Judgment and a Final Order of Condemnation transferring the ownership of the Direct Action Condemnation and the Inverse Condemnation Property to the State, resolving this Walker Furniture Litigation in its entirety as among all parties. The non-monetary transfer of Exchange Property will occur at a later date. Each party will bear its own attorney's fees and costs of suit in this matter.

FISCAL NOTE STATEMENT

The State will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Brian Sandoval
Governor



James R. Wells, CPA
Director


Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

October 17, 2016

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From:  Susan Brown, Budget Analyst

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF EDUCATION

Agenda Item Write-up:


Pursuant to NRS 353.097, subsection 4, the Department of Education requests approval to pay \$59,141.99 from the State Claims Account for a 2016 invoice for the College and Career Readiness – Dual Enrollment program from Lyon County School District.

Additional Information:

This invoice was received by the Department of Education on September 1, 2016 for reimbursement of costs incurred by Lyon County School District, for its College and Career Readiness program, in fiscal year 2016. Funds for this program did not balance forward from fiscal year 2016 to fiscal year 2017.

Statutory Authority:

NRS 353.097

REVIEWED:  _____
ACTION ITEM: _____

STALE CLAIM REQUEST

To: Susan Brown, Budget Analyst 5
Department of Administration, Budget Division

Date: 9/12/2016

From: Andrea McCalla, ASO III *AM*
Department of Education, Business & Support Division

RECEIVED

OCT 14 2016

Subject: Stale Claim for State Fiscal Year - 16

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Lyon CSD

Vendor/Employee Number: T40233900

Invoice/Term Date: 06/30/16

Invoice Number: N/A

Invoice/Claim Amount: \$59,141.99

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2699	101	27	\$59,141.99
Total			\$59,141.99

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2699	101	27	\$59,141.99
Total			\$59,141.99

Explanations: Reason for Stale Claim/Funding Allocations/Noted Attachments:

RFF for June received in September; must be Stale Claim.

NO INDIRECT

Authorized to pay from current fiscal year Acct? No
 [Indicate if full or partial payment from current year funds]

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY
Approval for payment from

Fund 101 B/A 4888

Budget Analyst _____ Date _____

Clerk of the Board _____ Date _____

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

FY16 State claim.



REQUEST FOR FUNDS FOR PROJECT ACTIVITIES

RETURN TO:

NEVADA DEPARTMENT OF EDUCATION

Attention Evelyn Barragan

700 E. Fifth Street

Carson City, Nevada 89701

Submit original copy whenever cash is needed to carry out project activities.
Each request must be accompanied by a record of project transactions.

Name and Address of Subgrantee: Lyon County School District 25 East Goldfield Avenue Yerington, NV 89447	Project No.	16-240-350
	Project Title	College & Career Readiness- dual enrollment

Source of project or grant funds:
State X Federal _____ Request No. 1

Name of Program: College & Career Readiness- dual enrollment

PART I: Period Ended Last Request: n/a Period for Current Request: 06/30/16

1. Total Subgrant Award	\$	59,142.00	✓
2. Less total requests for funds already submitted	\$	-	
3. Less current period expenditures being requested for current period	\$	59,141.99	✓
4. Remaining award at end of current period (1. - 2. - 3.)	\$	0.01	✓

PART II: Actual and Estimated Request for Current and Next Period:

	Requested	NDE Approved
1. Estimated amount needed for next period (< or = to Part I, No. 4.)	\$ -	
2. Plus current period expenditures (same as Part I, No. 3)	\$ 59,141.99	
3. Net amount of cash requested (1. plus 2.)	\$ 59,141.99	\$ <u>59,141.99</u>

Shawn P. Huesser Signature Date 9/1/16

Shawn Huesser, Director of Finance and Facilities

FOR DEPARTMENT OF EDUCATION USE ONLY						
Remarks:					Vendor Number <u>J40 233900</u>	
Federal	Organization Code	Budget Account	Category	G/L (Object Code)	Federal Common Account No.	Federal Job Number
State	<u>000</u>	<u>2699</u>	<u>27</u>	<u>8611</u>		
Signature of Person Authorized to Approve Payment <u>[Signature]</u>					Date Approved <u>9/2/16</u>	

SFP-02

Revised 03/2010

Posted 3/10/2010

State or Federal Report of Expenditures																	
Object	Description	(A)			(B)			(C)			(D)			(A+C)		(B+D)	
		Budget	Actual	Remainder	Budget	Actual	Remainder	Budget	Actual	Remainder	Budget	Actual	Remainder	Budget	Actual	Remainder	
Project Number: 16-240-350																	
Request Number: 1																	
Period Ending: 06/30/16																	
100	Salaries			0.00			0.00	5,400.00	5,400.00	0.00			5,400.00	5,400.00	0.00		
200	Benefits			0.00			0.00	1,242.00	1,242.00	0.00			1,242.00	1,242.00	0.00		
300	Purchased Professional/Technical Services			0.00			0.00	1,425.00	1,425.00	0.00			1,425.00	1,425.00	0.00		
400	Purchased Property Services			0.00			0.00										
500	510 Student Transportation Services			0.00			0.00										
	580 Staff Travel			0.00			0.00	0.00									
	Other (520, 530, 540, 550, 560, 570, 590)			0.00			0.00										
	Total 500	0.00	0.00	0.00	0.00	0.00	0.00	2,500.00	2,494.64	5.36			2,500.00	2,494.64	5.36		
600	610 General Supplies (exclude 612)			0.00			0.00										
	* 612 Non-Technology Items of Higher Value			0.00			0.00										
	620 Energy			0.00			0.00										
	630 Food			0.00			0.00										
	640 Books and Periodicals (exclude 641)	0.00	0.00	0.00	0.00	0.00	0.00	48,575.00	48,580.35	(5.35)			48,575.00	48,580.35	(5.35)		
	641 Textbooks			0.00			0.00										
	650 Supplies - Information Technology Related (exclude 651, 652, 653)			0.00			0.00										
	651 Software			0.00			0.00										
	* 652 Technology Items of Higher Value	0.00	0.00	0.00	0.00	0.00	0.00										
	653 Web-based and Similar Programs			0.00			0.00										
	Total 600	0.00	0.00	0.00	0.00	0.00	0.00	51,075.00	51,074.99	0.01			51,075.00	51,074.99	0.01		
800	810 Dues and Fees			0.00			0.00										
	890 Other Miscellaneous			0.00			0.00										
	Other (820, 830)			0.00			0.00										
	Total 800	0.00	0.00	0.00	0.00	0.00	0.00										
	Subtotal 100 - 600 & 800	0.00	0.00	0.00	0.00	0.00	0.00	59,142.00	59,141.99	0.01			59,142.00	59,141.99	0.01		
	Approved Indirect Cost Rate - %																
700	730 Equipment			0.00			0.00										
	Other (710, 720, 740, 790)			0.00			0.00										
	Total 700	0.00	0.00	0.00	0.00	0.00	0.00										
	Grand Total Expended	0.00	0.00	0.00	0.00	0.00	0.00	59,142.00	59,141.99	0.01			59,142.00	59,141.99	0.01		



Brian Sandoval
Governor



James R. Wells, CPA
Director


Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
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October 17, 2016

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From:  Susan Brown, Budget Analyst

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF EDUCATION

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department of Education requests approval to pay \$278,816.16 from the School Remediation Trust Fund account for a 2016 invoice for the English Language Learner - Rural program from Elko County School District.

Additional Information:

This invoice was received by the Department of Education on August 30, 2016 for reimbursement of costs incurred by Elko County School District, for the English Language Learner - Rural program, in fiscal year 2016. Funds for this program did balance forward from fiscal year 2016 to fiscal year 2017.

Statutory Authority:

NRS 353.097

REVIEWED: 
ACTION ITEM: _____

STALE CLAIM REQUEST

To: Susan Brown, Budget Analyst 5
Department of Administration, Budget Division

Date: 09/16/16

From: Andrea McCalla, ASO III *AM*
Department of Education, Business & Support Division

RECEIVED

OCT 14 2016

Subject: Stale Claim for State Fiscal Year - 16

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: Elko CSD

Vendor/Employee Number: T40232000

Invoice/Term Date: _____

Invoice Number: N/A

Invoice/Claim Amount: \$278,816.16

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	16	\$278,816.16
Total			\$278,816.16

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	16	\$278,816.16
Total			\$278,816.16

Explanations: Reason for Stale Claim/Funding Allocations/Noted Attachments:

FY16 RFF received 9/14/16; must be Stale Claim *ELL funds*
No indirect

Authorized to pay from current fiscal year Acct? YES
 [Indicate if full or partial payment from current year funds]

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY
Approval for payment from

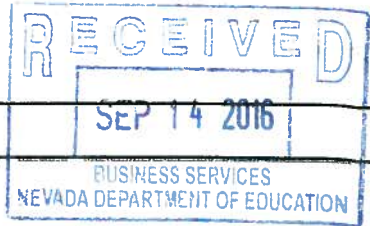
Fund 101 B/A 2615

Budget Analyst _____ Date _____

Clerk of the Board _____ Date _____

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

FY16 STATE CLAIM



Request

Elko County SD (04) - FY 2016 - SB 405 Zoom EL Funding

General Information

Project Number 16-289-04000
 DUNS Number 10-0662469
 C.F.D.A. Number
 Voucher Number

Fiscal Summary

Allocation \$739,280.00
 Available Budget \$739,280.00
 Fiscal Information As Of 8/24/2016
 Cash Received \$260,968.23
 Total Cash Basis Expenditures \$539,784.39
 Cash Balance On Hand (\$278,816.16)
 Cash Available \$478,311.77
 Total Amount Requested \$278,816.16

FOR DEPARTMENT OF EDUCATION USE ONLY

Remarks:

T/D No. : T40232000

Allocation Source Type	Fund	Spending Plan Account No.	Category	Disbursement Code	Common Account No.	Program Project No.	Amount
State	101	2615	16	8605	N/A	N/A	\$278,816.16
Total							\$278,816.16

Wendi Wyatt

Signature of Person Authorized to Approve Payment

8-30-16

Date Approved

Payment Details

Elko County SD (04) - FY 2016 - SB 405 Zoom EL Funding

Payment Summary

Request Amount:	\$278,816.16
Total Specified:	\$278,816.16
Unspecified:	\$0.00

SB 405 Zoom EL Funding

Eligible Allocation	Already Paid	Amount Remaining
\$739,280.00	\$260,968.23	\$478,311.77

Sources

	SB 405-2016 (S)	Total
Allocation	\$739,280.00	\$739,280.00
Amount Paid to Date	\$260,968.23	\$260,968.23
Pending Payment(s) to Other Grant(s)	\$0.00	\$0.00
Remaining	\$478,311.77	\$478,311.77
Percent Funded	100.00 %	N/A
Available to Pay	\$478,311.77	\$478,311.77
Amount to Pay	\$278,816.16	\$278,816.16
Amount Remaining	\$199,495.61	\$199,495.61



Expenditure Details

Elko County SD (04) - FY 2016 - SB 405 Zoom EL Funding

Object Code	Purpose Code	1000 Instruction	2213 Expenditures for Prof. Dev.	3300 Comm. & Parent Involvement	Indirect Costs	Total
100 - Salaries		248,642.16				248,642.16
200 - Retirement Fringe Benefits		113,564.46				113,564.46
300 - Purchased Professional/Technical Services			42,228.52			42,228.52
580 - Staff Travel			8,403.04			8,403.04
610 - General Supplies		26,309.28		1,501.03		27,810.31
640 - Books and Periodicals		21,385.71		4,749.86		26,135.57
650 - Supplies - Information Technology Related		41,205.89				41,205.89
651 - Software		200.00				200.00
652 - Technology Items of Higher Value		5,173.00				5,173.00
653 - Web-based and Similar Programs		14,958.48				14,958.48
810 - Dues and Fees		320.00				320.00
890 - Other Miscellaneous					11,142.96	11,142.96
Total		471,758.98	50,631.56	6,250.89	11,142.96	539,784.39



STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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October 17, 2016

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Susan Brown, Budget Analyst

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF EDUCATION

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department of Education requests approval to pay \$64,893.14 from the Other State Education Programs account for a 2016 invoice for the Nevada Ready 21st Century Technology program from White Pine County School District.

Additional Information:

This invoice was received by the Department of Education on August 10, 2016 for reimbursement of costs incurred by White Pine County School District, for Nevada Ready 21st Century Technology one to one device program, in fiscal year 2016. Funds for this program did balance forward from fiscal year 2016 to fiscal year 2017.

Statutory Authority:

NRS 353.097

REVIEWED: SB
ACTION ITEM: _____

STALE CLAIM REQUEST

To: Susan Brown, Budget Analyst 5
Department of Administration, Budget Division

Date: 9/12/2016

From: Andrea McCalla, ASO III *AM*
Department of Education, Business & Support Division

RECEIVED

OCT 14 2016

Subject: Stale Claim for State Fiscal Year - 16

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

The attached invoice is a valid claim for expenditures incurred in the above indicated fiscal year. We have reviewed and reconciled all the associated billing and payment records for this claim, and our research verifies that this is an open and valid claim against the state and that claim was not paid in the indicated fiscal year or any subsequent fiscal year. A copy of this analysis and the supporting documentation is attached for your review. Please review and provide your authorization to pay this stale claim as indicated below:

Vendor/Employee Name: White Pine CSD

Vendor/Employee Number: T40127700

Invoice/Term Date: 06/30/16

Invoice Number: N/A

Invoice/Claim Amount: \$64,893.14

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2699	101	17	\$64,893.14
Total			\$64,893.14

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2699	101	17	\$64,893.14
Total			\$64,893.14

Explanations: Reason for Stale Claim/Funding Allocations/Noted Attachments:

RFF received after deadline. Stale Claim. *NV Ready 21st Cent Technology*
Indirect 5.56%

Authorized to pay from current fiscal year Acct? YES
 [Indicate if full or partial payment from current year funds]

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY

Approval for payment from

Fund 101 B/A 2699

Budget Analyst _____ Date _____

Clerk of the Board _____ Date _____

Note: Claims from the General Fund Stale Claims account over \$1,000 require Clerk approval

REQUEST FOR FUNDS FOR PROJECT ACTIVITIES

RETURN TO:

NEVADA DEPARTMENT OF EDUCATION

Attention: _____

700 E. Fifth Street
Carson City, Nevada 89701



**Submit original copy whenever cash is needed to carry out project activities.
Each request must be accompanied by a record of project transactions.**

Name and Address of Subgrantee: White Pine County School District 1135 Ave C Ely, NV 89301	Project No.:	16-219-17000 ✓
	Project Title:	Nevada Ready 21

Source of project or grant funds:

State x Federal _____ Request No.: 1 ✓

Name of Program: Nevada Ready 21

PART I: Period Ended - Last Request:	Period Ended - Current Request:
1. Total Subgrant Award	\$ 64,919.66 ✓
2. Less total requests for funds already submitted	\$ -
3. Less current period expenditures being requested for current period	\$ 64,893.14 ✓
4. Remaining award at end of current period (1. - 2. - 3.)	\$ 26.52 ✓

PART II: Actual Request for Current and Next Period:

	Requested	NDE Approved
1. Less cash on hand at end of past period (same as Part I, No. 3)	\$ -	8/9/16 EPO
2. Current Request for Funds	\$ 64,893.14	64,893.14

Signature Date 8/1/2016

Paul Johnson, CFO
Name and Title of Reporting Official

FOR DEPARTMENT OF EDUCATION USE ONLY						
Remarks:					Vendor Number: T 4012 7700	
Federal	Organization Code	Budget Account	Category	G/L (Object Code)	Federal Common Account No.	Federal Job Number
State	000	2699	17	8617		
Signature of Person Authorized to Approve Payment					Date Approved 8/9/16	

State or Federal Report of Expenditures
Nevada Department of Education

Object	Description	(A)		(B)		(C)		(D)		(A+C)		(B+D)	
		Instruction Cost		Support Cost		Remainder		Budget		Actual		Remainder	
		Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
100	Salaries	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
200	Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
300	Purchased Professional/Technical Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
400	Purchased Property Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
500	510 Student Transportation Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	580 Staff Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other (520, 530, 540, 550, 560, 570, 590)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
600	610 General Supplies (exclude 612)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	* 612 Non-Technology Items of Higher Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	620 Energy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	640 Books and Periodicals (exclude 641)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	641 Textbooks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	650 Supplies - Information Technology Related (exclude 651, 652, 653)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	651 Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	* 652 Technology Items of Higher Value	\$ 59,474.25	\$ 59,474.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 59,474.25	\$ 59,474.25	\$ -	\$ -
	653 Web-based and Similar Programs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total 600	\$ 59,474.25	\$ 59,474.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 59,474.25	\$ 59,474.25	\$ -	\$ -
800	810 Dues and Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	890 Other Miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other (820, 830)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total 800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Subtotal 100 - 600 & 800	\$ 59,474.25	\$ 59,474.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 59,474.25	\$ 59,474.25	\$ -	\$ -
	Approved Indirect Cost Rate - 5.56 %	\$ 3,306.77	\$ 3,306.77	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,419.41	\$ 3,419.41	\$ -	\$ -
700	730 Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other (710, 720, 740, 790)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total 700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Grand Total Expended	\$ 62,781.02	\$ 62,781.02	\$ -	\$ -	\$ 2,138.65	\$ 2,112.12	\$ -	\$ 26.53	\$ 64,919.66	\$ 64,893.14	\$ -	\$ 26.53

830-3 Request for Funds Page 2



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

STATE OF NEVADA

JAMES W. SMACK
Chief Deputy Controller

GEOFFREY LAWRENCE
Assistant Controller



**OFFICE OF THE
STATE CONTROLLER**

MEMORANDUM

Date: October 03, 2016

To: State Budget Division – The Clerk of the Board of Examiners
From: State Controller's Office
Subject: Request for Designation of Bad Debt

NRS 353C.220 delegates authority to the State Controller to request, on behalf of state agencies, that the State Board of Examiners (or Clerk of the Board) designate certain debts as bad debts. This includes the uncollectible accounts receivable submitted to the Controller's Office for collections from all state agencies and departments.

Enclosed is a summary of delinquent accounts that have been referred to the Controller's Office for collections and to write off. Our private collection agency has been unable to recover any of the outstanding debts listed. Please review these accounts and write them off accordingly if you concur.

Request Summary:

To	# Accounts	Amount
The Clerk of the Board	20578	\$ 25,114.981.97

The Clerk of the Board of Examiners

Date

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE

Budget Division

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

Date: October 20, 2016

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Katrina Nielsen, Budget Analyst,
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE STATE CONTROLLER

Agenda Item Write-up:

NRS 353C.220 allows agencies, with approval of the Board of Examiners, to write-off bad debts deemed uncollectible. The Office of the Controller has submitted a comprehensive list of debts for write-off on behalf of the following state departments:

	Department	Division	Number of Accounts	Total Amount
1	Administration		4	\$ 4,273.33
2	Administration	Central Payroll	79	\$ 47,016.16
3	Attorney General	Administration	395	\$ 495,517.69
4	Attorney General	Private Investigator's Licensing Board	26	\$ 93,059.83
5	Agriculture		43	\$ 15,965.12
6	Business and Industry	Industrial Relations	150	\$ 201,675.33
7	Business and Industry	Financial Institutions Division	2	\$ 907.96
8	Business and Industry	Insurance	69	\$ 563,129.93
9	Business and Industry	Labor Commissioner	141	\$ 2,313,058.87
10	Business and Industry	Mortgage Lending Division	345	\$ 1,033,490.35
11	Business and Industry	Real Estate	53	\$ 1,222,035.55
12	Conservation and Natural Resources	Environmental Protection	170	\$ 1,421,597.21
13	Conservation and Natural Resources	Forestry	6	\$ 2,854.48
14	Conservation and Natural Resources	Natural Heritage Program	1	\$ 51.00
15	Conservation and Natural Resources	Parks	87	\$ 3,821.00

	Department	Division	Number of Accounts	Total Amount
16	Contractors Board		769	\$ 5,270,360.45
17	Corrections	Silverstate Industries- Prison Industries	6	\$ 8,981.08
18	Health and Human Services	Aging and Disability Services	3	\$ 1,332.75
19	Health and Human Services	Child and Family Services	7	\$ 7,288.00
20	Health and Human Services	Health Care Financing and Policy	233	\$ 605,158.45
21	Health and Human Services	Health Care Quality Compliance	1	\$ 588.00
22	Health and Human Services	Health	2	\$ 29,034.18
23	Health and Human Services	Mental Health and Developmental Serv	480	\$ 1,282,626.07
24	Health and Human Services	Northern Nevada Adult Mental Health	45	\$ 17,525.33
25	Health and Human Services	Welfare and Supportive Services	803	\$ 1,022,368.39
26	Motor Vehicles	Motor Carrier	595	\$ 983,079.76
27	Motor Vehicles	Records	277	\$ 68,267.00
28	Education		4	\$ 181,198.96
29	Employment, Training and Rehabilitation		4	\$ 22,091.02
30	Nevada Gaming Commission		4	\$ 1,240,004.35
31	Gaming Control Board	Administration	11	\$ 31,216.71
32	State Board of Massage Therapists		2	\$ 381.50
33	Office of Veterans Services	Veterans Home	82	\$ 309,233.19
34	Public Employee Benefits Program		164	\$ 47,995.12
35	Public Safety	General Services	23	\$ 14,371.70
36	Public Safety	Highway Patrol	6	\$ 2,278.88
37	Public Safety	Parole and Probation	15,022	\$ 5,360,960.94
38	Public Utilities Commission		15	\$ 13,505.00
39	Tourism and Cultural Affairs	Nevada Magazine	2	\$ 4,750.00
40	Transportation		97	\$ 111,477.99
41	Taxation		350	\$ 1,060,453.34
Total Debt Write-Off			20,578	\$ 25,114,981.97

Additional Information:

This summary of delinquent accounts above includes the uncollectible accounts receivable submitted to the Controller's Office for collections from all state agencies and departments. The Controller's private collection agency has been unable to recover the outstanding debts. Therefore, these debts are hereby being submitted to the Board of Examiner's for approval to write-off.

Statutory Authority:

NRS 353C.220

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

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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

Date: October 17, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Jim Rodriguez, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION

Agenda Item Write-up:

Pursuant to NRS 353.268, the State Public Works Division requests an allocation of \$824,735 from the Interim Finance Committee Contingency Account to cover a shortfall in the allocation of Slot Tax used to support the Nevada System of Higher Education (NSHE) Special Capital Construction Fund for Higher Education.


Additional Information:

NSHE reports that only \$2,323,199 of the legislatively approved amount of \$2.5M for FY16 was available for allocation in FY16. NSHE is also projecting a \$1.125M shortfall of Slot Tax revenue for FY2017. A Slot Tax Revenue Balance worksheet is provided for your review.

The agency indicates that based on the actual FY17 expenditures for debt service and the elimination of the \$500,000 reserve amount originally requested, the net revenue shortfall for the deferred maintenance in FY17 totals \$647,934. This results in a total IFC Contingency Fund request for the 2015-17 biennium of \$824,735

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: 
ACTION ITEM: _____

Brian Sandoval
Governor



Gustavo Nunez, P.E.
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Public Works Division

515 E Musser, Rm 102 | Carson City, NV 89701
Phone: (775) 684-4141 | Fax (775) 684-4142

IFC CONTINGENCY FUND REQUEST
December 2016

SUBJECT TITLE:

Project 15-M42, Deferred Maintenance, Nevada System of Higher Education (NSHE) – Request allocation from IFC contingency fund in the amount of \$176,801.

DISCUSSION:

The approved funding for this project includes \$5 million (\$2.5 million in FY '16 and '17) from the Special Capital Construction Fund for Higher Education (NRS 463.385(5)(b)). The funding source is the annual excise tax upon slot machines.

Per NSHE, the available funding for FY '16 and '17 is short by \$176,801 and \$647,934 (see attached memo and analysis). Therefore, this is a request for IFC contingency funds in the amount of \$824,735 to maintain the approved funding level in project 15-M42.

This request is contingent upon approval by the Board of Examiners; expected November, 2016.

PREPARED BY:

Evan R. Dale
Administrator
Department of Administration, Administrative Services Division

Nevada System of Higher Education

System Administration
4500 South Maryland Parkway
Las Vegas, NV 89119-7530
Phone: 702-889-8426
Fax: 702-889-8492



System Administration
2601 Enterprise Road
Reno, NV 89512-1666
Phone: 775-784-4901
Fax: 775-784-1127

October 17, 2016

MEMORANDUM

To: Janel Murphy, Deputy Director
Governor's Finance Office

From: Fred Egenberger, Budget Director
Nevada System of Higher Education *FBE*

Subject: IFC Contingency Fund Request: SHECC funding (FY 2016 and FY 2017)

The following information is provided in response to your email message dated September 28, 2016, regarding the Slot Tax revenue shortfall and the impact on Special Higher Education Construction Fund (SHECC) for the 2015-2017 biennium.

Please indicate the actual revenue received from Gaming for FY 2016 and FY 2017.
Annual Slot Tax revenue is collected at the end of each fiscal year; therefore, revenue is not recorded in DAWN until July and August. Because the Slot Tax revenue is not received until the end of the fiscal year, the revenue funds expenditures in the next fiscal year. For example, revenue earned in FY 2015 funded expenditures in FY 2016, and revenue earned in FY 2016 funds expenditures in FY 2017.

The following table summarizes the Slot Tax revenue deposited in the Special Higher Education Capital Construction account, Budget Account 6110, during FY 2015 and FY 2016.

Fiscal Year	Revenue Amount
FY 2015	\$8,686,408.59
FY 2016	\$8,539,353.14

Although the Gaming Control Board will update its Slot Tax revenue projections for FY 2017 during October 2017, revenue for FY 2017 will not be earned (and reported) until July and August 2017.

Please either provide a justification for the recommended reserve balance or eliminate it from your request.

The request for a reserve totaling \$500,000 has been removed from the Debt Service projections, in an effort to increase the amount of funds available to NSHE institutions for deferred maintenance and to reduce the amount of the request from the IFC Contingency Fund.

Please update the Fund Balance, as necessary (included in the document titled "Special Higher Education Capital Construction Fund").

The updated document is attached to this memorandum

Update funding shortfall issue paper, if needed.

The issue paper referenced in your email message is extracted from information presented to and approved by the Board of Regents (BOR) during their April 22, 2016, meeting (Agenda Item

11, Ref. BOR-11, Attachment E). Because this document has been approved by the BOR, it is an official document and cannot be revised or modified.

The report indicates that in FY 2016, SHECC revenue would support \$2,323,199 of the \$2.5 million authorized to support NSHE deferred maintenance, resulting in a shortfall of \$176,801, and projects a shortfall for FY 2017 totaling approximately \$1,125 million.

Based on the actual FY 2017 expenditures for Debt Service and the elimination of the recommended reserve, the revenue shortfall for deferred maintenance in FY 2017 totals \$647,934. This results in an IFC Contingency Fund request for the 2015-2017 biennium totaling \$824,735.

Update the requested IFC Contingency Fund amount for the 2015-2017 biennium.
As indicated above, based on actual revenues and expenditures for the 2015- 2017 biennium, the IFC Contingency Fund request amount totals \$824,735.

If you have additional questions regarding this request, please contact me.

Attachment: Special Higher Education Capital Construction Fund Analysis

**Nevada System of Higher Education
SPECIAL HIGHER EDUCATION CAPITAL CONSTRUCTION FUND
2013 - 2015 Biennium**

Fund Balance at the End of Fiscal Year 13 **\$9,843,257**

Less:

Maintenance/Renovation (Recommend Spending)	(\$2,500,000)	
<u>FY 14 Debt Service</u>		
2005 G Refunding Bonds	(\$6,520,125)	
Bond Refinancing Savings	(\$167,250)	
Trust Agent Fees	(\$325)	
LCB Recommended Reserve Balance		
Total FY 14 Debt Service	(\$6,687,700)	
Total Expenditures (\$655,557 under available funds)		(\$9,187,700)
		(Revs \$9,843,257 less Exps \$9,187,700 = \$655,557)

Add:

FY 14 Actual Revenues		\$8,863,433
-----------------------	--	-------------

Fund Balance at the End of Fiscal Year 14 **\$9,518,990**

Less:

Maintenance/Renovation	(\$2,500,000)	
<u>FY 15 Debt Service</u>		
2005 G Refunding Bonds	(\$6,519,375)	
Bond Refinancing Savings	(\$170,000)	
Trust Agent Fees	(\$325)	
Recommended Reserve Balance		
Total FY 15 Debt Service	(\$6,689,700)	
Total Expenditures (\$329,290 under available funds)		(\$9,189,700)
		(Revs \$9,518,990 less Exps \$9,189,700 = \$329,290)

Add:

FY 15 Actual Revenues		\$8,686,409
-----------------------	--	-------------

Fund Balance at the End of Fiscal Year 15 **\$9,015,699**

THE ENDING FUND BALANCE IS REQUIRED TO MEET DEBT SERVICE OBLIGATIONS AND AUTHORIZED CAPITAL PROJECTS DURING THE ENSUING YEAR. SLOT TAX REVENUE IS COLLECTED AT THE END OF THE FISCAL YEAR (JUNE 20th).

**Nevada System of Higher Education
SPECIAL HIGHER EDUCATION CAPITAL CONSTRUCTION FUND
2015 - 2017 Biennium**

Fund Balance at the End of Fiscal Year 15 **\$9,015,699**

Less:

Maintenance/Renovation (Recommend Spending)	(\$2,323,199)	
<u>FY 16 Debt Service</u>		
2005 G Refunding Bonds (changes to 2015A in FY18)	(\$6,519,250)	
Bond Refinancing Savings	(\$172,250)	
Trust Agent Fees	(\$325)	
Recommended Reserve Balance		
Total FY 16 Debt Service	(\$6,691,825)	
 Total Expenditures		 ((\$9,015,024)

Add:

FY 16 Actual Revenues		\$8,539,353
-----------------------	--	-------------

Fund Balance at the End of Fiscal Year 16 **\$8,540,028**

Less:

Maintenance/Renovation	(\$1,852,066)	
<u>FY 17 Debt Service</u>		
2005 G Refunding Bonds (changes to 2015A in FY18)	(\$6,519,000)	
Bond Refinancing Savings	(\$169,125)	
Trust Agent Fees	\$163	
Recommended Reserve Balance	\$0	
Total FY 15 Debt Service	(\$6,687,963)	
 Total Expenditures		 ((\$8,540,029)

Add:

FY 17 Gaming Control Board Revenue Estimate Sep 2015)		\$8,542,058
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Estimated Fund Balance 6/30/17 **\$8,542,058**

THE ENDING FUND BALANCE IS REQUIRED TO MEET DEBT SERVICE OBLIGATIONS AND AUTHORIZED CAPITAL PROJECTS DURING THE ENSUING YEAR. SLOT TAX REVENUE IS COLLECTED AT THE END OF THE FISCAL YEAR (JUNE 20th).

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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

Date: October 03, 2016
To: James R. Wells, Clerk of the Board.
Governor's Finance Office
From: Jim Rodriguez, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL - DIGNITARY PROTECTION

Agenda Item Write-up:

Pursuant to NRS 353.268, the Department of Public Safety – Dignitary Protection requests an allocation of \$105,670 from the Interim Finance Committee Contingency Account to cover the cost of providing protective services for presidential candidates who are expected to campaign in Nevada this fiscal year.

Additional Information:

The Nevada Highway Patrol is anticipating additional visits by the candidates that have not been accommodated within the agency's FY17 budget. Additionally, the NHP is anticipating visits from the following: the president, an ambassador, each of the vice presidential candidates and the First Lady. These visits are anticipated the current state fiscal year. A breakdown of the estimated costs is attached for your review and reference.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: _____ ACTION ITEM: _____

Nevada Department of
Public Safety

Brian Sandoval
Colonel

James M. Wright
Director

Colonel Dennis S. Osborn
Chief

Nevada Highway Patrol

555 Knight Way
Carson City, Nevada 89711-0525
Telephone (775) 657-5500 • Fax (775) 654-4579

Memorandum

DATE: October 4, 2016

TO: Jim Rodriguez, Budget Analyst 4
Department of Administration, Budget and Planning

THROUGH: Sheri Brueggemann, Administrative Services Officer IV
Department of Public Safety, Director's Office

FROM: Johnny R. McCuin, Administrative Services Officer 3

SUBJECT: Board of Examiners Request for Interim Finance Contingency Funds

The Department of Public Safety (DPS) Nevada Highway Patrol division (NHP) is requesting approval of \$105,670 from the Interim Finance Contingency Fund to increase authority in the NHP's Visiting Dignitary Protection account to provide protective services for presidential candidates who are expected to campaign in Nevada. The NHP is anticipating three additional visits by presidential candidates as well as protection for 48 ambassadors visiting Las Vegas coupled with one visit each to Las Vegas by the President, Vice President and First Lady before the end of the election cycle. Work program C38073 will be submitted to the Interim Finance committee should this request be approved.

This request only includes visits that are scheduled or probable during the election cycle. Should the NHP be called upon for protective services for other dignitaries after the election, there may not be sufficient authority remaining in the Dignitary Protection account to provide those services and, if so, another Interim Finance Contingency Fund request will be made.

DPS is requesting this item be placed on the November 8th, 2016 Board of Examiners' agenda.

NeVada Department of Public Safety - Office of the Director, 555 Knight Way, Carson City, NV 89711-0525
Public Safety - Division of Administration, Budget and Planning, 555 Knight Way, Carson City, NV 89711-0525
Public Safety - Division of Public Safety, 555 Knight Way, Carson City, NV 89711-0525

Department of Public Safety
Nevada Highway Patrol
Cognitary Protection - CAT 32
FY17 Cost Estimate

Job Code	Event	City	Purpose	Dates	Hours			Cost	Already Reimbursed	Amount to be JVD'd
					Reg	O/T				
DIG22	Perce	Reno	Campaigning	8/1/16	25.50	15.75	\$2,350.70	\$2,350.70		
DIG23	Clinton	Las Vegas	Campaigning	8/4/16	66.50	-	\$2,726.18	\$2,726.18		
DIG24	H. Clinton	Reno	Campaigning	8/25/16	31.50	12.75	\$2,582.45	\$2,582.45		
DIG25	Trump	Stateline	Campaigning	8/26/16	9.00	-	\$08.66	\$08.66		
DIG26	Obama	Reno	Headlining the 2016 Lake Tahoe Summit	8/31/16	3.00	-	169.55	\$169.55		
DIG27	Trump	Las Vegas	Campaigning	8/26/16	43.50	39.00	4,666.79	4,666.79		
DIG28	Presidential Debate	Las Vegas	Presidential candidates debating in Las Vegas	10/19/16	-	520.00	\$33,910.28		\$33,910.28	
DIG29	VPC Kaine	Reno	Campaigning	9/22/16	28.00	6.00	\$2,103.17	\$2,103.17		
DIG30	G. W. Bush	Reno	Campaigning - Mr. Heck fundraiser	10/4/16	-	20.00	\$1,341.04		\$1,341.04	
DIG31	Trump	Reno	Campaigning	10/5/16	-	450.54	\$1,872.08		\$1,872.08	
DIG32	Trump	Las Vegas	Campaigning	10/3/16	-	182.00	\$12,104.01		\$12,104.01	
DIG33	Ambassadors	Las Vegas	48 ambassadors from various countries - USA orientation	10/25/16	-	35.00	\$2,225.69		\$2,225.69	
DIG34	H. Clinton	Las Vegas	Campaigning	10/12/16	43.50	39.00	4,666.79	4,666.79		
DIG35	Vice President Biden	Las Vegas	Campaigning for H. Clinton	10/12/16	11.00	288.82	19,137.89		\$19,137.89	
DIG36	H. Clinton	Las Vegas	Campaigning	10/17/16	43.50	39.00	4,666.79	4,666.79		
DIG37	President Obama	Las Vegas	Campaigning for H. Clinton	10/23/16	11.00	288.82	19,137.89		\$19,137.89	
TBD	First Lady	Las Vegas	Campaigning for H. Clinton	TBD	43.50	39.00	4,666.79	4,666.79		
TBD	Trump	Las Vegas	Campaigning	TBD	43.50	39.00	4,666.79	4,666.79		
							\$15,107.50	\$15,107.50	\$108,396.04	

Current CAT32 Authority \$17,834.00
Authority Balance (\$145,560.54)

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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

Date: October 18, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Curtis Palmer, Budget Analyst *CP*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
SAGEBRUSH ECOSYSTEM ACCOUNT**

Agenda Item Write-up:

Pursuant to NRS 353.268, the division requests an allocation of \$1,182,445 from the Interim Finance Committee Contingency Account to cover a shortfall in the Sagebrush Ecosystem account resulting from the 2015 appropriation bill (SB 514) requiring unused funds to be reverted at the end of FY16.

Additional Information:

The FY16/17 legislatively approved budget for the Sagebrush Ecosystem Program included \$1,375,000 in FY16 for Greater Sage-grouse habitat conservation projects and seed funding for contracts associated with the State's Conservation Credit System. However, a technical error in the bill language resulted in the unused funds of \$1,182,445 to revert to the general fund.

All parties agree the intent of the approved budget was to use \$2,000,000 in general fund dollars as seed money to jumpstart the State's Conservation Credit System, with one million dollars per year. Unspent funds in FY16 should forward to FY17 to continue the program and follow through on the commitment from the state of Nevada to the Untied State Fish and Wildlife in advance of the decision as to whether or not to list the Sage-grouse as a threatened or endangered species.

The work program request is #C38371.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

<p>REVIEWED: _____</p> <p>ACTION ITEM: _____</p>
--

BRIAN SANDOVAL
Governor



KAY SCHERER
Interim Director

Division of Environmental Protection
Division of Water Resources
Division of Forestry
Division of State Parks
Division of State Lands

JAMES R. LAWRENCE
Deputy Director

State Historic Preservation Office
Nevada Natural Heritage
Conservation Districts Program
Sagebrush Ecosystem Program
Off-Highway Vehicles Program

Office of the Director
901 S. Stewart Street, Suite 1003/Carson City, Nevada 89701
Phone: 775.684.2700/Fax: 775.684.2715
www.dcnr.nv.gov

Nevada Department of Conservation and Natural Resources

Date: October 18, 2016

To: Curtis Palmer, Budget Analyst
Governor's Finance Office

From: Jim Lawrence, Deputy Director, DCNR
Kelly Williams, ASO IV, DCNR

Subject: Work Program Request for Contingency Funds
Budget Account 4156, Director's Office, DCNR

Request: We are requesting contingency funds in the amount of \$1,182,445 to replace the \$1,182,445 that was required to be reverted at the end of FY16 as a result of a technical error in the 2015 appropriations bill (SB 514). **This is not a request for "new" money.**

Background: The FY16/17 legislatively-approved budget for the Sagebrush Ecosystem Program included \$1,375,000 in FY16 for Greater Sage-grouse (GRSG) habitat conservation projects and contracts associated with the State's Conservation Credit System (CCS). While there are multiple goals and benefits associated with this funding, two primary purposes are as follows:

1. Carry out valuable "on the ground" GRSG habitat conservation projects utilizing the CCS. The FY16/17 legislatively-approved budget for the Sagebrush Ecosystem Program included \$1 million in each year of the biennium to be used for agreements with landowners and public agencies to implement GRSG conservation projects. A requirement of these agreements is that all conservation credits generated as a result of the awarded project will be made available for sale or transfer, through the CCS, to offset future habitat impacts that may result from permitted projects that require GRSG mitigation (e.g. renewable energy projects, mining, etc.). Further, the agreements require that the award recipient will reimburse the state the awarded funds once such a transaction occurs. By having these requirements, not only are valuable conservation projects being completed, but we are also providing credits in the State's CCS to help ensure the success of Nevada's conservation plan. In April 2016, the Sagebrush Ecosystem Council awarded the full \$1 million for five conservation projects.

Subsequently, one of the projects was withdrawn leaving a total of four projects funded in the amount of \$731,131. The unobligated project funds will be used either as a contingency for the remaining four projects in the event there is an opportunity to enlarge the conservation work or the unobligated funds will be added to the \$1 million appropriation for FY17 to make a larger funding round; and

2. *Demonstrate a financial commitment to the United States Fish and Wildlife (USFWS) in advance of their decision as to whether to list the GRSG as a threatened or endangered species.* During development of the State's plan for GRSG conservation, we were consistently reminded by the USFWS that not only would the content of GRSG conservation plans be evaluated as part of the listing decision, but just as important, the financial demonstration to carry out conservation plans would also be evaluated. The legislatively-approved budget for the Sagebrush Ecosystem Program took effect July 1, 2015. In September 2015, the USFWS issued a decision that listing the GRSG as threatened or endangered species was not warranted. However, the USFWS also specified that the decision would be re-evaluated in 2020. This evaluation will not only include the current GRSG population and habitat trends, but will also include whether affected states and public agencies carried out their fiscal and other commitments to the conservation plans.

Because of the needed commitment to the USFWS to demonstrate assurances to carry out the State's GRSG conservation plan, along with the fact that habitat conservation projects typically require multiple years for implementation, it was always envisioned that the legislatively appropriated funds for the Sagebrush Ecosystem Program would need to carry forward from year to year until expended.

Consequences of Non-Approval: If this request is not approved, Nevada will be unable to fulfill its commitments to landowners and the USFWS regarding conservation plan implementation, and an effort that already has executive and legislative approval will not move forward as planned. Failure to act on this request could be a factor that is negatively weighed by the USFWS when it is time for the agency to re-evaluate its decision not to list the Greater Sage-grouse as endangered.

cc: Kay Scherer, Interim Director, Department of Conservation and Natural Resources
Janet Murphy, Deputy Director, Governor's Finance Office
Jennifer Gamroth, Program Analyst, Fiscal Division, Legislative Counsel Bureau

Senate Bill No. 514—Committee on Finance

CHAPTER.....

AN ACT relating to state financial administration; making appropriations from the State General Fund and the State Highway Fund for the support of the civil government of the State of Nevada for the 2015-2017 biennium; providing for the use of the money so appropriated; making various other changes relating to the financial administration of the State; repealing the prospective expiration of certain provisions relating to the Nevada Supreme Court; and providing other matters properly relating thereto.

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

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

Section 1. The sums set forth in sections 2 to 32, inclusive, of this act are hereby appropriated from the State General Fund for the purposes expressed in those sections, and for the support of the government of the State of Nevada for Fiscal Year 2015-2016 and Fiscal Year 2016-2017.

	2015-2016	2016-2017
Sec. 2. The Office and Mansion of the Governor.		
For the support of the:		
Office of the Governor	\$2,318,136	\$2,341,149
Governor’s Finance		
Office	3,546,921	4,006,387
Division of Internal		
Audits	1,464,382	1,534,307
Governor’s Mansion.....	326,151	372,594
High Level Nuclear		
Waste.....	1,357,388	1,385,884
Energy Conservation	100	100
Office of Science,		
Innovation and		
Technology	1,998,935	3,000,558
Sec. 3. The Office of Lieutenant Governor.		
For the support of the		
Office of the Lieutenant		
Governor	\$551,864	\$589,558
Sec. 4. The Office of Attorney General.		
For the support of the:		

—

	2015-2016	2016-2017
Nutrition Education Programs	\$1,107,463	\$1,107,463
Sec. 26. State Department of Conservation and Natural Resources.		
For the support of the:		
Conservation and Natural Resources Administration	\$1,940,297	\$1,957,765
Division of State Parks.....	4,776,623	5,345,845
Nevada Tahoe Regional Planning Agency	1,319	1,319
Division of Forestry	5,577,079	7,360,871
Forest Fire Suppression.....	6,465,394	2,500,000
Forestry Conservation Camps	5,045,670	6,710,925
Wildland Fire Protection Program.....	50,000	50,000
Division of Water Resources	1,902,301	2,700,000
Division of State Lands.....	1,224,415	1,380,838
Conservation Districts Program.....	536,740	586,621
State Historic Preservation Office	374,915	369,972
Comstock Historic District.....	194,946	217,958
Sec. 27. Tahoe Regional Planning Agency.		
For the support of the Tahoe Regional Planning Agency	\$1,831,166	\$1,511,166
Sec. 28. Department of Wildlife.		
For the support of the:		
Law Enforcement	\$58,721	\$55,565
Division of Fisheries Management.....	150,918	151,001
Game Management	71,404	68,607
Division of Diversity.....	347,163	346,971
Conservation Education	96,089	96,089
Sec. 29. Department of Employment, Training and Rehabilitation.		
For the support of the:		

Nevada Adult Mental Health Services and the Facility for the Mental Offender pursuant to section 20 of this act may be transferred among the budget accounts with the approval of the Interim Finance Committee upon the recommendation of the Governor.

Sec. 43. Of the amounts appropriated to the Department of Administration pursuant to section 8 of this act to Special Appropriations, a total of \$1,000,000 in Fiscal Year 2015-2016 to finance a business process consultant to review the state's business processes is available for both Fiscal Year 2015-2016 and Fiscal Year 2016-2017, and may be transferred from one fiscal year to the other with the approval of the Interim Finance Committee upon the recommendation of the Governor.

Sec. 44. 1. Notwithstanding the provisions of section 61 of chapter 446, Statutes of Nevada 2013, at page 2608, any portion of the appropriation made to the Division of Child and Family Services of the Department of Health and Human Services for the 2013-2015 biennium to Category 12 (Summit View Readiness) of Budget Account 101-3148 that is remaining in that Category at the end of Fiscal Year 2014-2015 does not revert to the State General Fund, must be carried forward to Fiscal Year 2015-2016 and is hereby authorized for use in Fiscal Year 2015-2016 to cover the expenses related to the reopening of Summit View Youth Correctional Center. Notwithstanding the provisions of subsection 4 of NRS 353.220, the approval of the Interim Finance Committee is not required for any request for the revision of a work program to carry forward money pursuant to this section.

2. Any remaining balance of the money described in subsection 1 must not be committed for expenditure after June 30, 2016, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 16, 2016.

Sec. 45. Of the amounts appropriated by sections 2 to 33, inclusive, of this act, the amounts appropriated in both Fiscal Year 2015-2016 and Fiscal Year 2016-2017 to finance deferred maintenance projects approved as maintenance decision units within agency budgets are available for both Fiscal Year 2015-2016 and Fiscal Year 2016-2017 and may be transferred within the same budget account from one fiscal year to the other with the approval of the Interim Finance Committee upon the recommendation of the Governor. Any amount so transferred must be used to complete the deferred maintenance as approved by the Legislature.

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

1. Reason/purpose for requested change:

1700 – Attorney General

- Language clean-up

1800 – State Printing

- Language clean-up

2. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable):

The changes will streamline language and clarify certain requirements.

3. Will recommended change have a fiscal impact (if yes, explain):

Change will help prevent unallowable expenditures

4. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed). **(please provide requested change as an attachment):**

BOARD OF EXAMINERS APPROVAL DATE: _____
(for BOE use only)

1700 Attorney General

1702 General Responsibility

The Attorney General and his/her duly appointed deputies are the attorneys for all State elected and appointed officials, boards, departments, agencies, commissions and institutions except when other counsel is specifically authorized by special legislation. (NRS 228.110). The authority and duties of the Attorney General are generally set forth in NRS Chapter 228 but can be found throughout the Nevada Revised Statutes and common law. [HYPERLINK TO <http://www.leg.state.nv.us/NRS/NRS-228.html>] Prior to the imposition of any suspension, demotion or termination of an employee, an appointing authority must first consult with the Attorney General regarding the proposed discipline.

1704 Services Available

~~The Attorney General's office will give oral and written legal advice, issue official opinions at the request of constitutional officers, heads of State agencies, boards and commissions, district attorneys and city attorneys, prosecute and defend litigation against State employees and officers, prepare legal documents such as contracts and leases and conduct administrative hearings. (NRS 228.150)~~

The Office of the Attorney General provides a broad range of legal services pursuant to its legal authority. State agencies should be proactive in consulting the Attorney General on potential legal issues and requesting general legal advice.

Unlike general legal advice, formal attorney general opinions issued pursuant to Nevada Revised Statute 228.150 are issued on behalf of the State. They are not designated for exclusive use by a specific organization or governmental official and may therefore be published at the Attorney General's discretion. These requests may only be made by the Governor; the Secretary of State; the State Controller; the State Treasurer; the Director of the Department of Corrections; the head of a state department, agency, board or commission; a district attorney; or a city attorney. A request for a formal opinion may not be withdrawn after the formal opinion process has begun.

The Attorney General also publishes numerous manuals, resource materials, and official opinions on questions of law. These materials are available at the Attorney General's website. [HYPERLINK TO www.ag.nv.gov]

State officers and employees should not seek legal advice or representation in personal matters from the Attorney General. Nevada law generally prohibits the Attorney General and deputy attorneys general from engaging in the private practice of law. (NRS 228.070(3); NRS 228.080(3)). Limited exceptions exist for (1) the Attorney General's Office of Military Legal Assistance, which facilitates pro bono legal assistance in civil matters to current and former

military personnel in this state (NRS 288.660); and (2) the uncompensated representation of indigent persons in non-criminal legal matters (NRS 7.065; 7.105).

1706 Requests for Services

Requests for any service requiring a written statement by the Attorney General should be made in writing. All facts should be included as clearly and concisely as possible. Be clear as to what service is requested.

1708 Reimbursement for Services

The Attorney General may charge all State agencies not supported by the State General Fund for all service and costs his/her office provides to those agencies. This is accomplished either through the Attorney General Cost Allocation Plan or through direct billings to the agency. (NRS 228.113)

~~Each State agency which has a Deputy Attorney General assigned to it shall:~~

- ~~1. Make payments for legal services to the Attorney General's administration budget as required, but at least annually.~~
- ~~2. Pay the Deputy Attorney General's travel expenses and subsistence allowances as provided by law for State officers and employees and furnish office space with appropriate equipment, supplies and clerical assistance satisfactory to the Attorney General and the head of the agency.~~

1710 Service of Process ~~Investigation and Prosecution~~

~~The Attorney General has primary jurisdiction to investigate and prosecute criminal offenses committed by State officers or employees in the course of their duties or arising out of circumstances related to their positions. (NRS 228.175)~~

~~A District Attorney may investigate an offense if:~~

- ~~1. The Attorney General has stated in writing to the District Attorney that the Attorney General does not intend to act in the matter; or~~
- ~~2. The District Attorney has inquired in writing of the Attorney General whether the Attorney General will act in the matter, and: a. The District Attorney has not received an answer in writing to the inquiry within 30 days after making it; or~~
~~b. The Attorney General has stated in writing to the District Attorney that he will act in the matter and has not filed a criminal action in the matter within 90 days after making the statement.~~
- ~~3. When acting pursuant to this section, the Attorney General may commence an investigation and file a criminal action without leave of court, and he has exclusive charge of the conduct of the prosecution.~~
- ~~4. The fact that the Attorney General or a District Attorney has not complied with any provision of this section is not a defense in a criminal action. (NRS 228.175).~~

~~The Attorney General investigates and prosecutes inmates and those who assist inmates in committing criminal acts. (NRS 228.170).~~

~~The Attorney General may prosecute offenses committed by county officers or employees. (NRS 228.177)~~

Fraud

The Attorney General has jurisdiction to investigate and prosecute Medicaid fraud (NRS 228.410), insurance fraud (NRS 228.412), and workers' compensation (industrial insurance) fraud (NRS 228.420)

Miscellaneous

The Attorney General has jurisdiction over proceedings involving public water, public land, dams and power plants. (NRS 228.190 et seq.)

The Attorney General has various responsibilities concerning domestic violence, including appointing the members of the Committee on Domestic Violence and appointing the Domestic Violence Ombudsman. (NRS 228.430 et seq.)

The Bureau of Consumer Protection is located within the Office of the Attorney General, and has powers concerning public utilities, telecommunications, and consumer protection. (NRS 228.300 et seq.) The Bureau is administered by the Consumer Advocate, who is appointed by the Attorney General for four-year terms.

The Attorney General should be immediately notified whenever any State department, agency, board or commission is served with a complaint in federal or state court, or served with a petition for judicial review, or otherwise presented with legal documents, since service must be effected in strict compliance with all applicable rules and statutes, including FRCP 4(j)(2), NRCF 4, NRS 41.031(2), and NRS 233B.130(2), which includes service upon the Attorney General. This is necessary to allow a prompt determination of any counterclaims and defenses that may be asserted and to ensure a timely response and/or appearance.

1800 Printing

1802 General

Nevada Revised Statutes ([Chapter 344](#)) ~~as amended by SB 504 of the 2003 Legislative Session, which~~ provides that all State printing and binding may be done on a competitive basis. It is in the best interest of the State of Nevada to do business with the ~~State Printing Unit~~[State Printing Office](#) of the Legislative Counsel Bureau whenever possible. State Printing offers all services ~~previously available~~, including complete offset printing, digital printing, copying, binding and finishing operations.

For all jobs with an expected expense of \$999.99 and under, the using agency may utilize the services of any printing vendor, including State Printing. For all jobs with an expected expense between \$1,000.00 and \$4,999.00, the using agency must obtain at least three (3) quotes, one of which must be State Printing. If a using agency so chooses, ~~it~~they may directly utilize State Printing at any amount under \$4,999.99 without obtaining outside quotes. For anticipated amounts above \$5,000.00, the using agency must direct their purchase through State Purchasing. In soliciting quotes or bids, State Purchasing must always solicit a quote or bid from State Printing. ~~State agencies that currently operate their own print shops will retain their exemption.~~

1804 Ordering

When ordering, ~~please try to~~[agencies should](#) place orders as far in advance as possible. If orders are ~~to be on a rush basis or are~~ time-sensitive, ~~please be sure~~[agencies should](#) ~~to~~ specify the date requested for completion of the order. Printers typically charge a premium for “rush orders.”

In order to prevent delays in processing and producing printing orders, please include a completed State Printing Specification Form with your order and a sample of the product when ordering from State Printing. Use the [State Printing Specification Form](#) as a guide when ordering from outside printers.

The submission of clear copy with the order will help to avoid delays and errors in production of your printed project. If there is a State Printing form number on the form, please include it with the order when ordering from State Printing. ~~For use by all state agencies, State Printing maintains a “guest office” with computers loaded with common graphic and publishing programs and has CD video training programs for PageMaker™, QuarkXpress™, PhotoShop™, InDesign™, and other software. State Printing will make available experts to help agencies using the guest office produce the best possible end result. There is no charge for use of the office or assistance you receive while using it. Contact State Printing at 775-684-6950 or printing@lcb.state.nv.us for additional information or to reserve the guest office.~~

On jobs canceled before completion, printers will typically bill to cover the cost of labor and material used before the cancellation notice.

1820 Preparation of Materials

Proper preparation of materials and copy can mean less expensive corrections, more accurate estimates and faster printing service regardless of the vendor. The following are suggestions to help agencies keep ~~their~~ printing costs down.

1. Edit the copy and not the proof. The most expensive item in the cost of printing occurs when corrections are made in the galley or page proof. The actual cost of alterations will increase the printing ~~bill; therefore~~ bill. Therefore, make all "author's alterations" in the manuscript before it is set in type.
2. Typed copy or digital file is preferred, preferably in the finished size of the product.
3. Be certain copy will fit the allotted area when space is limited.
4. Check carefully for uniform style, punctuation, spelling, capitalization, figures, ~~—such as—~~ names, dates, amounts of money and statistics.
5. Furnish all copy, black and white, digital files, photographs, pictures, drawings and negatives together when possible.
6. Give complete specifications, including sample when possible, and date desired.
7. If uncertain as to publication practices, please call 775-684-6950 with any questions.

1822 Manuscripts

Manuscript sheets should be of uniform size, preferably the size of the product. All pages should be numbered consecutively.

1824 Electronic or Digital Copy

Digital copy files can be submitted via e-mail or on computer disk. Zip disks, ~~3 1/2 floppy~~, or CD ROM disks can be accepted by most printers. Files should be provided in EPS, TIF, or PDF format with all fonts, graphics and/or resource files embedded. If fonts or resource files are not included, ~~on the disk~~ the order will be delayed. Most printers support PC and MAC platforms. ~~If you have any questions, please call 775-684-6950 for more information.~~

1834 Reading Proofs

Proofs should be read, signed and returned promptly. Holding proofs for an extended period of time will delay the completion of your printing order. It is the customer's responsibility to make sure proofs are correct, as the order will be printed per the proof.

1836 Billing

Printing charges for agencies utilizing State Printing will be based on quote or bid, where applicable, or where no quote or bid was requested on established hourly rates.

1840 Specifications

To complete State Printing order form, fill in all applicable specifications on the Printing Specification Sheet or Quick Print order form. Other printers will normally have similar forms ~~---; if they do not,~~ use the State Printing forms as a guide. Regardless of the vendor, the following information must be indicated on your order form:

1. Finish size of completed job (state width of form first, then length; example: letterhead is 8 1/2 x 11 inches not 11 x 8 1/2 inches)
2. Color and Weight of Stock (bond, cover, index, ledger, Bristol, NCR, and gummed stocks)
3. Page Count
4. Color of Ink (provide a sample of the color or select a color at the vendor)
5. Fold (Size)
6. Binding
7. Perforated (Indicate Position)
8. 1 or 2-Sided
9. Punching (indicate position, space between holes, center to center and size of holes)
10. Padding (how many sheets or sets in each pad)
11. Quantity (express in pieces or sets - multiple forms; do not express the quantity in the number of pads)
12. Cover (where a publication requires a separate cover, paper color should be specified; cover samples are normally available at the vendor upon request)
13. Numbered jobs (checks, receipts, etc.) must have the starting number and the ending number provided

Completion of work will normally be facilitated and duplication of efforts avoided if each department will arrange for one person to make all inquiries concerning work in progress.

1846 Other Services

Printers perform various finishing work, including assembling, stapling, drilling, folding and various binding procedures. While folding equipment will execute most types of basic folds, it is advisable to contact the printer for advice on specific folding ~~problems~~needs.

1850 Printing Authorization

Normal departmental authorization procedures should be followed when ordering printing services.

~~1864 Vendor Commodity Agreements~~

~~In cooperation with the Purchasing Division, State Printing negotiates annual commodity agreements with certain reliable copier vendors. Beneficial price breaks for equipment and supplies are realized through these agreements. All terms of these agreements are extended to State agencies and, in many instances, to political subdivisions.~~

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE

Budget Division

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

Date: September 29, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Heather Field, Budget Analyst *H Field*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF AGRICULTURE

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Agriculture requests approval to purchase one new vehicle not to exceed \$28,350.

Additional Information:

The department's vehicle request of a sport utility model was legislatively approved in the Mormon Cricket and Grasshopper budget account (FY17, BA 4556, E901) for the amount of \$25,309. This vehicle was also legislatively approved to transfer to the Pest, Plant Disease Noxious Weed Control budget account (FY17, BA 4552, E901). During the vehicle purchase process the agency found the original vehicle needs were underestimated. Additional needs include 4 wheel-drive, a V8 engine necessary towing capacity and state mandated hands-free cell phone capabilities. As a result, the revised request is \$3,041 more than the legislatively approved amount. Work Program #C38046 was created to support the additional funding and is also pending approval.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: *CPW*
ACTION ITEM: _____

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

Agency Name: Department of Agriculture	Budget Account #: 4552
Contact Name: Robert Little	Telephone Number: 775-353-3621

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:

Number of vehicles requested: 1 **Amount of the request:** 28,350.00

Is the requested vehicle(s) new or used: New

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:

2016 Chevrolet Silverado -- CC15543

Mission of the requested vehicle(s):

Conduct Mormon cricket and grasshopper surveys statewide

Were funds legislatively approved for the request?

Yes No

If yes, please provide the decision unit number:

E901

If no, please explain how the vehicles will be funded?

Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):

 Addition(s) Replacement(s)

Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.

Vehicle Classification is not a sedan nor a compact or intermediate in size.

Please Complete for Replacement Vehicles Only:

(For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)

Current Vehicle Information:

Vehicle #1 Model Year:

Odometer Reading:

Type of Vehicle:

Vehicle #2 Model Year:

Odometer Reading:

Type of Vehicle:

Please attach an additional sheet if necessary

Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.

Yes

If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.

APPOINTING AUTHORITY APPROVAL:

Debra Cronley Acting Fiscal Administrator 8/9/16
Agency Appointing Authority Title Date

BOARD OF EXAMINERS' APPROVAL:

Approved for Purchase Not Approved for Purchase

Board of Examiners Date

BRIAN SANDOVAL
Governor

STATE OF NEVADA

JAMES R. BARBEE
Director



Las Vegas Office:
2300 McLeod Street
Las Vegas NV 89104-4314
(702) 668-4590
Fax (702) 668-4567

Elko Office:
4780 E. Idaho Street
Elko NV 89801-4672
(775) 738-8076
Fax (775) 738-2639

DEPARTMENT OF AGRICULTURE

405 South 21st Street
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
Website: <http://www.agri.nv.gov>

August 12, 2016

MEMORANDUM

TO: Board of Examiners
FROM: Robert Little, Division Administrator – Plant Industry
RE: Approval to purchase vehicle

This memorandum will serve to advise that Budget Account 4552 is requesting approval to purchase a new vehicle which will service the Mormon Cricket Program with required inspections and surveys. This vehicle was Legislatively approved in the FY16/17 budget and will be purchased utilizing Grant Funds specifically provided for this purpose.

The budgeted amount of \$25,309 is insufficient for the type of vehicle required by this program. The vehicle must have four wheel drive, a V8 engine for necessary towing capacity, and state mandated Bluetooth (hands-free) cell phone capabilities. A Work Program will be completed upon approval of the Board.

Thank you for your consideration.

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2.7 – Truck ½ Ton; Full Size; Crew Cab; Short Bed		
Dealer Name:	Champion Chevrolet		
Delivery Location:	Reno, NV		
Vehicle Colors:	Exterior: Summit White	Interior: Dark Ash	Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 24,029	\$28,350
SPECIFY OPTIONS: (description)			\$
4wd		\$2,098.00	
Bluetooth		\$ 176.00	
Engine, Alt Size 5.3L Ecotec V-8		\$ 964.00	
Keyless entry w/ Fob		\$ 317.00	
Limited Slip Differential		\$ 348.00	
Skid Plate		\$ 88.00	
Trailer Tow Package		\$ 330.00	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options		\$28,350.00	\$
DMV Title and DRS Fee's		\$29.25	\$
GRAND TOTAL:			\$28,379.25

Registered Owner:	Agency Name & Address: Nevada Department of Agriculture 405 South 21 st Street Sparks, NV 89431
Legal Owner:	Agency Name & Address: Nevada Department of Agriculture 405 South 21 st Street Sparks, NV 89431
County Vehicle Based In:	Washoe
Name & Phone of Person to contact when vehicle is ready for delivery:	Mike Geissinger – (775) 353-3727

BA

STANDARD PAGE ~ BID 8255 FLEET VEHICLES

DEALER NAME - Champlon Chevrolet

Vehicle Item Number: 2.7 - Truck 1/2 Ton; Full Size; Crew Cab; Short Bed

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2016 Chevrolet Silverado - CC15543	\$24,029.00	\$24,329.00
State vehicle miles per gallon (MPG): 18 CITY / 24 HIGHWAY		
Manufactures Suggested Retail Price(MSRP): \$35,245.00		
State manufactures warranty: 3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain		
Specify standard engine size and emission rating: 4.3L ECOTEC3 FLEX FUEL V-6 Federal Emission		
Includes Minimum Standard Equipment Listed: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state exceptions:		
AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - OPTIONAL SEE BELOW		
Exterior Color: List available colors: Black, Summit White, Slate Grey Metallic Silver Ice Metallic, Red Hot, Tungsten Metallic		
Seats, Cloth: List available colors: Dark Ash		
GVW: 6900	WHEELBASE: 143.50	

OPTION PACKAGE PAGE ~ BID 8255 FLEET VEHICLES

DEALER NAME - Champlon Chevrolet

Vehicle Item Number: 2.7 1/2 Ton; Full Size; Crew Cab; Short Bed

Option Package Name/Code: 1LT	(Requires 2WD) \$1,918.00	(Requires 4WD) \$2,238.00
List Equipment Features Below:		
17" Bright Aluminum Wheels, Chrome Front/Rear Bumper, Chrome Grille, EZ Lift Tailgate		
Heated Power Mirrors, Power Windows, Remote Keyless Entry, Deep Tint Glass(Except front Windows),		
Premium Cloth, Driver Side Lumbar Control, Carpeted Floor, Rubber Floor Mats, Leather Wrapped Steering Wheel,		
My Link Radio w/ 8 inch display, Single Slot CD Player, Bluetooth, Steering Wheel Audio Controls, Onstar		

ITEMIZED OPTION PAGE ~ BID 8255 FLEET VEHICLES

DEALER NAME - Champion Chevrolet

Vehicle Item Number: 2.7 - Truck 1/2 Ton; Full Size; Crew Cab; Short Bed

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Bluetooth for Phone (Includes My Link Radio)	\$176.00	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$176.00	\$- N/A
Engine, Alt Size 5.3L Ecotec V-8	\$964.00	\$- N/A
Engine, Alt Size 5.3L Ecotec V-8 (E85 FlexFuel)	\$1,064.00	\$- N/A
Engine Block Heater	\$80.00	\$- N/A
Four Wheel Drive (4x4)	\$2,098.00	\$- N/A
NO → Integrated Trailer Brake Controller (Req Tow Pack)	\$242.00	\$- N/A
Keyless Entry w/Fob (Includes Power Mirrors)	\$317.00	\$- N/A
Limited Slip Differential	\$348.00	\$- N/A
Paint, Metallic	\$STD	\$- N/A
Power Mirrors (Includes Keyless Entry w/Fob)	\$317.00	\$- N/A
Power Locks	\$STD	\$- N/A
Power Seat (Driver's Side)	\$594.00	\$- N/A
Power Windows	\$STD	\$- N/A
Radio; AM/FM Stereo, CD Player (Incl My Link/Bluetooth)	See option Package	\$- N/A
Rear Window Defogger	\$154.00	\$- N/A
Seats, Vinyl	\$ Avail @ no extra charge	\$- N/A
Vinyl Colors: Dark Ash		
Skid Plate (Requires 4X4 option)	\$88.00	\$- N/A
Tilt Steering	\$STD	\$- N/A
Tire, Spare, Full Size	\$STD	\$- N/A
Tires, All Terrain	\$200.00	\$- N/A
Trailer Tow Mirrors (Not avail with Power Mirrors)	\$62.00	\$- N/A
Trailer Tow Mirrors-Power (Requires Power Mirrors)	\$308.00	\$- N/A
Trailer Tow Package (Incl 7 & 4 pin connectors)	\$330.00	\$- N/A
Upfitter Switches Bank of 4 @ 30 Amps Each	\$125.00	\$- N/A

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 375.00 flat.

24,029.00 - Base Price

4,321.00 - Options

+

\$28,350.00

176.00 +
 2,098.00 +
 964.00 +
 88.00 +
 330.00 +
 348.00 +
 317.00 +
 24,029.00 +
28,350.00 *

0.00 *

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE**

Budget Division

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

Date: September 21, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Colleen Murphy, Budget Analyst *cm*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION
ENTERPRISE INFORMATION TECHNOLOGY SERVICES**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Administration, Enterprise Information Technology Services, requests approval to purchase one new replacement vehicle not to exceed \$50,083.

Additional Information:


This request is funded in the legislatively approved budget (FY17, BA 1388, E716, \$52,796).

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

Agency Name: Enterprise IT Services		Budget Account #: 1388	
Contact Name: Patrick Sheehan		Telephone Number: 775-684-4323	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:			
Number of vehicles requested: <u>ONE</u>		Amount of the request: <u>\$50,083.00</u>	
Is the requested vehicle(s) new or used: <u>NEW</u>			
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:			
Mission of the requested vehicle(s): To transport staff and equipment to remote mountain site locations to repair the microwave radio equipment.			
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the decision unit number: E716 If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> Replacement(s)			
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Yes			
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2011 Dodge Ram 3500 Odometer Reading: 97,684 Type of Vehicle: Service Truck		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes, Vehicle is experiencing excessive mechanical issues. If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A	
<i>Please attach an additional sheet if necessary</i>			
APPOINTING AUTHORITY APPROVAL:			
		CTO	9/14/16
Agency Appointing Authority		Title	Date
BOARD OF EXAMINERS' APPROVAL:			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase			
Board of Examiners		Date	

RETURN TO
DoA/ASD

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	3.4A Ram 3500 Regular Cab Chassis 4x2-4x4		
Dealer Name:	Carson Dodge, Chrysler, Jeep		
Delivery Location:	Carson City, NV		
Vehicle Colors:	Exterior: White	Interior: Dark Slate Gray	× Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 35,600.00	\$ 35,600.00
SPECIFY OPTIONS: (description)			\$ 14,483.00
Engine Block Heater	1	\$ 77.00	
Four Wheel Drive	1	\$ 2,795.00	
Radio: AM/FM Stereo, CD	1	\$ 166.00	
Spare Tire Full Size	1	\$ 298.00	
Skid Plate 4x4	1	\$ 43.00	
Integrated Trailer Brake	1	\$ 238.00	
LT 235/80R17E BSW All Terrain Tires	1	\$ 213.00	
Heavy Duty Alternator	1	\$ 128.00	
Single Rear Wheel	1	\$ -340.00	
9' Single Rear Service Body With Top opening Lids	1	\$ 6,225.00	
9' Raised Enclosure	1	\$ 1,850.00	
Master Lock System	1	\$ 795.00	
Back up Alarm	1	\$ 195.00	
Class IV Hitch with wiring	1	\$ 650.00	
Heavy Duty Forklift Loadable Rack	1	\$ 1,150.00	

DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 50,083.00 ✓
DMV Title and DRS Fee's		\$29.25	\$ 29.25 ✓
GRAND TOTAL:			\$ 50,112.25

Registered Owner:	Agency Name & Address: Department of Administration Enterprise Information Technology Services 100 N. Stewart Street, Suite 100 Carson City, NV 89701-4211
Legal Owner:	Agency Name & Address: Same
County Vehicle Based In:	Carson
Name & Phone of Person to contact when vehicle is ready for delivery:	Ken Ballew 775-720-0814

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: October 4, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval to replace one vehicle not to exceed \$28,209 due to a vehicle accident resulting in a total loss of the vehicle.

Additional Information:

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

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: _____ ACTION ITEM: _____

Brian Sandoval
Governor



Patrick Cates
Director

Lee-Ann Easton
Deputy Director

Keith Wells
Administrator

**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
FLEET SERVICES DIVISION**

750 E. King Street
Carson City, Nevada 89701-4768
Phone: (775) 684-1880 | Fax: (775) 684-1888
Website: www.fleetservices.nv.gov

MEMORANDUM

September 30, 2016

TO: Paul Nicks, Budget Analyst 5
Governor's Finance Office

FROM: Keith Wells, Administrator

SUBJECT: November BOE Agenda Item Request

Can you please place the attached Board of Examiners (BOE) vehicle purchase request on the November BOE agenda. The request is to replace vehicle EX58994 that was totaled in an accident on August 19, 2016. Attached is the following documents:

- Accident report
- Estimates for repair
- Replacement vehicle quote

Thank you for your consideration,

Keith Wells,

A handwritten signature in black ink, appearing to be "KW", written over a large, light-colored oval shape.

Administrator



VEHICLE ACCIDENT REPORT

INSTRUCTIONS:

COMPLETE as much information as possible at the scene.
REPORT all accidents involving third parties, whether or not there is damage or injury.
COOPERATE with investigating officer(s) and the State's adjuster(s).
WITHIN 48 HOURS:
Send original to AG's Office Claims Manager, 100 N. Carson St., Carson City, NV 89710
Send copy to Risk Management Claims Manager, 201 S. Roop St., Suite 201 Carson City NV 89701

Date of Accident 8-19-16 Time 2pm

OUR INFORMATION:

Driver's Name WKA A. SPENCER Agency DCFS HENKINSON, NV 89015
Office Address 5225 E. LAKE MEAD PKWY Bus. Phone 702-436-6571
Driver's Lic. No. 1600915689 State NV Expiration Date 9-6-2019
Contact Person WKA A. SPENCER Title RCN II Phone 702-436-6571

Is this a MOTOR POOL Vehicle? YES Vehicle ID No. (VIN) JTDKN3DU2A0093372

Plate No. 9994 Year 2010 Make TOYOTA Model PRIUS

Location of vehicle BIRD ROCK & GRAND TETON

Location of Accident BIRD ROCK & GRAND TETON (7100)

Describe Damage to State Vehicle: Windshield Damage only? No If NO describe damage FRONT END SMASHED

Accident Reported to (NHP, Metro, Reno P.D., etc.) METRO REPORT Report # 160819 - Citations Issued? No 2055

If Yes, explain:

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

Owner's Name JACOB REEDER Daytime Phone 702.505.5161

Address 5829 FORTY-NINTH AVENUE City/State/Zip LAS VEGAS, NV 89131

Insurance Company _____ Policy No _____ City/State _____

Insurance Agent _____ Phone No. _____

Plate No. 497-ZCE State NV Year _____ Make Jeep Model CHEVROKEE

Driver's name SAME AS ABOVE Daytime phone SAME AS ABOVE

Address _____ City/State/Zip _____

Driver's Lic. No. 1403912808 State NV Expiration Date 8.9.2022

Describe damage to other vehicle and any injuries reported: BASIC BUMPER CRASHED

EXPLAIN WHAT HAPPENED: I REAR END A VEHICLE WHILE
TRAVELING TO A MEETING IN STATE VEHICLE.

WITNESSES (Please include NAME, ADDRESS and PHONE NUMBER) Michelle Duran
702.602.5434 called in

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

Agency Information: Damage estimates attached Estimates will follow

State Driver's Signature [Signature] Date 8-19-16

Reviewed by Safety Coordinator _____ Date _____

Reviewed by Department Head _____ Date _____

CENTURY TOWING INC. No 57976

1933 Western Ave., Las Vegas, NV 89102 | (702) 360-2383 | CPCN # 7124

IMPORTANT: You have secured the services of Century Towing, Inc. If you have any questions concerning the services provided or wish to file a commendation or complaint, you may contact the Nevada Transportation Authority at (702) 486-3303 or through its website at http://www.tsa.nv.gov

DATE OF REQUEST 8/19	TIME OF REQUEST 3:10 A.M. P.M.	PAYMENT METHOD <input type="checkbox"/> CASH <input checked="" type="checkbox"/> DEBIT <input type="checkbox"/> CHECK	IMPOUND <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
TOWED FROM 7100 Grand Tower	TOWED TO 7000 Laniaroga	KEYS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PERSON RESPONSIBLE FOR CHARGES MOTOR OIL		VEH MILEAGE	
NAME/ADDRESS OF OWNER Accident			
YEAR 10	MAKE Toyota	MODEL Prius	VEHICLE TYPE 4dr
VIN JTDKAL3D02A0093572	LICENSE 5S8994	COLOR Tan	STATE/EXP. NV

TIME & MILEAGE COMPUTATION	DEPART BASE 8:10	ARRIVE TOW SCENE 7:30	DEPART TOW SCENE 8:40	ARRIVE DESTINATION 9:14
ODOMETER READING	81244	81254	81259	81280
TOTAL TIME ON SCENE	HRS	MIN	TOTAL MILES	

CHARGE FOR THE FIRST 10 MILES \$ 18

CHARGE FOR OVER 10 @ PER MILE 3.00 \$ 65

CHARGE FOR THE FIRST 5 MILES \$ 1

CHARGE FOR OVER 5 @ PER MILE \$

ADVANCE CHARGES CC 8/18 \$

SET OUT EX 8/18 \$

AFTER HRS 108477 \$

STAND BY LV/SYR 2016 W/O# 1123 \$

DOLLIES LT E 58994 \$

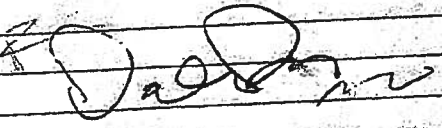
CLEAN UP CREDIT 877 \$

STORAGE CARD RAG SECURED DAYS \$

DATE/TIME: START END TOTAL CHARGES \$ 120

RELEASED BY: _____ DATE: _____ TIME: _____

COMMENTS: _____

DRIVER:  DRIVER NO: 8/19/2016

SIGNATURE: _____

Lyn Letarti

From: DeAnna Guthrie
Sent: Friday, September 09, 2016 10:42 AM
To: Lyn Letarti
Subject: RE: claim 17-056

Lyn,

This vehicle is considered a total.

DeAnna Guthrie | Program Officer
Nevada Department of Administration | Risk Management Division
T: (775)687-3189 | F: (775)687-3195 | E:dguthrie@admin.nv.gov
www.risk.nv.gov

From: Lyn Letarti
Sent: Thursday, September 08, 2016 1:25 PM
To: DeAnna Guthrie <dguthrie@admin.nv.gov>
Subject: claim 17-056

Deanna,
NV State Collision is declaring this vehicle a total loss. Please let me know if it is a total. Thanks.
2010 Toyota Prius 38,130 miles

NEVADA STATE COLLISION CENTER

Federal Tax ID: 88-0431006
 401 WEST BONANZA ROAD
 Las Vegas, NV 89106
 Phone #: (702) 798-8828
 Fax #: (702) 798-6563

Customer No: 1287
 Report No: 1284
 Claim #:
 Assign No:

Estimate

9/6/2016

E-Mail: nvstatecollision@gmail.com

Vehicle Information	Owner - DEPT OF ADMIN FLEET SERVICES	Accident Location
2010 Toyota Prius	EX58994	
Style: 4D	Las Vegas, NV 89106	
Color:	Home Phone: (702) -	
Color Code:	Work Phone: (702) -	Phone #1: -
Production Date: / 0	Fax #: (702) -	Phone #2: -
License: State: NV	<u>Insured -</u>	<u>Claimant -</u>
VIN: JTDKN3DU2A0093372		
Miles In: 0		
Miles Out: 0	Home Phone: (702) -	Home Phone: (702) -
Condition:	Work Phone: (702) -	Work Phone: (702) -
Estimator: BEN	Fax #: (702) -	Fax #: (702) -
Date Assigned: 8/25/2016	Date of Loss: 8/25/2016	Date of Inspection: 8/25/2016

Description of Work	Part Number	Price	Labor	Paint	Other
FRONT BUMPER & GRILLE - BUMPER & COMPONENTS					
Replace Front Bumper cover, w/o fog lamp	5211947917	\$266.92	Included	3.3	
Replace Front Energy absorber	5261147050	\$56.20	0.1 body		
Replace Front Impact bar	5202147012	\$262.96	0.3 body		
Replace Front Seal to hood	5339547020	\$21.23	Included		
Replace Front License bracket	5211447070	\$72.87	0.2 body		
* Replace Front Lower shield	SUPPLEMENT	\$74.47	Included		
Replace Front Spoiler	7685147030	\$163.40	Included		
FRONT BUMPER & GRILLE - GRILLE & COMPONENTS					
Replace Front Emblem, w/o precrash	7531047010	\$51.63	0.1 body		
Replace Front Upper grille	5311147020	\$140.24	Included		
* Replace Front Lower grille	SUPPLEMENT	\$77.12	Included		
FRONT LAMPS - HEADLAMP COMPONENTS. W/O LED					
Replace Right Front Headlamp assy	8113047211	\$279.73 *	0.5 body		
* Replace Left Front Headlamp assy	SUPPLEMENT	\$316.73	0.5 body		
RADIATOR SUPPORT - RADIATOR SUPPORT					
Replace Radiator support	5320147903	\$789.42	6.8 body	1.5	
Evacuate & Recharge Radiator Coolant		\$20.00	1.4 mech		
R&R radiator support, refrigerant recovery			0.4 mech		
Replace Right Radiator Upper support	5320247020	\$36.77	0.9 Struct	0.5	
Replace Left Radiator Upper support	5320347020	\$36.77	0.9 Struct	0.5	
Replace Left Radiator Side seal	5329447010	\$45.63	0.1 body		
Replace Left Radiator Side bracket	5380447020	\$26.63	0.1 body	0.2	
Replace Right Radiator Mount plate	5318712030	\$39.25	0.7 body	0.3	
COOLING - RADIATOR & COMPONENTS					
Replace Radiator assy	1640037230	\$297.26	3.2 mech		
COOLING - COOLING FAN					
* Replace Upper seal	SUPPLEMENT	\$9.28			
* Replace Upper mount	SUPPLEMENT	\$42.81	0.2 body		
* Replace Fan shroud	SUPPLEMENT	\$104.84	0.8 mech		
COOLING - INVERTER COOLING COMPONENTS					
* Replace Inverter cooler	SUPPLEMENT	\$406.76	0.8 mech		
AIR CONDITIONER & HEATER - CONDENSER, COMPRESSOR & LINES					
Replace Condenser	8846047150	\$312.92	0.9 mech		
-Body Overlap (0.6)			-0.6		
HOOD - HOOD & COMPONENTS					
Replace Right Hinge	5341047070	\$33.50	0.2 body	0.4	
Replace Left Hinge	5342047070	\$33.50	0.2 body	0.4	
Replace Hood	5330147050	\$308.47	1.4 body	2.4	
+Underside (1.2)				1.2	
* Replace Lock, w/o solar roof	SUPPLEMENT	\$53.07	0.3 body		

NEVADA STATE COLLISION CENTER

Federal Tax ID: 88-0431006
 401 WEST BONANZA ROAD
 Las Vegas, NV 89106
 Phone #: (702) 798-8828
 Fax #: (702) 798-6563

Customer No: 1287
 Report No: 1284
 Claim #:
 Assign No:

Estimate

9/6/2016

E-Mail: nvstatecollision@gmail.com

Description of Work	Part Number	Price	Labor	Paint	Other
FENDER - FENDER & COMPONENTS					
Repair Right Fender			3.0* body	2.0	
ELECTRICAL - ELECTRICAL COMPONENTS. INVERTER					
* Replace Inverter	SUPPLEMENT	\$2,655.74	2.5 mech		
ENGINE / TRANSAXLE - AIR INTAKE					
* Replace Resonator assy	SUPPLEMENT	\$139.35	0.2 mech		
* Replace Air cleaner assy	SUPPLEMENT	\$558.84	0.6 mech		
RESTRAINT SYSTEMS - AIR BAG COMPONENTS					
* Replace Driver air bag, black	SUPPLEMENT	\$752.05	0.3 mech		
* Replace Clockspring	SUPPLEMENT	\$723.65	1.3 mech		
* Replace Diagnostic unit	SUPPLEMENT	\$180.69	0.3 mech		
* Replace Right Occupant sensor	SUPPLEMENT	\$396.13	0.2 mech		
* Replace Left Ft impact sensor	SUPPLEMENT	\$88.89	0.3 mech		
* Replace Knee air bag, bisque	SUPPLEMENT	\$933.74	0.6 mech		
* Replace Left Position sensor	SUPPLEMENT	\$88.75	0.2 mech		
RESTRAINT SYSTEMS - FRONT SEAT BELTS					
* Replace Left Front Belt & retractor, w/o precrash, bisque	SUPPLEMENT	\$260.62	0.6 body		
Other operations					
* Replace windshield		\$250.00 *	2.0* body*		
* must be torn down for further inspection					
* Replace engine intake manifold--w/gaskets	SUPPLEMENT	\$301.25 *	3.5* mech*		
Sub Totals		\$11,710.08	36.0	12.7	

IN BUSINESS SINCE '92
 FIBERGLASS REPAIR & FABRICATION
 ALUMINUM AND MIG WELDING
 BODY DAMAGE AND PAINTING
 THANK YOU FOR LETTING US SERVE YOU

	Hours	Rate	Total
Body Labor	17.3hrs	\$34.00/hr	\$588.20
Paint Labor	12.7hrs	\$34.00/hr	\$431.80
Mech Labor	16.9hrs	\$81.00/hr	\$1,368.90
Structural Labor	1.8hrs	\$40.00/hr	\$72.00
OEM Parts			\$11,710.08 T
Body Supplies	3.0hrs	\$5.00/hr	\$15.00 T
Paint Supplies	12.7hrs	\$22.00/hr	\$279.40 T
Tax	Non-Taxed		
Grand Total			\$14,465.38

Estimate based on MOTOR CRASH ESTIMATING GUIDE. Unless otherwise noted all items are derived from the Guide. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Guide used is (ARM8546). 5/16
 * Indicates Estimator's Judgment
 T Indicates Taxed Item

COLLISION BAY
 Drive Safe!
 1911 LOSEE RD STE 110, North Las Vegas, NV
 89030
 Phone: (702) 654-6830
 FAX: (702) 654-6759

Workfile ID: cb04c37f
 Federal ID: 46-2729989
 Resale Number: 1015682251-001

Preliminary Estimate

Customer: STATE OF NEVADA

Written By: Roger Madrigal

Insured: STATE OF NEVADA	Policy #:	Claim #:
Type of Loss:	Date of Loss:	Days to Repair: 0
Point of Impact: 12 Front		

Owner:	Inspection Location:	Insurance Company:
STATE OF NEVADA	COLLISION BAY	
(702) 469-3148 Business	1911 LOSEE RD STE 110	
	North Las Vegas, NV 89030	
	Repair Facility	
	(702) 654-6830 Business	

VEHICLE

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E gold

VIN: JTDKN3DU2A0093372	Interior Color:	Mileage In:	Vehicle Out:
License: 58994	Exterior Color: gold	Mileage Out:	
State: NV	Production Date:	Condition:	Job #:

TRANSMISSION	Console/Storage	FM Radio	Cloth Seats
Automatic Transmission	CONVENIENCE	Stereo	Bucket Seats
POWER	Air Conditioning	Search/Seek	WHEELS
Power Steering	Intermittent Wipers	Auxiliary Audio Connection	Aluminum/Alloy Wheels
Power Brakes	Tilt Wheel	SAFETY	PAINT
Power Windows	Rear Defogger	Drivers Side Air Bag	Clear Coat Paint
Power Locks	Message Center	Passenger Air Bag	OTHER
Power Mirrors	Steering Wheel Touch Controls	Anti-Lock Brakes (4)	Traction Control
Heated Mirrors	Rear Window Wiper	4 Wheel Disc Brakes	Stability Control
DECOR	Telescopic Wheel	Front Side Impact Air Bags	Rear Spoiler
Dual Mirrors	RADIO	Head/Curtain Air Bags	
Tinted Glass	AM Radio	SEATS	

Preliminary Estimate

Customer: STATE OF NEVADA

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E gold

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1 FRONT BUMPER & GRILLE							
2		O/H front bumper				2.5	
3	** <>	Repl Opt OEM Bumper cover w/o fog lamp	5211947917	1	225.00	Incl.	3.3
4		Add for Clear Coat					1.3
5		Repl Energy absorber	5261147050	1	56.20	Incl.	
6		Repl Impact bar (ALU)	5202147012	1	262.96	0.3	
7		Repl Upper grille	5311147020	1	140.24	Incl.	
8		Repl Emblem w/o precrash	7531047010	1	51.63	Incl.	
9 FRONT LAMPS							
10	*	Repl LKQ RT Headlamp assy +30%	8113047211	1	266.50	0.5	
11	**	Repl Opt OEM LT Headlamp assy	8117047211	1	307.00	Incl.	
12 RADIATOR SUPPORT							
13		Refinish Components					1.5
14		Repl Radiator support	5320147903	1	789.42	6.8	Incl.
15		Evacuate & recharge				m 1.4 M	
16		Refrigerant recovery				m 0.4 M	
17		Aim headlamps				0.5	
18 COOLING							
19		Repl Radiator assy	1640037230	1	297.26 m	Incl. M	
20		Repl Inverter cooler	G901047032	1	406.76 m	0.8 M	
21 AIR CONDITIONER & HEATER							
22		Repl Condenser	8846047150	1	312.92 m	Incl.	
23 HOOD							
24	**	Repl Opt OEM Hood (ALU)	5330147050	1	298.00	1.4	2.4
25		Overlap Major Non-Adj. Panel					-0.2
26		Add for Clear Coat					0.4
27		Add for Underside(Complete)					1.2
28		Add for Clear Coat					0.2
29 FENDER							
30	*	Rpr RT Fender				3.5	2.0
31		Overlap Major Adj. Panel					-0.4
32		Add for Clear Coat					0.3
33 RESTRAINT SYSTEMS							
34	#	Subl Hazardous waste removal		1	5.00 T		
35		Repl Driver air bag gray	4513047110B0	1	752.05 m	Incl.	
36		Air bag system diagnosis				0.5	
37		Repl Clockspring	8430747020	1	723.65 m	1.3 M	
38		Repl Knee air bag light gray	7390047020G0	1	933.74 m	0.6 M	
39		Repl RT Ft impact sensor	8917379025	1	88.89 m	0.3 M	
40		Repl LT Ft impact sensor	8917379025	1	88.89 m	0.3 M	
41		Repl LT Position sensor	8917833050	1	88.75 m	0.2 M	
42		Repl Diagnostic unit	8917047081	1	180.69 m	0.3 M	

Preliminary Estimate

Customer: STATE OF NEVADA

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E gold

43	Repl	LT Belt & retractor w/o precrash light gray	7322047090B3	1	163.86	0.6	
44 FRONT DOOR							
45	Blnd	RT Door shell (HSS)					1.0
46	R&I	RT Belt molding				0.3	
47	R&I	RT R&I mirror				0.3	
48	R&I	RT Handle, outside w/o "Smart key" beige				0.4	
49	R&I	RT R&I trim panel				0.5	
50 #	Repl	Cover Car		1	10.00 T	0.3	
51 #		Color tint / color match		1			0.5
52 #	Rpr	Color sand and buff				1.0	
53 #	Repl	Flex additive		1	8.00 T		
54 #	Rpr	Setup & measure				2.0 F	
55 #	Rpr	Rough pull				2.0 F	
56 #	Subl	Towing		1	50.00 X		
SUBTOTALS					6,507.41	29.0	13.5

ESTIMATE TOTALS

Category	Basis	Rate	Cost \$
Parts			6,434.41
Body Labor	19.4 hrs @	\$ 30.00 /hr	582.00
Paint Labor	13.5 hrs @	\$ 30.00 /hr	405.00
Mechanical Labor	5.6 hrs @	\$ 95.00 /hr	532.00
Frame Labor	4.0 hrs @	\$ 65.00 /hr	260.00
Paint Supplies	13.5 hrs @	\$ 28.00 /hr	378.00
Miscellaneous			73.00
Subtotal			8,664.41
Grand Total			8,664.41
Deductible			0.00
CUSTOMER PAY			0.00
INSURANCE PAY			8,664.41

ESTIMATE OF REPAIR:

The Estimate of Repair includes parts, labor, diagnosis, and any applicable taxes. If, on further inspection, additional parts or repairs are needed, you will be contacted for authorization. We are not responsible for loss or damage to your vehicle from fire, theft, accidents or any cause beyond our control. All tests will be made by our employees at your risk.

POWER OF ATTORNEY:

I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange for deposit to the aforementioned business' account for credit on my account for repairs on my vehicle which has been released and accepted.

ACCEPTED

BY: _____ DATE: _____

Preliminary Estimate

Customer: STATE OF NEVADA

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E gold

Estimate based on MOTOR CRASH ESTIMATING GUIDE and potentially other third party sources of data. Unless otherwise noted, (a) all items are derived from the Guide ARM8546, CCC Data Date 8/17/2016, and potentially other third party sources of data; and (b) the parts presented are OEM-parts manufactured by the vehicles Original Equipment Manufacturer. OEM parts are available at OE/Vehicle dealerships. OPT OEM (Optional OEM) or ALT OEM (Alternative OEM) parts are OEM parts that may be provided by or through alternate sources other than the OEM vehicle dealerships. OPT OEM or ALT OEM parts may reflect some specific, special, or unique pricing or discount. OPT OEM or ALT OEM parts may include "Blemished" parts provided by OEM's through OEM vehicle dealerships. Asterisk (*) or Double Asterisk (**) indicates that the parts and/or labor data provided by third party sources of data may have been modified or may have come from an alternate data source. Tilde sign (~) items indicate MOTOR Not-Included Labor operations. The symbol (<>) indicates the refinish operation WILL NOT be performed as a separate procedure from the other panels in the estimate. Non-Original Equipment Manufacturer aftermarket parts are described as Non OEM, A/M or NAGS. Used parts are described as LKQ, RCY, or USED. Reconditioned parts are described as Recond. Recored parts are described as Recore. NAGS Part Numbers and Benchmark Prices are provided by National Auto Glass Specifications. Labor operation times listed on the line with the NAGS information are MOTOR suggested labor operation times. NAGS labor operation times are not included. Pound sign (#) items indicate manual entries.

Some 2017 vehicles contain minor changes from the previous year. For those vehicles, prior to receiving updated data from the vehicle manufacturer, labor and parts data from the previous year may be used. The CCC ONE estimator has a list of applicable vehicles. Parts numbers and prices should be confirmed with the local dealership.

The following is a list of additional abbreviations or symbols that may be used to describe work to be done or parts to be repaired or replaced:

SYMBOLS FOLLOWING PART PRICE:

m=MOTOR Mechanical component. s=MOTOR Structural component. T=Miscellaneous Taxed charge category. X=Miscellaneous Non-Taxed charge category.

SYMBOLS FOLLOWING LABOR:

D=Diagnostic labor category. E=Electrical labor category. F=Frame labor category. G=Glass labor category. M=Mechanical labor category. S=Structural labor category. (numbers) 1 through 4=User Defined Labor Categories.

OTHER SYMBOLS AND ABBREVIATIONS:

Adj.=Adjacent. Algn.=Align. ALU=Aluminum. A/M=Aftermarket part. Blind=Blend. BOR=Boron steel. CAPA=Certified Automotive Parts Association. D&R=Disconnect and Reconnect. HSS=High Strength Steel. HYD=Hydroformed Steel. Incl.=Included. LKQ=Like Kind and Quality. LT=Left. MAG=Magnesium. Non-Adj.=Non Adjacent. NSF=NSF International Certified Part. O/H=Overhaul. Qty=Quantity. Refn=Refinish. Repl=Replace. R&I=Remove and Install. R&R=Remove and Replace. Rpr=Repair. RT=Right. SAS=Sandwiched Steel. Sect=Section. Subl=Sublet. UHS=Ultra High Strength Steel. N=Note(s) associated with the estimate line.

CCC ONE Estimating - A product of CCC Information Services Inc.

The following is a list of abbreviations that may be used in CCC ONE Estimating that are not part of the MOTOR CRASH ESTIMATING GUIDE:

BAR=Bureau of Automotive Repair. EPA=Environmental Protection Agency. NHTSA= National Highway Transportation and Safety Administration. PDR=Paintless Dent Repair. VIN=Vehicle Identification Number.

Preliminary Estimate

Customer: STATE OF NEVADA

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E gold

PARTS SUPPLIER LIST

Line	Supplier	Description	Price
3	LKQ 3370 E Lone Mountain Road North Las Vegas NV 89081 (702) 642-1333	#~93647181 Opt OEM Bumper cover w/o fog lamp Quote: 81825399-450317923931876 Expires: 10/10/16	\$ 225.00
10	LKQ 3370 E Lone Mountain Road North Las Vegas NV 89081 (702) 642-1333	#~128121470 LKQ RT Headlamp assy +30% Headlamp Assembly HALOGEN, R., ONE SMALL ROCK CHIPON LENS,S#\$KL808 Quote: 81546169-450317923937629 Expires: 10/10/16	\$ 205.00
11	Keystone-Complete-B-North Las Vegas 3370 E LONE MOUNTAIN RD STE D NORTH LAS VEGAS NV 89081 (800) 551-5331 (702) 789-4000	#TO25181220E Opt OEM LT Headlamp assy	\$ 307.00
24	Keystone-Complete-B-North Las Vegas 3370 E LONE MOUNTAIN RD STE D NORTH LAS VEGAS NV 89081 (800) 551-5331 (702) 789-4000	#TO12302160E Opt OEM Hood (ALLU)	\$ 298.00



iCollision Las Vegas

Workfile ID:

0a3b26e8

6905 W Charleston Blvd Unit 170, Las Vegas, NV
89117

Phone: (702) 233-9111

FAX: (702) 233-8778

Estimate

RO Number: 1310

Customer:	Insurance:	Adjuster:	Estimator:	Frank Asakowicz
State of Nevada Fleet Services	SELF PAY	Phone:	Create Date:	8/24/2016
7060 La Cienega St		Claim:		
Las Vegas, NV 89119		Loss Date:		
(702) 403-0797		Deductible:		

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E

VIN: JTDKN3DU2A0093372	Interior Color:	Mileage In: 38294	Vehicle Out:
License: EX58994	Exterior Color:	Mileage Out:	
State:	Production Date:	Condition: Good	Job #:

Line	Ver	Operation	Description	Qty	Extended Price \$	Part Type	Labor	Type	Paint
1	E01		INFORMATION LABELS						
2	E01	Remove/Replace	Rpl information labels				0.3	Body	
3	E01	Remove/Replace	Emission label	1	2.18	OEM	0.0	Body	
4	E01	Remove/Replace	Caution label cooling fan	1	1.64	OEM	0.0	Body	
5	E01	Remove/Replace	Caution label engine	1	1.21	OEM	0.0	Body	
6	E01	Remove/Replace	Info label hybrid coolant	1	5.06	OEM	0.0	Body	
7	E01	Remove/Replace	AC label service	1	7.02	OEM	0.0	Body	
8	E01		FRONT BUMPER & GRILLE						
9	E01	Remove/Replace	O/H front bumper				2.5	Body	
10	E01	Remove/Replace	Bumper cover w/o fog lamp	1	203.00	A/M	0.0	Body	3.3
11	E01		Add for Clear Coat						1.3
12	E01	Remove/Replace	RT Side retainer	1	38.00	A/M	0.0	Body	
13	E01	Remove/Replace	Bumper cover fastener	8	19.52	OEM			
14	E01	Remove/Replace	Energy absorber	1	45.00	A/M	0.0	Body	
15	E01	Remove/Install	Impact bar (ALU)				0.3	Body	
16	E01	Remove/Install	RT Rail extn (ALU)				0.2	Body	
17	E01	Remove/Install	LT Rail extn (ALU)				0.2	Body	
18	E01	Blend	RT Tow eye cap						0.1
19	E01	Blend	LT Tow eye cap						0.1
20	E01	Remove/Replace	License bracket	1	72.87	OEM	0.2	Body	
21	E01	Remove/Install	Lower shield				0.0	Body	
22	E01	Remove/Install	Spoiler				0.0	Body	
23	E01	Remove/Replace	Wire harness w/o LED h'lamps	1	64.91	OEM			
24	E01	Remove/Replace	Upper grille	1	119.00	A/M	0.0	Body	

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Estimate

RO Number: 1310

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E

25	E01	Remove/Replace	Emblem w/o precrash	1	51.63	OEM	0.0	Body	
26	E01	Remove/Install	Lower grille				0.0	Body	
27	E01	Remove/Replace	Seal to hood clip	7	8.82	OEM		Body	
28	E01		FRONT LAMPS						
29	E01	Remove/Replace	RT Headlamp assy	1	246.00	A/M	0.0	Body	
30	E01	Remove/Replace	Aim headlamps				0.5	Body	
31	E01	Remove/Install	RT Turn signal lamp				0.0	Body	
32	E01	Remove/Install	LT R&I headlamp assy				0.0	Body	
33	E01	Remove/Replace	RT Headlamp assy grommet	3	3.27	OEM		Body	
34	E01	Remove/Install	LT Turn signal lamp				0.0	Body	
35	E01		RADIATOR SUPPORT						
36	E01		Refinish Components						1.5
37	E01	Remove/Replace	Radiator support	1	789.42	OEM	6.8	Body	0.0
38	E01	Remove/Replace	Evacuate & recharge				1.4	Body	
39	E01	Remove/Replace	Refrigerant recovery				0.4	Body	
40	E01	Remove/Replace	RT Upper support	1	36.77	OEM	0.9	Body	0.0
41	E01	Remove/Replace	LT Upper support	1	36.77	OEM	0.9	Body	0.0
42	E01	Remove/Replace	RT Side bracket	1	26.63	OEM	0.1	Body	0.0
43	E01	Remove/Replace	LT Side bracket	1	26.63	OEM	0.1	Body	0.0
44	E01	Remove/Replace	LT Side seal	1	45.63	OEM	0.1	Body	
45	E01	Remove/Replace	RT Side seal	1	45.97	OEM	0.1	Body	
46	E01	Remove/Install	Engine cover				0.3	Body	
47	E01	Remove/Replace	Sight shield	1	73.55	OEM	0.0	Body	
48	E01		COOLING						
49	E01	Remove/Install	Reserve tank				0.3	Mech	
50	E01	Remove/Replace	Radiator assy	1	249.00	A/M	0.0	Body	
51	E01	Remove/Replace	Inverter cooler	1	229.00	A/M	0.8	Mech	
52	E01	Remove/Replace	RT Fan assy	1	425.00	A/M	0.1	Mech	
53	E01	Remove/Install	Hose #1				0.2	Mech	
54	E01		AIR CONDITIONER & HEATER						
55	E01	Remove/Replace	Condenser	1	237.00	A/M	0.0	Body	
56	E01	Remove/Install	Discharge hose				0.8	Mech	
57	E01	Remove/Install	Liquid line				1.2	Mech	
58	E01		HOOD						
59	E01	Remove/Replace	Hood (ALU)	1	267.00	A/M	1.4	Body	2.4
60	E01		Add for Clear Coat						1.0
61	E01		Add for Underside(Complete)						1.2
62	E01		Add for Clear Coat						0.2
63	E01	Remove/Replace	Insulator clip	8	13.12	OEM			
64	E01	Remove/Replace	RT Hinge	1	32.00	Opt OEM	0.2	Body	0.4
65	E01		Add for Clear Coat						0.1
66	E01	Remove/Replace	LT Hinge	1	32.00	Opt OEM	0.2	Body	0.4

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Estimate

RO Number: 1310

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E

67	E01		Add for Clear Coat							
68	E01	Remove/Replace	Support rod	1	13.73	OEM	0.0	Body		0.1
69	E01	Remove/Replace	Lock w/o solar roof	1	51.00	Opt OEM	0.0	Body		
70	E01	Remove/Replace	Safety catch	1	56.60	OEM	0.0	Body		
71	E01	Remove/Replace	Release cable clip type 1	1	1.81	OEM				
72	E01	Remove/Replace	Release cable clip type 2	1	2.93	OEM				
73	E01		FENDER							
74	E01	Remove/Replace	RT Fender	1	193.00	A/M	2.3	Body		2.0
75	E01		Overlap Major Adj. Panel							(0.4)
76	E01		Add for Clear Coat							0.3
77	E01		Add for Edging							0.5
78	E01		Add for Clear Coat							0.1
79	E01	Remove/Replace	Deduct for Overlap				(0.3)	Body		
80	E01	Remove/Install	LT R&I fender assy				2.2	Body		
81	E01	Remove/Install	Deduct for Overlap				(0.3)	Body		
82	E01	Remove/Install	RT Rear seal				0.0	Body		
83	E01	Remove/Install	LT Rear seal				0.0	Body		
84	E01	Remove/Replace	RT Rear seal upper clip	1	1.06	OEM				
85	E01	Remove/Replace	LT Rear seal upper clip	1	1.06	OEM				
86	E01	Remove/Replace	RT Rear seal lower clip	1	1.12	OEM				
87	E01	Remove/Replace	LT Rear seal lower clip	1	1.12	OEM				
88	E01	Remove/Install	RT Fender liner				0.0	Body		
89	E01	Remove/Install	LT Fender liner				0.0	Body		
90	E01	Remove/Replace	RT Fender liner retainer type 4	1	4.80	OEM				
91	E01	Remove/Replace	RT Fender liner retainer type 5	1	1.21	OEM				
92	E01	Remove/Replace	RT Fender liner retainer type 1	1	2.44	OEM				
93	E01	Remove/Replace	LT Fender liner retainer type 1	1	2.44	OEM				
94	E01	Remove/Replace	RT Fender liner retainer type 2	1	1.38	OEM				
95	E01	Remove/Replace	LT Fender liner retainer type 2	1	1.38	OEM				
96	E01	Remove/Replace	RT Nameplate "HYBRID"	1	31.06	OEM	0.2	Body		
97	E01	Remove/Replace	LT Nameplate "HYBRID"	1	31.06	OEM	0.2	Body		
98	E01	Repair	RT Front panel				1.5	Body		0.6
99	E01		Overlap Minor Panel							(0.2)
100	E01	Repair	LT Front panel				1.5	Body		0.6
101	E01		Overlap Minor Panel							(0.2)
102	E01		ELECTRICAL							
103	E01	Remove/Install	High note horn				0.0	Body		
104	E01	Remove/Install	Ignition coil				0.2	Mech		
105	E01	Remove/Install	Low note horn				0.0	Body		
106	E01	Remove/Install	Relay box large NOTE: pull back							
107	E01	Remove/Install	Inverter NOTE: pposibol demagd				2.5	Mech		

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Estimate

RO Number: 1310

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E

108	E01		ENGINE / TRANSAXLE					
109	E01	Remove/Replace	Air cleaner assy	1	558.84	OEM		0.6 Mech
110	E01	Remove/Replace	Resonator assy	1	139.35	OEM		0.2 Body
111	E01	Remove/Replace	Air inlet hose	1	29.11	OEM		0.0 Body
112	E01	Remove/Replace	Air inlet duct	1	34.25	OEM		0.0 Body
113	E01	Remove/Replace	Air inlet tube	1	29.11	OEM		0.0 Body
114	E01		WINDSHIELD					
115	E01	Remove/Replace	Windshield Toyota, w/o lane keeping assist w/auto dimming mirror	1	210.00	Glass		3.2 Body
116	E01	Remove/Install	Washer reservoir w/o h/lamp washer					0.0 Body
117	E01	Remove/Replace	Urethane kit	1	45.00	A/M		
118	E01		COWL					
119	E01	Remove/Install	Cowl top panel					0.0 Body
120	E01	Remove/Replace	RT Cowl top panel clip	2	1.90	OEM		
121	E01	Remove/Replace	LT Cowl top panel clip	2	1.90	OEM		
122	E01		CONSOLE					
123	E01	Remove/Install	R&I console assy					1.2 Body
124	E01		RESTRAINT SYSTEMS					
125	E01	Remove/Replace	LT Belt & retractor w/o precrash gray	1	260.62	OEM		0.6 Body
126	E01	Remove/Replace	RT Ft impact sensor	1	88.89	OEM		0.3 Mech
127	E01	Remove/Replace	Air bag system diagnosis					0.5 Body
128	E01	Remove/Replace	Diagnostic unit	1	180.69	OEM		0.3 Mech
129	E01	Remove/Replace	LT Ft impact sensor	1	88.89	OEM		0.3 Mech
130	E01	Remove/Replace	Driver air bag black	1	752.05	OEM		0.3 Mech
131	E01	Remove/Replace	Knee air bag bisque	1	933.74	OEM		0.6 Mech
132	E01	Remove/Replace	LT Buckle bisque	1	54.57	OEM		0.2 Body
133	E01		SEATS & TRACKS					
134	E01	Remove/Install	LT R&I front seat					0.4 Body
135	E01		PILLARS, ROCKER & FLOOR					
136	E01	Remove/Install	RT Rocker molding					0.0 Body
137	E01	Remove/Install	LT Rocker molding					0.0 Body
138	E01	Remove/Replace	RT Rocker molding grommet type 1	1	1.03	OEM		
139	E01	Remove/Replace	LT Rocker molding grommet type 1	1	1.03	OEM		
140	E01	Remove/Replace	RT Rocker molding clip	1	5.26	OEM		
141	E01	Remove/Replace	LT Rocker molding clip	1	5.26	OEM		
142	E01	Remove/Install	RT Under cover front					0.3 Body
143	E01	Remove/Install	LT Under cover front					0.3 Body
144	E01	Remove/Install	RT Under cover rear					0.3 Body
145	E01	Remove/Install	LT Under cover rear					0.3 Body
146	E01	Remove/Install	RT Fixed glass Toyota					1.1 Body
147	E01	Remove/Install	LT Fixed glass Toyota					1.1 Body
148	E01	Remove/Install	LT Sill trim front bisque					0.2 Body
149	E01	Remove/Install	LT Lwr ctr plr trim bisque					0.3 Body

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Estimate

RO Number: 1310

2010 TOYO PRIUS 4D H/B 4-1.8L-G/E

150	E01	Remove/Install	LT Upr ctr plr trim w/o leather trim						0.2	Body	
151	E01		FRONT DOOR								
152	E01	Repair	RT Door shell (HSS)						1.0	Body	2.0
153	E01		Overlap Major Adj. Panel								(0.4)
154	E01		Add for Clear Coat								0.3
155	E01	Remove/Install	RT Belt molding						0.3	Body	
156	E01	Remove/Install	RT R&I mirror						0.3	Body	
157	E01	Remove/Install	LT Handle, outside w/o "Smart key" beige						0.4	Body	
158	E01	Remove/Install	LT R&I trim panel						0.5	Body	
159	E01	Repair	Setup & measure						2.0	Frame	
160	E01		Frame repair						3.0	Frame	
161	E01		MISC. clips, rivits and fastners	1	22.50	Other					
162	E01		Color tint / color match			A/M			0.5	Body	
163	E01		Hazardous waste removal	1	8.00	A/M					
164	E01	Remove/Replace	Cover Car	1	5.00	A/M					

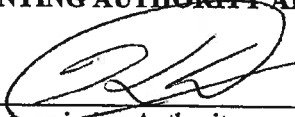
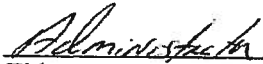
Estimate Totals	Discount \$	Markup \$	Rate \$	Total Hours	Total \$
Parts					7,310.81
Labor, Body			30.00	37.8	1,134.00
Labor, Refinish			30.00	17.3	519.00
Labor, Frame			60.00	5.0	300.00
Labor, Mechanical			90.00	8.5	765.00
Material, Paint					400.00
Subtotal					10,428.81
Sales Tax					0.00
Grand Total					10,428.81
Net Total					10,428.81

Estimate Version	Total \$
Original	10,428.81

Insurance Total \$:	0.00
Received from Insurance \$:	0.00
Balance due from Insurance \$:	0.00
Customer Total \$:	10,428.81
Received from Customer \$:	0.00
Balance due from Customer \$:	10,428.81

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

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

Agency Name: Administration / Fleet Services	Budget Account #: 1356	
Contact Name: Keith Wells	Telephone Number: 775-684-1883	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>One</u> Amount of the request: <u>\$28,209</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Compact Sedan - Electric Mission of the requested vehicle(s): Utilized in the Fleet Services Las Vegas short term rental center.		
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? Insurance recovery funds and reserves	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> ___ Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Yes		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2010 Odometer Reading: 38260 Type of Vehicle: Compact Sedan Hybrid	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Vehicle was totaled in an accident	
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>		
APPOINTING AUTHORITY APPROVAL:		
 _____ Agency Appointing Authority	 _____ Title	<u>10-2-16</u> _____ Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____ Board of Examiners		_____ Date

Revised 7/13/10

STANDARD PAGE ~ BID# 8256 ALTERNATIVE FUEL

fleet@fordcountrylv.com

DEALER NAME: Ford Country Tom Craddock 702-558-8064

Specify State's Vehicle Item Number: 1.3 Hatchback: Compact; 5 door; 5 passenger (page 1)		
Please Provide MSRP Pricing: \$30,000		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, Focus Electric, 2016, (P3R)	\$28,552.00	\$28,152.00
State vehicle miles per gallon (MPGE) 110 CITY - 99 HWY		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 107 kW Electric Motor		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Shadow Black, Tectonic, Ingot Silver, Oxford White, Magnetic, Kona Blue		
Seats, Cloth: List available colors:		
Medium Light Stone		
GVW:	WHEELBASE: 103"	
(When Applicable)	(When Applicable)	

OPTION PACKAGE PAGE ~ BID# 8256 ALTERNATIVE FUEL

fleet@fordcountrylv.com

DEALER NAME: Ford Country TOM CRADDOCK 702-558-8064

Specify State's Vehicle Item Number: 1.3 Hatchback: Compact; 5 door; 5 passenger (page 2)
Option Package Name/Code:
List Equipment Features Below:
No Option Package Available

ITEMIZED OPTION PAGE ~ BID# 8256 ALTERNATIVE FUEL

Specify State's Vehicle Item Number: 1.3 Hatchback: Compact; 5 door; 5 passenger (page 3)
 DEALER NAME: Ford Country Tom Craddock 702-558-8064
 fleet@fordcountrylv.com DEDUCT AMOUNT

ABS Brake System	standard	\$-
Air Conditioning	standard	\$-
Cruise Control	standard	\$-
Diesel Engine	N/A	\$-
Engine Block Heater	\$41	\$-
Four Wheel Drive (4x4)	N/A	\$-
Daytime Running Lights	\$36	\$-
Hitch Receiver	N/A	\$-
Integrated Trailer Brake	N/A	\$-
Additional Key With Fob	\$185	\$-
Leather Trimmed Seats	\$894	\$-
Paint, Metallic	standard	\$-
Power Mirrors	standard	\$-
Power Locks	standard	\$-
Power Seat	inc. with Leather	\$-
Power Windows	standard	\$-
Exterior Protection Pkg.	\$218	\$-
Radio; AM/FM Stereo, CD	standard	\$-
SYNC Communications	standard	\$-
Seats, Cloth		
Cloth Colors: Medium Light Stone		
Charge Cord	\$57	\$-
Tilt Steering	standard	\$-
Tire, Spare, Full Size	N/A	\$-
Keyless Entry Pad	standard	\$-
Car Cover	\$335	\$-
Other:		\$-

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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

Date: September 30, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Curtis Palmer, Budget Analyst *CP*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Conservation and Natural Resources, Division of Environmental Protection requests approval to purchase one new replacement vehicle not to exceed \$28,209.

Additional Information:

This request is funded in the legislatively approved budget (FY17, BA 3186, E710, \$29,250).

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

OFPM RECEIVED

Agency Name: NDEP/Bureau of Water Pollution Control	Budget Account #: 3186
Contact Name: Marjorie Hilke	Telephone Number: 775-687-9421

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:

Number of vehicles requested: 1

Amount of the request: \$24,623.25

Is the requested vehicle(s) new or used: New

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc: SUV

Mission of the requested vehicle(s):

Bureau vehicle to be used for travel including but not limited to: inspections, meetings and conferences in Southern Nevada

28,238.25
OFPM RECEIVED
SEP 20
RECEIVED
 GOVERNMENT FINANCE OFFICE
 BUDGET DIVISION
 23 2016

Were funds legislatively approved for the request?

Yes No

If yes, please provide the decision unit number:

E710

If no, please explain how the vehicles will be funded?

Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):

Addition(s) Replacement(s)

Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.

N/A

Please Complete for Replacement Vehicles Only:
(For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)

Current Vehicle Information:

Vehicle #1 Model Year: 2004 Ford Explorer
Odometer Reading: 140,292
Type of Vehicle: SUV

Vehicle #2 Model Year:
Odometer Reading:
Type of Vehicle:

Please attach an additional sheet if necessary

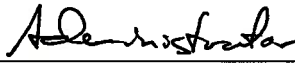
Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.

Yes

If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.

APPOINTING AUTHORITY APPROVAL:


Agency Appointing Authority


Administrator

9/21/16
Date

BOARD OF EXAMINERS' APPROVAL:

Approved for Purchase Not Approved for Purchase

Board of Examiners

Date

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2017 Ford Escape 5.1 <i>Explorer K8B</i> ?		
Dealer Name:	Ford Country		
Delivery Location:	Las Vegas		
Vehicle Colors:	Exterior:	Interior:	<input checked="" type="checkbox"/> Cloth
	<i>Lighting Blue Blue Jeans</i>	<i>Medium Light Stone Camel</i>	<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$24,339.00 <i>27,998</i>	\$24,339.00 <i>27,998</i>
SPECIFY OPTIONS: (description)			\$255.00
All Weather Floor Mats		\$70.00 <i>66.00</i>	<i>211.00</i>
Additional Key Fob		\$185.00 <i>145.00</i>	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			<i>28,209</i> \$24,594.00
DMV Title and DRS Fee's		\$29.25 ?	\$29.25
GRAND TOTAL:			\$24,623.25 <i>28,238.25</i>

Registered Owner:	Agency Name & Address: NDEP/Bureau of Water Pollution Control ✓ 901 S. Stewart St. Suite 4001 Carson City, NV 89701
Legal Owner:	Agency Name & Address: NDEP/Bureau of Water Pollution Control ✓ 901 S. Stewart St. Suite 4001 Carson City, NV 89701
County Vehicle Based In:	Clark ✓
Name & Phone of Person to contact when vehicle is ready for delivery:	Marjorie Hilke ✓ 775-687-9421

STANDARD PAGE ~ BID# 8256 ALTERNATIVE FUEL

fleet@fordcountrylv.com

DEALER NAME:Ford Country **Tom Craddock** **702-558-8064**

Specify State's Vehicle Item Number:5.2 Sport Utility Vehicle: 4x4; 4 Door; 5-7 passengers (page 1)		
Please provide MSRP pricing: \$33,395		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, Explorer, 2016, (K8B)	\$28,398.00	\$27,998.00
State vehicle miles per gallon (MPG) 17 City - 23 Hwy		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 3.5L TI VCT V6 ULEV II E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors: Absolute Black, Ingot Silver, Oxford White, <u>Blue Jeans</u>		
Seats, Cloth: List available colors: <u>Medium Light Camel</u>		
GVW: N/A		WHEELBASE:114"
(When Applicable)		(When Applicable)

OPTION PACKAGE PAGE ~BID# 8256 ALTERNATIVE FUEL

fleet@fordcountrylv.com

DEALER NAME:Ford Country **Tom Craddock** **702-558-8064**

Specify State's Vehicle Item Number:5.2 Sport Utility vehicle: 4x4; 4 Door; 5-7 passengers (page 2)	
Option Package Name/Code: XLT Package	\$1,898
List Equipment Features Below: 18" Aluminum Wheels, Auto Headlamps, Chrome Door Handles,	
Lower Bodyside Cladding, Satin Finish Gril, Heated Mirrors with LED Signal, Roof Rack Side Rails,	
6 Way Power Front drivers Seat, Leather Shift Knob, Leather Steering Wheel with Redundant Controls,	
Illuminated Visor, Auxilliary Audio Input Jack, Keyless Entry Keypad, SIRIUS Satellite Radio, SYNC	
Vioce Activated Communications	

ITEMIZED OPTION PAGE ~ BID# 8256 ALTERNATIVE FUEL

Specify State's Vehicle Item Number:5.2 Sport Utility vehicle: 4x4; 4 Door; 5-7 passengers (page 3)

DEALER NAME:Ford Country Tom Craddock 702-558-8064

fleet@fordcountrylv.com

DEDUCT AMOUNT

ABS Brake System	standard	\$-
Air Conditioning	standard	\$-
Cruise Control	standard	\$-
All Weather Floor Mats	\$66 ✓	\$-
Engine Block Heater	\$79	\$-
2 Wheel Drive		(\$1,050)
SIRIUS Satellite Radio	\$170	
Hitch Receiver (4x4 Only)	\$497	\$-
Cargo Shade	\$114	\$-
Additional Key With Fob	\$145 ✓	\$-
Roof Rack Crossbars	\$122	\$-
Running Boards	\$522	\$-
Power Mirrors	standard	\$-
Power Windows & Door Locks	standard	\$-
Splash Guards	\$179	\$-
Daytime Running Lamps	\$39	\$-
Reverse Sensing System	\$275	\$-
Radio; AM/FM Stereo, CD	standard	\$-
Rear Window Wiper	standard	\$-
Seats, Cloth Colors: Black		
Skid Plate	N/A	\$-
Tilt Steering	standard	\$-
Tire, Spare, Full Size	N/A	\$-
SYNC Voice Activated Bluetooth	\$488	\$-
Trailer Tow Package	Inc. w/Hitch Reciever	\$-
		\$-

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

Base Price	27,998
options	<u>211</u>
	<u>\$ 28,209</u>

ADVANTAGE RXQ Input Form

Header Information:

Doc Number RXQ _____	
Date of Record <u>7/01/2016</u>	FY <u>17</u>
Vendor Number <u>PUR0004140</u>	Vendor Name <u>Ford Country</u>
Delivery Date <u>10/28/16</u>	Ship/Bill <u>0982/0379</u>
Responsible Agency/Org <u>709 /7830</u>	Division <u>78</u>
Requested by <u>Marjorie Hilke</u> ✓	Phone <u>775-687-9421</u>
Responsible Person <u>Bruce Holmgren</u> ✓	
Réquisition Type (circle one) : D (EITS) N (NONE) X (CONFIRM)	
Comm/Acc (circle one) : Yes No	

**Accounting Details: LIST APPROPRIATE ACCOUNTING CODING ON THIS DOCUMENT
ENTER IN ADVANTAGE AS ORG 0000, NO JOB #. COSTS TO BE DISTRIBUTED AFTER BSR**

Line	Fund	Agency	Org/Sub	Appr Unit	Obj/Sub	Job No.	Amount
01	101	709	7830	318678	8310	WP78	24,623.25
02							
03							
04							
05							
06							28,238.25
Total Est Cost							\$24,623.25

Commodity Details:

Line	CommCode	Unit	AcctLn	Description	Qty	Unit Cost
001	07051FA	EACH	01	SUV, FORD ESCAPE Explorer	1	27,998 24339.00
002	07051FA	EACH	01	All Weather Floor Mats	1	66 70.00
003	07051FA	EACH	01	Additional Key Fob	1	145 185.00
004	96293	EACH	01	DMV TITLE FEES	1	29.25
						28,209 28,238.25

Object Attached (circle one): Yes No

Approval History:


 NDEP Bureau Chief Date 9/26/16

 NDEP Budget Analyst Date _____

Appr Level	Approve By:	Approval Date:
2		
3		



**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

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

Date: October 18, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Curtis Palmer, Budget Analyst *CP*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE

Agenda Item Write-up:

Replacement Vehicle Request: Pursuant to NRS 334.010, the Department of Wildlife requests approval to replace one vehicle not to exceed \$32,196 due to the vehicle being declared a total loss as a result of a single vehicle accident.

Additional Information:

The replacement vehicle will be used by staff to carry out the duties and responsibilities of the Game Management program and is being purchase with a combination of Federal Wildlife Restoration funds and a transfer of Sportsmen Revenue. Relates to IFC WP #C38284.

CAT	Obj. Code	Description	Qty	Funding	Total
05	8310	Ford F-250, ¾ Ton, Full Size, Ext. Cab, Short Bed Truck	1	Federal Wildlife Restoration W48 Transfer Sportsmen Revenue	\$ 24,147 \$ 8,049
		Total Request	1		\$ 32,196

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: <u><i>CP</i></u> ACTION ITEM: _____
--

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

Agency Name: <u>Wildlife</u>		Budget Account #: <u>4464</u>	
Contact Name: <u>Liz O'Brien</u>		Telephone Number: <u>775-688-1982</u>	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:			
Number of vehicles requested: <u>1</u>		Amount of the request: <u>32,196</u>	
Is the requested vehicle(s) new or used: <u>New</u>			
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Pick-Up Truck</u>			
Mission of the requested vehicle(s): <u>To replace a vehicle that was totaled.</u>			
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? Through the Work Program Request C38284	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)			
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>Yes.</u>			
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: <u>Totaled</u> Odometer Reading: Type of Vehicle:		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <u>N/A</u>	
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:		If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. <u>N/A</u>	
<i>Please attach an additional sheet if necessary</i>			
APPOINTING AUTHORITY APPROVAL:			
<u>Liz O'Brien</u> Agency Appointing Authority		<u>Deputy Director</u> Title	
		<u>10/18/15</u> Date	
BOARD OF EXAMINERS' APPROVAL:			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase			
_____ Board of Examiners		_____ Date	



Brian Sandoval
Governor

STATE OF NEVADA
DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway
Reno, Nevada 89511
(775) 688-1500 • Fax (775) 688-1595

Tony Wasley
Director

Jack Robb
Deputy Director

Elizabeth O'Brien
Deputy Director

DATE: October 18, 2016
TO: Curtis Palmer, Budget Analyst
Governor's Finance Office, Budget Division
FROM: Elizabeth O'Brien, Deputy Director *EO*
SUBJECT: State Vehicle Purchase

The Nevada Department of Wildlife (NDOW) experienced a single vehicle crash resulting in a total loss of a vehicle. NDOW is seeking approval from the State Board of Examiners pursuant to NRS 334.010 to purchase a replacement vehicle funded by USFWS Wildlife Restoration funds and Sportsmen Revenue. This request is contingent upon approval of an IFC work program C38284 requesting authorization to augment Cat 05 Equipment to purchase a replacement vehicle.

Cat	Obj Code	Description	Qty	Funding	Total
05	8310	Ford Pickup Truck	1	USFWS Wildlife Restoration -\$24,147 Sportsmen Revenue - \$8,049	\$32,196
Total Request:			1		\$32,196

Thank you in advance for your consideration of this request. If you have any questions, please call me at 775-688-1982.

Cc: Katie Jameson, ASO II
Gabe Pincolini, ASO III

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2.15, Ford F-250, Truck, ¾ Ton, Full Size, EXT Cab, Short bed		
Dealer Name:	Jones West Ford		
Delivery Location:	Reno, NV		
Vehicle Colors:	Exterior: Sterling Gray CC/M UJ	Interior: grey	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$	\$24,499
SPECIFY OPTIONS: (description)			\$
XLT Package		\$2,945	
Four Wheel Drive		\$2,536	
Power Windows		\$942	
Rear Stabilizing Bar		\$137	
Electronic Shift on fly (4wd only)		\$158	
Sync Hands Free Phone		\$386	
Limited Slip Differential		\$333	
Trailer Brake Controller		\$230	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$
DMV Title and DRS Fee's		\$29.25	\$
GRAND TOTAL:			\$32,195.25

State of Nevada Work Program

WP Number: C38284

FY 2017

Add Original Work Program

XXX Modify Work Program

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

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
10/11/16	101	702	4464	WILDLIFE - GAME MANAGEMENT

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			3500	FED WILDLIFE RESTORATION W48	24,147	5,102,560	5,126,707
			4760	TRANSFER SPORTSMEN REVENUE	8,049	1,607,108	1,615,157
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		32,196		6,741,864
Total Budgetary & Revenue GLs					32,196		

Expenditures

CAT	Amount	CAT	Amount
05	32,196		

Sub Total Category Expenditures 32,196

Total Budgetary General Ledgers and Category Expenditures (AP) 32,196

Remarks
 This work program is requesting to increase the Game Division's equipment budget to replace a damaged vehicle. This expenditure will be funded by the increase of \$24,147 in USFWS Wildlife Restoration funding and an \$8,049 transfer of Sportsmen Revenue.

eobrien
 Authorized Signature

10/14/16
 Date

 Controller's Office Approval

Requires Interim Finance approval since WP exceeds \$30,000 and is 10% or more cumulative for category

Event Number:
1603020042

Vehicle # V1 # Occupants 1 1) Fault 2) Non Contact Vehicle

**STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
VEHICLE INFORMATION SHEET**
Revised 1/14/04

Accident Number:
LASO1603-0006

Agency Name:
LANDER COUNTY

Direction of Travel: 1) North 3) East 6) Unknown 2) South 4) West

Highway / Street Name:
MONITOR VALLEY ROAD

Travel Lane #: 1

Vehicle Action: 1) Straight 3) Left Turn 5) U-Turn 7) Wrong Way 9) Passing 11) Leaving Parked 13) Lagging Lane 15) Enter Parked (B) 17) Lane Change 19) Unknown

2) Backing 4) Right Turn 6) Parked 8) Stopped (A) 10) Racing 12) Entering Lane 14) Other Turning 16) Driverless Vehicle 18) Other

Driver: (Last Name, First Name, Middle Name, Suffix)
SANDRICH, MATTHEW

Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown 5) Other

Street Address:
908 23RD AVE

Transported To:
EUREKA MEDICAL CLINIC

City: SEATTLE State / Country: WA Zip Code: 98122

Person Type: 1 Seating Position: 1 Occupant Restraints: 2

1) Male 3) Unknown 2) Female DOB: 8 / 10 / 1992

Phone Number: 8089424170

Injury Severity: B Injury Location: 7

OLN: H01153395 State: HI Class: 1) CDL 2) DL License Status: 0

Airbags: 2 Airbag Switch: Ejected: 1 Trapped: 0

Compliance: 1) Restrict 2) Endorse

Endorsements: Restrictions:

Alcohol/Drug Involvement: 1) Not Involved 2) Suspected Impairment 3) Alcohol 4) Drugs 5) Unknown

Method of Determination (check up to 2): 1) Field Sobriety Test 4) Urine Test 2) Evidentiary Breath 5) Blood Test 3) Driver Admission 6) Preliminary Breath Test

Test Results:

Driver Factors: 1) Apparently Normal 6) Driver Ill / Injured 2) Had Been Drinking 7) Other Improper Driving 3) Drug Involvement 8) Driver Inattention / Distracted 4) Apparently Fatigued / Asleep 9) Physical Impairment 5) Obstructed View 10) Unknown

Vehicle Year: 2003 Vehicle Make: FORD Vehicle Model: F-250 PICKUP Vehicle Type: PICKUP

Plate / Permit No.: EX44595 State: NV Expiration Date: EX / EM / PT Vehicle Color: SIL

Vehicle Identification Number:
1FTNX21L83EC86346

Registered Owner Name:
STATE OF NEVADA, OF WILDLIFE DEPARTMENT

Registered Owner Address:
1100 VALLEY ROAD, RENO, NV 89512

Insurance Company Name:
OFFICE OF ATTORNEY GENERAL

Policy Number: Effective: To:

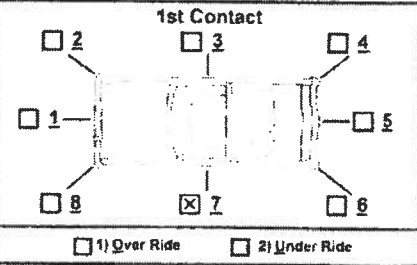
Insurance Company Address or Phone Number:
100 N. CARSON ST., CARSON CITY, NV, 89701-4717, 775-684-1263

1) Vehicle Towed Towed By: ATLAS TOWING AND RECOVERY

Removed To: TOW YARD

Vehicle Factors:

1) Failed To Yield Right Of Way 9) Failed To Maintain Lane 16) Driverless Vehicle 2) Disregard Control Device 10) Following Too Close 17) Unsafe Backing 3) Too Fast For Conditions 11) Unsafe Lane Change 18) Ran Off Road 4) Exceeding Speed Limit 12) Made Improper Turn 19) Hit and Run 5) Wrong Way / Direction 13) Over Correct Steering 20) Road Defect (A) 6) Mechanical Defects 14) Other Improper Driving 21) Object Avoidance 7) Drove Left Of Center 15) Aggressive / Reckless / Careless 8) Other 22) Unknown (B)



Damaged Areas:

1) Front 2) Right Side 3) Left Side 4) Rear 5) Right Front 6) Right Rear 7) Top 8) Under Carriage 9) Left Front 10) Left Rear 11) Unknown 12) Other

Traffic Control:

1) Speed Zone 11) Stop Sign 2) Signal Light 12) Yield Sign 3) Flashing Light 13) R. R. Sign 4) School Zone 14) R. R. Gats 5) Ped. Signal 15) R. R. Signal (B) 6) No Passing 16) Marked Lanes 7) No Controls 17) Tire Chains/Snow Req. 8) Warning Sign 18) Permissive Green 9) Turn Signal 19) Unknown 10) Other

Distance Traveled After Impact: FEET

Speed Estimate: From To Limit 55

Extent Of Damage: 1) Minor 2) Moderate 3) Major 4) Total 5) None 6) Unknown

Sequence Of Events				Collision With Fixed Object	Most Harmful Event
Code #	Description				
1st 109	RAN OFF ROAD LEFT				
2nd 108	RAN OFF ROAD RIGHT				
3rd 101	OVERTURN/ROLLOVER				<input checked="" type="checkbox"/>
4th					
5th					

1) NRS 2) CFR 3) CC / MC 4) Pending (1) 484D.495.2

Violation: FAIL TO WEAR SAFETY BELT OR SHOULDER HAR NOC: 54057 Citation Number:

1) NRS 2) CFR 3) CC / MC (2)

Violation: NOC: Citation Number:

Investigator(s): Lowe ID Number: 151 Date: 3 / 2 / 2016 Reviewed By: Joseph Jones Date Reviewed: 3 / 28 / 2016 Page: 3 of 4

Event Number:
1603020042

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
VEHICLE INFORMATION SHEET
Revised 1/14/04

Accident Number:
LASO1603-0006

Agency Name:
LANDER COUNTY

Name: (Last Name, First Name, Middle Name Suffix)

Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown
 5) Other

Street Address:

Transported To:

City:

State / Country 1) NV Zip Code:

Person Type:

Seating Position:

Occupant Restraints:

1) Male 3) Unknown
 2) Female

DOB: / /

Phone Number:

Injury Severity:

Injury Location:

Airbags:

Airbag Switch:

Ejected:

Trapped:

Name: (Last Name, First Name, Middle Name Suffix)

Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown
 5) Other

Street Address:

Transported To:

City:

State / Country 1) NV Zip Code:

Person Type:

Seating Position:

Occupant Restraints:

1) Male 3) Unknown
 2) Female

DOB: / /

Phone Number:

Injury Severity:

Injury Location:

Airbags:

Airbag Switch:

Ejected:

Trapped:

Name: (Last Name, First Name, Middle Name Suffix)

Transported By: 1) Not Transported 2) EMS 3) Police 4) Unknown
 5) Other

Street Address:

Transported To:

City:

State / Country 1) NV Zip Code:

Person Type:

Seating Position:

Occupant Restraints:

1) Male 3) Unknown
 2) Female

DOB: / /

Phone Number:

Injury Severity:

Injury Location:

Airbags:

Airbag Switch:

Ejected:

Trapped:

1) Trailing Unit 1 VIN:

Plate:

State: 1) NV Type:

1) Trailing Unit 2 VIN:

Plate:

State: 1) NV Type:

1) Trailing Unit 3 VIN:

Plate:

State: 1) NV Type:

Commercial Vehicle Configuration

1) Commercial Vehicle 2) School Bus

- 1) Bus, 8 - 15 Occupants
- 2) Bus, > 15 Occupants
- 3) Single 2 Axle and 6 Tire
- 4) Single > 3 Axle
- 5) Any 4 Tire Vehicle
- 6) Tractor Only
- 7) Tractor / Trailer
- 8) Tractor / Doubles
- 9) Tractor / Triples
- 10) Truck with Trailer
- 11) Tractor / Semi Trailer
- 12) Passenger Vehicle, (Haz-Mat)
- 13) Light Truck, (Haz-Mat)
- 14) Other Heavy Vehicle

Source

- 1) Driver
- 2) Log Book
- 3) Shipping Papers / Trip Manifest
- 4) State Reg.
- 5) Side Of Vehicle
- 6) Other

Carrier Name:

Power Unit GVWR

1) ≤ 10,000 Lbs 2) 10,000 - 28,000 Lbs 3) ≥ 28,000 Lbs

1) Haz-Mat
 2) Released

Carrier Street Address:

City:

State: 1) NV Zip:

Cargo Body Type

- 1) Pole
- 2) Tank
- 3) Flatbed
- 4) Dump
- 5) Unknown
- 6) Van / Box
- 7) Concrete Mixer
- 8) Auto Carrier
- 9) Garbage/Refuse
- 10) Not Applicable
- 11) Grain, Gravel Chips
- 12) Bus, 9 - 16 Occupants
- 13) Bus, > 15 Occupants
- 14) Other

Haz-Mat ID #:

Hazard Classification #:

Type of Carrier

- 1) Single State
- 2) USDOT
- 3) Canada
- 4) Mexico
- 5) None

NAS Safety Report #:

Carrier Number:

Event Number: 1603020042		STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET <small>Revised 1/14/04</small>			Accident Number: LASO1603-0006		
Code Revision: 01/01/2011				<input type="checkbox"/> 1) Property <input checked="" type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal			
<input type="checkbox"/> 1) Urban <input checked="" type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 1) Preliminary Report <input type="checkbox"/> 3) Resubmission <input type="checkbox"/> 1) Hit and Run <input checked="" type="checkbox"/> 2) Rural <input type="checkbox"/> 2) Office Report <input checked="" type="checkbox"/> 2) Initial Report <input type="checkbox"/> 4) Supplement Report <input type="checkbox"/> 2) Private Property		Agency Name: LANDER COUNTY					
Collision Date: 3 / 2 / 2016		Time: 1500		Day: WED			
Beat / Sector: N/A		County: <input checked="" type="checkbox"/> 1) County <input type="checkbox"/> 2) City		Surface: <input type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input checked="" type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other Intersection: <input type="checkbox"/> 1) Four Way <input type="checkbox"/> 2) > Four Wgy <input type="checkbox"/> 3) I <input type="checkbox"/> 4) Y <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 6) Other Paddle Markers: <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Both Sides <input type="checkbox"/> 5) Unknown			
Mile Marker: 4	# Vehicles: 1	# Non Motorists: 0	# Occupants: 1	# Fatalities: 0	# Injured: 1	# Restrained: 0	
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot MONITOR VA MONITOR VALLEY ROAD							
<input type="checkbox"/> 1) At Intersection With: Of (Cross Street) <input checked="" type="checkbox"/> 2) Or 15.7 <input type="checkbox"/> 3) Feet <input checked="" type="checkbox"/> 4) Miles <input checked="" type="checkbox"/> 5) Approximate SOUTH							
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud / Oil / Dirt / Gravel <input type="checkbox"/> 6) Other		Total Thru Lanes Main Road <input checked="" type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5 Total All Lanes: 2		Average Roadway Widths Travel Lane: 12 Ft Storage / Turn Lane: 0 Ft Median: 0 Ft Paved Shoulder Inside: Outside: 2	
Roadway Grade <input checked="" type="checkbox"/> 1) Not Determined <input type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-) Relative To: Grade: %							
Pavement Markings and Type _____ 1) Centerline, Broken Yellow _____ 6) No Passing, Either Direction <input checked="" type="checkbox"/> 12) None _____ 2) Centerline, Solid Yellow _____ 7) Turn Arrow Symbols <input type="checkbox"/> 13) Unknown _____ 3) Centerline, Double Yellow _____ 8) Center Turn Lane Line _____ 4) Lane Line, Broken White _____ 9) Edge Line, Left, Yellow _____ 5) Lane Line, Solid White _____ 10) Edge Line, Right, White <input type="checkbox"/> 11) Other			Highway Description <input checked="" type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) OH Road		Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil, Snow <input type="checkbox"/> 6) Other		
Light Conditions <input type="checkbox"/> 1) Dusk <input type="checkbox"/> 8) Dark - No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark - Spot Roadway Lighting <input checked="" type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark - Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark - Unknown Roadway Lighting <input type="checkbox"/> 5) Other		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 3) Backing <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 4) Angle <input checked="" type="checkbox"/> 8) Non - Collision <input type="checkbox"/> 9) Unknown		Location of First Event <input type="checkbox"/> 1) Travel Lane <input checked="" type="checkbox"/> 8) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other			
Highway / Environment Factors <input type="checkbox"/> 1) None <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 2) Weather <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 12) Active Work Zone <input type="checkbox"/> 3) Debris <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 13) Inactive Work Zone <input type="checkbox"/> 4) Glare <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input checked="" type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 5) Other Highway <input checked="" type="checkbox"/> 15) Unknown <input type="checkbox"/> 6) Other Environmental			Property Damage To Other Than Vehicle Describe Property Damage: Owner's Name: <input type="checkbox"/> 1) Owner Notified Owner's Address: (Street Address City, State Zip) NV				
First Harmful Event							
Code #: 109		Description: RAN OFF ROAD LEFT					
Description of Accident / Narrative							
V1 WAS TRAVELLING SOUTH ON MONITOR VALLEY ROAD APPROXIMATELY 15.7 MILES SOUTH OF US50. V1 CROSSED THE MIDDLE OF THE ROAD DRIVING OFF THE LEFT SIDE OF THE ROAD CORRECTING BACK ACROSS AND EXITING OFF THE RIGHT SIDE OF ROAD. V1 OVERTURNED ROLLING 1.5 TIMES COMING TO REST ON ITS ROOF FACING NORTHEAST. DRIVER OF V-1 STATED THAT HE WAS TRAVELLING APPROXIMATELY 50 MPH WHEN							
<input checked="" type="checkbox"/> 1) Continued On Back of Scene Information Sheet							
Investigation Complete: <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Photos Taken: <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Scene Diagram: <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No		Statements: <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No # 1	
Date Notified: 3 / 2 / 2016		Time Notified: 1616		Arrival Date: 3 / 2 / 2016		Arrival Time: 1726	
Investigator(s): Lowe		ID Number: 151	Date: 3 / 2 / 2016	Reviewed By: Joseph Jones		Date Reviewed: 3 / 28 / 2016	
						Page 1 of 4	

Scene Information

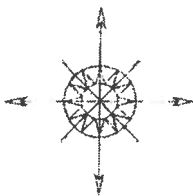
Event Number:
1603020042

STATE OF NEVADA
TRAFFIC ACCIDENT REPORT
SCENE INFORMATION SHEET
Revised 1/14/04

Accident Number:
LASO1603-0006
Agency Name:
LANDER COUNTY

Description of Accident / Narrative Continuation

HE GOT CAUGHT IN SOME SOFT DIRT ON THE SHOULDER AND TRIED TO CORRECT AND V-1 FLIPPED. DRIVER OF V-1 STATED THAT HE WAS THROWN THRU THE WINDOW. HE WAS TRANSPORTED TO THE EUREKA MEDICAL CLINIC BY A CO-WORKER IN ANOTHER VEHICLE AND SUFFERED MINOR INJURIES.



Indicate North

A.I.C.: _____

Scene Information

EUREKA COUNTY SHERIFF'S OFFICE

1603-0006

STATEMENT

NAME: Matthew Sandrich

DATE: 03/01/2016

DATE OF BIRTH: 08/10/1992

CASE NUMBER: 1603-003-AAA

D/L #/ST or ~~SEE~~ H01133395

PAGE NO. 1 OF 1

EMPLOYER: _____

EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____ CITY: _____ STATE: _____

THE ABOVE STATES: I was driving the Ford about 50 MPH
Down Monitor Valley Road. At a certain point
I got caught on some soft dirt on
the shoulder and tried to correct, however
the truck flipped and I was thrown through
the windows.

I hereby certify that the foregoing voluntary information is true and correct to the best of my knowledge.

WITNESS: _____

SIGNED: Matthew Sandrich

PHYSICAL ADDRESS: 909 23rd Ave
Seattle, WA 98122

RECEIVED BY:  _____

MAILING ADDRESS: 908 23rd Ave
Seattle, WA 98122

DATE RECEIVED: 03/12/16

TELEPHONE NUMBER: (809) 942-4170



EUREKA COUNTY SHERIFFS OFFICE


PO BOX 736 EUREKA, NV 89316 775-237-5330
INFORMATION / INCIDENT REPORT

Page 1

Case
 1603-0003

OFFENSES	Offenses INFORMATION ONLY	Description AOA	Fel/Misd	Date Occurred 03/02/16-03/02/16	Time Occurred 1634 - 1634	Incident # 1603020016	
				Date Reported 03/02/2016	Time Reported 1634		
	Related Cases						
				Date Printed 03/05/2016	Time Printed 11:34:01	Printed By 3688	
				Latitude 0.000000	Longitude 0.000000		
Location Clinic Eureka, 250 Main St, Eureka, NV 89316			Beat	Area 2	Disposition Information Only		Dispo Date 03/02/2016
Location Type Parking Lot	Location of Entry	Method of Entry	Point of Entry		Alarm System	Means of Attack (Robbery)	
Reporting Party Lander Co Sheriffs Office			Drivers License	Cell Phone	Email		
Residence Address 25 E 2ND Street, Battle Mtn, NV			Notified of Victim Rights	Residence Phone 775-635-5161	DOB	Age	Sex
Business Name and Address Austin Substation, 775-964-2587			Business Phone		Height	Wt	Hair
Assistance Rendered/Victim Disposition			Transporting Agency		Means of Attack (Assaults)		
Description of Injuries			Other Information				
Driver Sandrich, Matthew			Drivers License H01153395 HI	Cell Phone	Email		
Residence Address 908 23RD Ave, Seattle, WA 98122			Residence Phone 808-942-4170	DOB 08/10/1992	Age 23	Sex M	Race W
Business Name and Address			Business Phone	Height 6'	Wt 235	Hair BRO	Eyes BRO
Suspect Name			Action Taken		Charges		
Residence Address			Residence Phone	DOB	Age	Sex	Race
Business Name and Address			Business Phone		Height	Wt	Hair
Identifying Features			Cell Phone		Drivers License		Arrest Number
Aliases							
VEHICLES	Status		Vehicle Make and Model		License/State		Vehicle Type
DEPUTIES	Prepared By 3804 - Watts, Jesse		Date 03/02/2016	Assisted By		Approved By 3688 - Logon, Keith	
	Date		Date		Notes		
Routed To		Routed To					

1603-0006

	EUREKA COUNTY SHERIFFS OF NV	Page 1
	PO BOX 736 EUREKA, NV 89316 775-237-5330 NARRATIVE - AOA - Driver Contact	1603-0003

CONTACTED:

Matthew Sandrich

DETAILS:

I was dispatched to the Eureka Clinic to assist Lander County Sheriff's Office. Lander County Sheriff's Office requested I contact Matthew Sandrich, who had been involved in a roll over crash. Matthew Sandrich had been transported to the Eureka Medical Clinic by another person.

Upon my arrival, I met with Matthew. I asked Matthew what happened. Matthew stated he was driving down Monitor Valley Road too fast when he hit a soft spot, over corrected and was ejected from the vehicle. Matthew stated that he was not wearing his seat belt at the time of the crash. I asked Matthew to fill out a statement.

Matthew had a right arm injury, as it was in a sling, but just bumps and bruises other than that. Matthew filled out the statement for Lander County Sheriff's Office.

I retrieved Matthew's contact information, and his Hawaiian license information.

Upon getting back to the office, I called Corporal Dennis Lowe with Lander County Sheriff's Office. I explained the situation and faxed over the statement and contact information to him at his request.

PHOTOS / VIDEO / AUDIO:

None

EVIDENCE:

None

ATTACHMENTS:

Statement from Matthew Sandrich.

RECOMMENDATIONS:

Forward Case to Lander County Sheriff's Office.

END OF REPORT:

Deputy Jesse J. Watts #3804
Eureka County Sheriff's Office

Prepared By: 3804 WATTS, JESSE	Date: 03/02/2016	Approved By: 3688 LOGAN, KEITH	Date: 03/06/2016
--	----------------------------	--	----------------------------

MAR/28/2016/MON 07:40

FAX No. 775-635-2577

P. 005

MAR/08/2016/TUE 07:44 AM Eureka Sheriff

FAX No. 7752375704 1603-0006

P 004



EUREKA COUNTY SHERIFFS OFFICE

Page 1

CAD INCIDENT REPORT

1603020016

03/02/2016

Location 1 MONITOR VALLEY RD				Cross Streets REYNOLDS CREEK/US HWY			City EUREKA	
Incident Type AOA - ASSIST OTHER AGENCY				Call Taker WRIGHT, LOUISE			Dispatcher WRIGHT, LOUISE	
Date 03/02/2016	Priority 3	Primary Unit E6	Boat	Fire Zone EUREKA	Area 22	Blip N-1	Source TELEPHONE CALL	
Caller Name LANDER CO SHERIFFS OFFICE				Caller Address 25 E 2ND Street, Battle Mtn, NV			Caller Phone 775-635-5161	

Dispositions Report Taken	Weapon	Alarm Level	Case Number 1603-0003
------------------------------	--------	-------------	--------------------------

Vehicles	Associated Incidents
----------	----------------------

Incident Times Received 16:29:57 Created 16:34:20 Dispatched 16:55:06 En Route On Scene 16:55:06 Closed 17:05:06 Revd-Closed 35:09	Special Circumstances Persons Sex DOB Race DL
---	--

Unit Times	Deputies	Dispatched	Enroute	On Scene	Clear	Disp-On Scene	Enrt-On Scene	On Scene-Clear	Disp-Clear
E6	Watts, Jesse	16:35:06		16:55:06	17:05:06	N/A	N/A	10:00	10:00

Incident Comments
SILVER FORD F350 ROLLED ON MONITOR VALLEY ROAD IN LANDER COUNTY THE DRIVER WAS TAKEN TO THE CLINIC IN EUREKA BY PASSER BY, PLEASE HAVE DEPUTY GET SUBJECT'S DL INFORMATION AND HAVE SUBJECT FILL OUT A STATEMENT FORM

TIME	#	EVENT	BY
16:34:20	1	Incident initiated at 1 Monitor Valley Rd, Eureka	L. Wright
16:34:29	2	ADVISED WATTS	L. Wright
16:34:49	3	Sent Incident to 52 Pager	L. Wright
16:34:51	4	Sent Incident to 6335 Pager	L. Wright
16:34:53	5	Sent Incident to 703 Pager	L. Wright
16:34:55	6	Sent Incident to CTZ1 Pager	L. Wright
16:34:57	7	Sent Incident to E15 Pager	L. Wright
16:34:59	8	Sent Incident to E21 Pager	L. Wright
16:35:01	9	Sent Incident to E31 Pager	L. Wright
16:35:03	10	Sent Incident to E6 Pager	L. Wright
16:35:05	11	Sent Incident to E1 Pager	L. Wright
16:35:06	12	Sent Incident to E10 Pager	L. Wright
16:35:08	13	Sent Incident to E2 Pager	L. Wright
16:35:10	14	Sent Incident to E20 Pager	L. Wright
16:35:12	15	Sent Incident to E30 Pager	L. Wright
16:35:14	16	Sent Incident to 52 Pager	L. Wright
16:35:16	17	Sent Incident to 6335 Pager	L. Wright
16:35:18	18	Sent Incident to 703 Pager	L. Wright
16:35:20	19	Sent Incident to CTZ1 Pager	L. Wright
16:35:22	20	Sent Incident to E15 Pager	L. Wright
16:35:24	21	Sent Incident to E21 Pager	L. Wright
16:35:26	22	Sent Incident to E31 Pager	L. Wright
16:35:28	23	Sent Incident to E6 Pager	L. Wright
16:35:30	24	Sent Incident to E1 Pager	L. Wright
16:35:32	25	Sent Incident to E10 Pager	L. Wright
16:35:33	26	Sent Incident to E2 Pager	L. Wright

MAR/28/2016/MON 07:40

FAX No. 775-635-2577

P. 006

MAR/06/2016/TUE 07:44 AM Eureka Sheriff

FAX No. 7752375704

1603-0006

P. 005

CAD Incident 1603020016

Page 2

TIME	#	EVENT	BY
16:35:35	1	Sent Incident to E20 Pager	L. Wright
16:35:37	2	Sent Incident to E30 Pager	L. Wright
16:51:32	3	CONTACTED CLINIC/HAVE CONTACT INFO FOR SANDRICH, MATTHEW	L. Wright
	4	IN CHART IF	
16:51:33	5	NEEDED	L. Wright
16:55:06	6	E6 DISP. 1 Monitor Valley Rd, Eureka	L. Wright
16:55:06	7	E6 ONSCEN	L. Wright
16:55:07	8	E6 Sent Incident to E6 Pager	L. Wright
16:55:08	9	E6 ENRT.	L. Wright
16:56:12	10	E6 ARRIVE CLINIC	L. Wright
17:04:50	11	E6 Case number 1603-0003 assigned to 1603020016	L. Wright
17:05:06	12	E6 10-8.	L. Wright
17:05:08	13	E6 Closed - Disposition RT	L. Wright

MAR/28/2016/MON 07:40
MAR/02/2016/WED 07:28 PM Eureka Sheriff

FAX No. 775-695-2577
FAX No. 7752375704

P. 009
P. 002

1603-0006

HE
HO 11 33395
SANDRICH, MATTHEW VICTOR
08/10/1992
888 542 4170

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: September 26, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Laura Freed, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Purchasing Division requests authority to contract with a former Correctional Officer to provide uniformed security guard services through AlliedBarton Security Services.

Additional Information:

Nicholas Collins was employed by Nevada Department of Corrections from November 2014 through February 2016, and possesses the appropriate law enforcement experience required by agencies utilizing the contract with AlliedBarton Security Services. There are not sufficient Capitol Police officers to provide uniformed security guard services to all agencies that require that service.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____ ACTION ITEM: _____

Brian Sandoval
Governor



Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

September 22, 2016

RECEIVED

SEP 22 2016

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

MEMORANDUM

To: Christian Schonlau

From: Annette Morfin, Purchasing Officer *am*

Subject: CETS Contract 14094 – AlliedBarton Security Services
RFP 2030 – Uniformed Security Guards

Please find attached a copy of the “Authorization to Contract with a Former Employee for Nicholas Collins who AlliedBarton wants to hire.

Nicholas Collins recently left state service and is within the two (2) year window.

If you have any questions, please contact me at 684-0185 or amorfin@admin.nv.gov

Authorization to Contract with a Former Employee

Former Employee Name: Nicholas Collins
Former Employee ID number: unknown
Former Job Title: Correctional Officer
Former Employing Agency: Nevada Department of Corrections
Former Class and Grade: Grade 33 Step 10
Employment Dates: November 2014 to February 2016
Contracting Agency: AlliedBarton Security Services

Please check which of the following applies:

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

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

a. Summarize scope of contract work.	This contract provides uniformed security guards to various State agencies. They may be armed or un-armed guards depending on the agency's needs. It also provides for Vehicle Patrols, as well as, Random Marked Vehicle Stops.
b. Document former job description.	Ensure safety and security in an institutional setting.
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	Yes, these are individuals with law enforcement training. No, there is no clause in the contract for the transfer of the specialized knowledge of the contracting agency and a time frame for the transfer.
d. Explain why existing State employees within your agency cannot perform this function.	Capitol Police does not have the resources to perform this service for all agencies needing this type of service.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and	No

why this would not violate NAC 284.750.	
f. List contractor's hourly rate.	\$16.50
g. List the range of comparable State employee rates.	\$24.03-\$34.25 per hour
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	Not Applicable
i. Document justification for hiring contractor.	There are a limited number of individuals available with the appropriate law enforcement experience.

Comments:



9-22-2016

Contracting Agency Head's Signature and Date

Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor




James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE**

Budget Division

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

Date: September 28, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Nikki Hovden, Budget Analyst 
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

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

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the division requests to contract with former employee, Karen Collis, to provide Advanced Practice Registered Nurse (APRN) Family Planning services to Title X Family Planning recipients at Ely, Nevada and Panaca Community Health Clinics. It is anticipated that she will work 16-24 hours per week effective November 8, 2016 to November 7, 2017.

Additional Information:

This position is difficult to recruit for as it requires specialized training in Family Planning and travel to multiple clinic sites in rural Nevada. Ms. Collis, who resides in Ely, Nevada, worked for the Community Health Nursing Clinic in Ely, as well as other clinics in rural Nevada for the past 12 years providing APRN services, Family Planning, STD, and medication orders.

Statutory Authority:

NRS 333.705

REVIEWED: 
ACTION ITEM: _____

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**

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September 27, 2016

MEMORANDUM

TO: James R. Wells, CPA
Director
Department of Administration

THROUGH: Richard Whitley, MS
Director
Department of Health and Human Services

THROUGH: Cody L. Phinney, MPH
Administrator
Division of Public and Behavioral Health

FROM: Amy Roukie
Deputy Administrator – Clinical Services
Division of Public and Behavioral Health

SUBJECT: Authorization to Contract with former State Employee Karen Collis

NRS 333.705 precludes contracting with a person who is a current employee of a state agency or a former employee of a state agency within the past two years without Board of Examiner (BOE) review and/or approval. These provisions also apply to employment through a temporary employment agency. Approval of the BOE requires the BOE to determine the person provides services that are not provided by any other employee of the using agency or for which a critical labor shortage exists or that there is a short-term need or unusual economic circumstance that exists.

Karen Collis, Family Advanced Practice Registered Nurse (APRN) worked for our Community Health Nursing Clinic in Ely NV for the past 12 years. She also traveled monthly to cover our other clinics in Battle Mountain, Winnemucca, and Lovelock. With her retirement we have three Family APRN positions that we have been unable to fill for coverage in frontier and rural Nevada, some open as long as two years. Our Family/Women's Health APRN fulfills the requirements of a number of Federal Grants for access to Family Planning procedures and medications, as well as treatment for sexually transmitted diseases. Until recently our grants and budget authority did not allow for the contracting of APRN services. We have recently moved forward with budgeting for contract hours to provide this service. This will allow us the flexibility to hire APRNs who live closer to the clinics they will serve, while also reducing the need to have a full time APRN employee who may only be needed to perform that function a couple of times a month. One of the chief reasons cited by previous APRNs for leaving is associated with the travel to these rural clinics. Being able to contract a couple days a month with Ms. Collis who lives in Ely, will allow us to continue to serve that community as well as meet our grant obligations. It will also greatly decrease the cost of providing APRN services and help eliminate the projected costs associated with travel from Reno to currently cover those clinics.

Karen Collis – BA 3224, 16 – 24 hours per week from 11/8/16 to 11/7/17.

Thank you for your consideration in this matter.
Greg Kitchingman PN-IV
Nursing Supervisor RHS/Community Health

Authorization to Contract with a Former Employee

Former Employee Name:	<u>Karen Collis</u>
Former Employee ID number:	<u>019682</u>
Former Job Title:	<u>CHN-IV Family APRN</u>
Former Employing Agency:	<u>Community Health</u>
Former Class and Grade:	<u>43-10</u>
Employment Dates:	<u>6/07/2004-6/14/2016</u>
Contracting Agency:	<u>Community health Services # 3224</u>

Please check which of the following applies:

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

a. Summarize scope of contract work.	Provide Advanced Practice Registered Nurse Family Planning services to Title X Family Planning recipients at Ely NV, and Panaca Community Health Clinics
b. Document former job description.	Nurse in charge of Ely Community Health Clinic. Provided APRN services, Family Planning, STD, medication orders for rural CHN's. Also covered 4 surrounding clinics 1 x /mo. for Family Planning/STD services.
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	No, former employee is being contracted for her skills and licensure (Family Advanced Practice Registered Nurse) to provide Family Planning services in hard to recruit and fill specialized position in rural Nevada. Will be able to contract for services two days per month and cover clinic with less expensive Registered Nurse. Have been unable to fill open positions for CHN-III and IV for years, due to locations in rural Nevada, lack of qualified candidates, and challenges of travel to multiple clinic sites, such as Ely NV
d. Explain why existing State employees within your agency cannot perform this function.	Position requires specialized training in Family Planning. It has been difficult to recruit due to salary disparities with private sector, and only a handful of family APRN's in all of rural Nevada. Only one full time State employed Family Planning APRN whose home base is in Tonopah.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and	No

why this would not violate <u>NAC 284.750.</u>	
f. List contractor's hourly rate.	\$75.00 per hour (16-24 hrs. per week) Effective 11/08/16 to 11/07/17
g. List the range of comparable State employee rates.	Contractor rates for specialized nurse practitioners (APRN's) is \$75.00/hr. Exp. Telemed and medication Clinic APRNs currently contracted at this rate.
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	This would be for a minimal number of hours per month, 16-24 hrs. versus same position this employee held at 40 hours per week. Although the hourly rate is higher than her employee rate at grade 43, step 10, she will not receive benefits of current State employee, and reduction of hours worked at higher salary still reflect a significant savings from filling position.
i. Document justification for hiring contractor.	These positions have historically been very difficult to fill with qualified APRN. Requirement of our Title X and XX grants for providing Family Planning Services, and location in Ely makes coverage from any other part of the State even more expensive with Travel, hotel, per diem.

Comments: Contracting for these positions locally will save in overall costs by only paying for the hours that require their level of licensure and expertise. We have been limited by budgets and authority and unable until this year to move funds into contract money to hire a contracted APRN. The advantage of contracting with Ms. Collis is that the Ely Clinic was her home base, familiar with policies, procedures, and grant deliverables, and she resides in Ely NV

Christine Bladick for Cody Phinney 9/27/16
Contracting Agency Head's Signature and Date

Nikki Zander
Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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Date: September 22, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Nikki Hovden, Budget Analyst
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

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

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the division requests to contract with former employee, Aundrea Ogushi, to assist with program implementation, grant management and fiscal monitoring of the Abstinence Education Grant Program (AEGP). It is anticipated that she will work 40 hours per week effective November 15, 2016 to November 14, 2017.

Additional Information:

Ms. Ogushi is uniquely qualified to fill this position given her expertise in working with the target age group of the AEGP programs in educational and community contexts that map with grant-required deliverables. Additionally, her experience as an Intern for Deputy Administrator of Community Services, Ms. Julia Peek, was topically and functionally relevant to this position as it dealt with public health perspectives in relation to sexual health issues.

Statutory Authority:

NRS 333.705

REVIEWED:

ACTION ITEM:

BRIAN SANDOVAL
Governor

STATE OF NEVADA

CODY L. PHINNEY, MPH
Administrator

RICHARD WHITLEY, MS
Director



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

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

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September 21, 2016

MEMORANDUM

TO: James R. Wells, CPA
*Director
Department of Administration*

THROUGH: Richard Whitley, MS
*Director
Department of Health and Human Services*

THROUGH: Cody L. Phinney, MPH
*Administrator
Division of Public and Behavioral Health*

FROM: Julia Peek, MHA
*Deputy Administrator, Community Services
Division of Public and Behavioral Health*

SUBJECT: Authorization to Contract with Former State Employee – Aundrea Ogushi

NRS 333.705 precludes contracting with a person who is a current employee of a state agency or a former employee of a state agency within the past two years without Board of Examiner (BOE) review and/or approval. These provisions also apply to employment through a temporary employment agency. Approval of the BOE requires the BOE to determine the person provides services that are not provided by any other employee of the using agency or for which a critical labor shortage exists or that there is a short-term need or unusual economic circumstance that exists.

This contractor position is the Abstinence Education Grant Program Coordinator for the Maternal, Child and Adolescent Health Section (BA 3222) and will be responsible for program implementation, grant management, and fiscal monitoring. This position will actively develop and enhance the Abstinence Education Grant Program (AEGP). The position will assure grant deliverable completion and scope of work completion by sub-recipients.

This is a multi-year grant with deliverables requiring a dedicated staff member to provide oversight and accountability in accordance with the grant award. This is unable to be accomplished with current staff due to staff turnover and workload related to other grants and deliverables.

Ms. Ogushi is uniquely qualified to fill this position given her expertise in working with the target age group of the AEGP programs in educational and community contexts that map with grant-required deliverables. Additionally, her experience as an Intern for Deputy Administrator of Community Services, Ms. Julia Peek, was topically and functionally relevant to this position as it dealt with public health perspectives in relation to sexual health issues. Her educational background and work experience make her specifically valuable to fill this position.

Please recognize this as a formal request for authorization to contract with the former state employee below.

Aundrea Ogushi - BA 3222 – Contract will be 40 hours per week and the term will be from 11/15/2016 to 11/14/2017 with the option to renew.

Thank you for your consideration in this matter, and please see my contact information below for additional assistance.

Vickie Ives, Section Manager, Maternal Child and Adolescent Health, vives@health.nv.gov, 775.684.2201.

Authorization to Contract with a Former Employee

Former Employee Name: Aundrea Ogushi
Former Employee ID number: N/A
Former Job Title: Success Mentor and Assistant Program Specialist
Former Employing Agency: University of Nevada, Reno
Former Class and Grade: Hourly Student Worker \$13.00
Employment Dates: August 2013 – June 2015
Contracting Agency: MHM Services, Inc.

Please check which of the following applies:

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

<ul style="list-style-type: none"> Summarize scope of contract work. 	<ul style="list-style-type: none"> Enhance and monitor the Abstinence Education Grant Program (AEGP). Collect and analyze data, identify and report on trends. Monitor and evaluate program activities. Implement services or programs according to granting agency requirements and ensure effective integration with existing programs and services. Work cooperatively with other agencies, professionals, civic groups, community leaders, and consumers at local, regional and/or statewide levels to identify health needs, issues and gaps in service; coordinate and participate in task forces and other work groups; support new program directions and conduct public education. Plan, organize and participate in special projects and activities; develop and prepare comprehensive narrative and statistical reports; conduct or attend meetings and conferences; and make presentations to a variety of groups, as required. Research, develop and write grant proposals to acquire funding for program enhancements or expansion.
<ul style="list-style-type: none"> Document former job description. 	<ul style="list-style-type: none"> Developed and designed youth educational program. Coordinated and supervised youth educational program activities. Promotion of student educational achievement and secondary education. Instructed Success Mentors. Prepared documents and weekly reports.
<ul style="list-style-type: none"> Is the former employee being hired because of 	<p>No, this contractor is not being hired due to their work at UNR.</p>

<p>their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?</p>	
<ul style="list-style-type: none"> • Explain why existing State employees within your agency cannot perform this function. 	<p>This contractor position is in response to the receipt of the Abstinence Education Grant Program (AEGP) grant through the Family & Youth Services Bureau within the U.S. Department of Health & Human Services. This is a multi-year grant with deliverables requiring a dedicated staff member to provide oversight and accountability in accordance with the grant award. This is unable to be accomplished with current staff due to staff turnover and workload relating to other grants and deliverables.</p>
<ul style="list-style-type: none"> • Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750. 	<p>There is no relation between contractor and anyone overseeing the contract.</p>
<ul style="list-style-type: none"> • List contractor's hourly rate. 	<p>\$19.00 per hour, 40 hours per week. The contract period will be yearly with the option to renew.</p>
<ul style="list-style-type: none"> • List the range of comparable State employee rates. 	<p>\$19.00 – \$27.94</p>
<ul style="list-style-type: none"> • Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result? 	<p>This is comparable to: Program Officer 1, Grade 31, Step 1.</p>
<ul style="list-style-type: none"> • Document justification for hiring contractor. 	<p>This is a multi-year grant with deliverables requiring a dedicated staff member to provide oversight and accountability in accordance with the grant award. This is unable to be accomplished with current staff due to staff turnover for the entire Adolescent Program, and workload related to other grants and deliverables.</p> <p>Ms. Ogushi is uniquely qualified to fill this position given her expertise in working with the target age group of the PREP and AEGP programs in educational and community</p>

	<p>contexts that map with grant-required deliverables. Additionally, her experience as an Intern for Deputy Administrator of the Division of Public and Behavioral Health, Ms. Julia Peek, was topically and functionally relevant to this position as it dealt with public health perspectives in relation to sexual health issues. Her educational background and work experience make her specifically valuable to fill this position.</p>
--	---

Comments:

Christal Bodin b. for Cody Phinney 9/21/16
Contracting Agency Head's Signature and Date

Michelle Harden 9/23/16
Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor




James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: October 10, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Katrina Nielsen, Budget Analyst 
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF EDUCATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Department of Education seeks a favorable recommendation regarding the Agency's determination to use the emergency provision to contract with Ms. Daphne DeLeon, a former Administrator for the Nevada State Library, Archives and Public Records, to assist with the Nevada Ready 21 program during the initial rollout of the program from September 12, 2016 through January 12, 2017.

Additional Information:

The Nevada Ready 21 budget authorizes funding specifically for a contract position. Daphne is uniquely knowledgeable about technology in Nevada. As the former chair of the Nevada Broadband Task Force, she's aware of the benefits and challenges of school technology programs. Daphne is aware of the intricacies of state agency processes concerning grants, procurement, and contracts. Also, Daphne has experience running large, complicated technology programs that require interpersonal skills as well as technology skills.

Statutory Authority:

NRS 333.705

REVIEWED: SB
ACTION ITEM: _____

BRIAN SANDOVAL
Governor
STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction

STATE OF NEVADA



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700 E. Fifth Street
Carson City, Nevada 89701-5096
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September 19, 2016

To: James R. Wells
Director, Governor's Finance Office
Clerk, Board of Examiners

Through: Katrina Nielsen
Budget Analyst

From: David J. Brancamp *DJB*
Director of the Office of Standards and Instructional Support

Subject: Emergency Authorization to Contract with a Former State Employee

The Department of Education is requesting authorization to contract with a former State of Nevada employee, Daphne DeLeon, to assist the Department with ensuring timely, professional and accurate leadership of the Nevada Ready 21 program for the school districts during the initial rollout of the program. The Nevada Ready 21 program is a statewide initiative that provides students with an equitable, technology-rich education that supports high standards; an engaging learning environment, and the development of the 21st century skills students will need to prosper while fueling the economic growth of the state. Nevada Ready 21 ensures 24-hour access to a laptop for Nevada middle and high school students with the initial phase targeting middle schools. In addition to providing digital learning devices for each student, the program will deliver comprehensive professional development training and support for teachers and administrators as well as improving broadband internet access in schools throughout the state.

The Program Director, which is the position that Daphne DeLeon would fill, is responsible for the oversight of all operations of the program, as well as directing all other Nevada Ready 21 program staff to ensure the success of the program. The director position is a contracted position and was suddenly vacated by the resignation of the previous director, leaving the program without a leader just as the program was starting the initial rollout of the devices to the students as well as the training needed for the teachers in implementing the best uses of this equipment to improve instruction. Given the critical state in the implementation stage of this key initiative the Department brought a former state employee, who understands the roll of the State Education Association with the Local Education Associations including the guidance needed for the state professional learning specialists starting September 12, 2016. To allow for the continued smooth implementation of the Nevada Ready 21 program training we are requesting the term of the assignment to run through January 12, 2017.

Authorization to Contract with a Former Employee

Former Employee Name: Daphne DeLeon
Former Employee ID number: 39442
Former Job Title: NSLAPR Division Administrator
Former Employing Agency: Dept. of Administration
Former Class and Grade: Unclassified
Employment Dates: July 2007-April 2016
Contracting Agency: Dept. of Education

Please check which of the following applies:


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


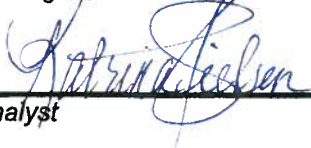
Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.

a. Summarize scope of contract work.	To assist the Department of Education with ensuring timely, professional and accurate leadership of the Nevada Ready 21 program for the school districts during the initial rollout of the program
b. Document former job description.	Provide administrative oversight to the Nevada State Library, Archives and Public Records
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	Yes, Daphne is uniquely knowledgeable about technology in Nevada. As former chair of the Nevada Broadband Task Force, she's aware of the benefits and challenges of school technology programs. Daphne is aware of the intricacies of state agency processes concerning grants, procurement, and contracts. Also, Daphne has experience running large, complicated technology programs that require interpersonal skills as well as technology skills. Since this contract runs through an employment agency, it does not contain a clause about the transfer of knowledge.
d. Explain why existing State employees within your agency cannot perform this function.	The Nevada Ready 21 budget contains funding specific to this position as a contract position. The duties of this position are numerous and could not effectively be added to an existing employees work load without jeopardizing the success of the Nevada Ready 21 program.
e. Document if the individual overseeing or establishing	N/A

<p>the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</p>	
<p>f. List contractor's hourly rate.</p>	<p>\$46.90/hour to employee + \$10.79/hour to employment agency. This position does not include benefits.</p>
<p>g. List the range of comparable State employee rates.</p>	<p>\$30.00-\$44.00/hour + benefits</p>
<p>h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?</p>	<p>This position does not exceed the maximum pay for a comparable state employee by 10%, especially if state benefits are factored in.</p>
<p>i. Document justification for hiring contractor.</p>	<p>Daphne DeLeon possesses a skill set that uniquely qualifies her to run a statewide one-to-one student computing program. She possesses interpersonal and technology skills as well as knowledge about state policies and systems. Such a skill set is difficult to find in the current employment pool in Nevada.</p>

Comments:

 10.11.16
 Contracting Agency Head's Signature and Date

 10/11/16  10/11/16
 Budget Analyst

Clerk of the Board of Examiners



PROJECT UPDATE

Description:

Nevada Ready 21 is a statewide one-to-one technology and learning initiative that began with a plan and came to fruition in June 2015 when Nevada's State Legislature approved \$20M in funding, for the 2015-2017 biennium for middle schools. Its success rests upon the two pillars of an informed and engaged teacher and continuous, reliable access to a personal portable device that is connected to the Internet wirelessly.

Milestones Reached:

July 2015	Hired Project Director and Communications Officer/Project Manager
December 2015	CTL contract for device solution was approved
January 2016	RFA was released to school districts
March 2016	School Districts were notified of selection outcomes
March 2016	On-time disbursement of 1 st year grant funds
April – June 2016	Deployment of approx. 1,000 devices to teachers
June – July 2016	Nevada Ready, Set Go! is available
August 2016	Hiring of Professional Development Strategists is complete
August – September 2016	Deployment of approx. 19,000 devices to students

Engaged Teachers:

Teachers are supported by an active support system that includes: Professional Development Strategists located in Las Vegas, Carson City and Elko; Digital Learning Coaches available for each school site and a learning management system to facilitate the development of a community of practice where teachers can share lessons learned and network with each other virtually.

Device and Educational Software:

Device Seat Price (\$534 for year 1, \$164 for years 2 & 3 = \$289 average cost per year over 3 years)

Negotiated device seat price includes in addition to a device a robust package of educational software and services.

- **Device:** CTL NL6 Chromebook, Intel Quad-Core Processor, 4GB Ram, 32GB local solid-state storage, boots in seconds
- **Warranty Services:** Includes accidental damage, theft and loss, 2% buffer pool at each school for quick replacement, in-state repair depot, ~24-hour turnaround on parts and new devices depending on location in state
- **Professional Development Services:** Three 1-day face-to-face Leadership Workshops, two 1-day face-to-face workshops for coaches, two 1-day face-to-face Learning Summits, featuring Google Apps for Education for teachers and coaches, three face-to-face EdCamp-style events, ongoing webinars for teachers, coaches, and IT
- **Project Management:** In-state project manager provided by the device vendor to ensure quick resolution of device-related problems
- **Educational Software:** Google Apps for Education, NcLab®, WeVideo, PocketLab®, and Desmos Graphing Calculator, Securly, ArcGIS Online, Autodesk Pixlr, Noteflight.



- **Additional Program Support:** Approximately half of the contracted Performance Manager position, part-time administrative support housed at NDE, performance management software to gauge student growth (BrightBytes Clarity platform)

Participating Schools:

School District	School
Carson	Carson Middle School
Carson	Eagle Valley Middle School
Churchill	Churchill County Jr. High School
Clark	Anthony Saville Middle School
Clark	Barbara and Hank Greenspun Junior High School
Clark	Bob Miller Middle School
Clark	Charles Silvestri Junior High School
Clark	Del E Webb Middle School
Clark	Elton M Garrett Junior High School
Clark	Lied Middle School
Clark	Mack Lyon Middle School
Clark	Sig Rogich Middle School
Elko	Adobe Middle School
Elko	Spring Creek Middle School
Lander	Eleanor Lemaire Junior High School
State-Sponsored Charter	Mater Academy of Nevada
State-Sponsored Charter	Pinecrest Academy of Nevada
State-Sponsored Charter	Inspirada Campus
State-Sponsored Charter	St. Rose Campus
State-Sponsored Charter	Horizon Campus
State-Sponsored Charter	Cadence Campus (opens AUG '16)
State-Sponsored Charter	Somerset Academy of Las Vegas Stephanie Campus
White Pine	Lund 6-8
White Pine	White Pine Middle School

BRIAN SANDOVAL
Governor
STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction

STATE OF NEVADA



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www.doe.nv.gov

October 25, 2016

To: James R. Wells
Director, Governor's Finance Office
Clerk, Board of Examiners

From: David J. Brancamp
Director of the Office of Standards and Instructional Support

Subject: Response to All Agency Memo

Below is our response to the questions solicited in the all agency memo sent by James Wells on October 21, 2016.

1. What tasks created this emergency?
The incumbent director of the Nevada Ready 21 program resigned without notice.
2. Who would normally have completed the task(s)?
The director of the Nevada Ready 21 program.
3. Why was/were that/those individuals unable to complete the task(s)?
The incumbent resigned from the position and was thereby, unable to complete the tasks associated with this position.
 - a. Were there any other individuals who could have completed the task(s)?
No, there was no one at NDE at the time who could have completed the tasks of running the Nevada Ready 21 program. This contract position was created through SB515 during the 2015 session to run the Nevada Ready 21 program and is funded out of 2675-32. The director of this program requires a specific set of skills (program management, IT, curriculum and instruction, contract management) that is difficult to find in the current employment pool. NDE does not have a permanent employee with these skills who could fill in for this position.
 - b. If so, what prevented those individuals from completing the task(s)?
The one permanent, non-contract, NDE employee who could fill in temporarily to complete these tasks is on a reduced, FMLA work schedule and is busy with her normal job duties during her work hours. It would be impossible for her to complete the Nevada Ready 21 director's job duties as well as her current job duties on a regular schedule, let alone, her reduced schedule.
 - c. If not what is the agency doing to train additional employees to cover the task(s) when positions are vacant in order to prevent future emergency requests?
There are not any other regular employees at NDE to complete these duties and no one else is available to do the job.

4. Does the agency have a succession plan or training plan in place to transfer knowledge from individuals who are leaving the agency due to planned retirements or departures?

There is one NDE regular employee who understands the responsibilities of the Nevada Ready 21 director's position. As mentioned above, she is on a reduced, FMLA schedule and has other duties to complete outside of Nevada Ready 21. She is able to train incoming Nevada Ready 21 directors.

- a. If not, what is preventing the agency from doing so?
- b. If so, why did the succession plan or training plan not prevent the emergency request under consideration from occurring?

This contract position was created by SB515 to run the Nevada Ready 21 program. This position was not created to fill a gap in a regular employee's ability to fulfill his/her normal job duties. It was created as a fully-funded position to run a newly created program. Therefore, NDE is equipped to train incoming, new contracted Nevada Ready 21 directors, but there is not a regular employee who can carry the entire load of this position for very long without the Nevada Ready 21 program suffering setbacks.

5. How would the agency have been impacted if the task(s) had not been completed until the agency went through the process of asking for permission to contract with a former employee through the normal preapproval process outlined in subsection 1 of NRS 333.705?

This position carries a tremendous amount of responsibility. A lapse in employment in this position would lead to certain failure of the Nevada Ready 21 program. We were lucky to find someone with the exact, unique skills and experience to fill the position within a short time period to prevent the program from suffering fatal setbacks.

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
*Superintendent
of Public Instruction*

STATE OF NEVADA



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

SOUTHERN NEVADA OFFICE
9890 S. Maryland Parkway, Suite 221
Las Vegas, Nevada 89183
(702) 486-6458
Fax: (702) 486-6450
www.doe.nv.gov/Educator_Licensure

September 6, 2016

Dear Kim,

Please accept this notice of resignation from my position with the Nevada Department of Education effective Friday, September 9, 2016. I am grateful for the opportunity to serve the students of our great state and I am proud of what we have accomplished together. I wish you and the Nevada Ready 21 program continued success.

Sincerely,

A handwritten signature in black ink, appearing to read "Andy Jorgensen", followed by a horizontal line.

Andy Jorgensen

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	
Reviewed by:	

Handwritten initials/signature

STATEWIDE LEASE INFORMATION

RECEIVED

SEP 21 2016

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

1. Agency:

Department of Health and Human Services
Division of Child and Family Services, SNCAS
1350 South Jones Boulevard, Suite 230
Las Vegas, Nevada 89146
Rick Rassier
702.486.4335 fax: 702.486.0797 r rassier@dcfs.nv.gov

Remarks:

This full service lease renewal includes tenant improvements consisting of replacing the carpet with tile in two locations. This lease is well below the market rate.

Exceptions/Special notes:

2. Name of Landlord (Lessor):

AMJ Craig, LLC

3. Address of Landlord:

7512 Via Signorelli Street
North Las Vegas, Nevada 89131

4. Property contact:

Yu Tian
Phone: (702) 396-2413 Cell: (702) 445-9296 Fax: (702) 395-1071
Email: ytian87@gmail.com

5. Address of Lease property:

4538 West Craig Road, Suite 290
North Las Vegas, Nevada 89032

a. Square Footage:

Rentable
 Usable 7,060

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$12,540.32	12	\$150,483.84	January 1, 2017 - December 31, 2017	\$1.78
1.5% \$12,728.43	12	\$152,741.16	January 1, 2018 - December 31, 2018	\$1.80
1.5% \$12,919.35	12	\$155,032.20	January 1, 2019 - December 31, 2019	\$1.83
1.5% \$13,113.14	12	\$157,357.68	January 1, 2020- December 31, 2020	\$1.86
1.5% \$13,309.84	12	\$159,718.08	January 1, 2021 - December 31, 2021	\$1.89

Increase %

c. Total Lease Consideration:

60 \$775,332.96

d. Option to renew:

Yes No 90 Renewal terms: One identical term

e. Holdover notice:

of Days required 30 Holdover terms: 5% / 90

f. Term:

Five (5) Years

g. Pass-thrus/CAM/Taxes

Landlord Tenant

h. Utilities:

Landlord Tenant

i. Janitorial:

Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs:

Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate:

\$2.05 - \$2.60 Las Vegas / Henderson Area

l. Specific termination clause in lease:

Breach/Default lack of funding

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

3646

6. Purpose of the lease:

To house the Southern Nevada Child & Adolescent Services

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$0.00

Furnishings: \$0.00


Data/Phones: \$0.00

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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



 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20131498570	Exp:	8/31/2016	30
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input checked="" type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	T29034419			

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

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



 Authorized Signature Date
 Public Works Division

For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by: UCA	10/10/16
Reviewed by: [Signature]	10/10/16

STATEWIDE LEASE INFORMATION

1. Agency: Department of Tourism & Cultural Affairs
401 North Carson Street
Carson City, Nevada 89701
Claudia Vecchio
775.687.0607 Fax: 775.687.6779 cvecchio@travelnevada.com

Remarks: Leasing Services negotiated this lease to accommodate the relocation of Tourism and the Nevada Arts Council in order to make room in the Grant Sawyer building for the Secretary of State's office.

Exceptions/Special notes: This lease includes tenant improvements, the Lessor agreed to no escalation for the 5 year term, and is well below market rate.

2. Name of Landlord (Lessor): AILP, LLC

3. Address of Landlord: 8965 South Eastern Avenue, Suite 300
Las Vegas, Nevada 89123

4. Property contact: Commercial Property Advisors, LLC
Mary Rossetti
702.547.1115 Fax 702.547.1121 mrossetti@cpadvisorslv.com

5. Address of Lease property: 4000 South Eastern Avenue, Suite 240
Las Vegas, Nevada 89119

a. Square Footage: Rentable
 Usable 4,136

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$7,031.20	12	\$84,374.40	December 1, 2016 - November 30, 2017	\$1.70
0% \$7,031.20	12	\$84,374.40	December 1, 2017 - November 30, 2018	\$1.70
0% \$7,031.20	12	\$84,374.40	December 1, 2018 - November 30, 2019	\$1.70
0% \$7,031.20	12	\$84,374.40	December 1, 2019 - November 30, 2020	\$1.70
0% \$7,031.20	12	\$84,374.40	December 1, 2020 - November 30, 2021	\$1.70

Increase %

c. Total Lease Consideration: 60 \$421,872.00

d. Option to renew: Yes No 9 mo Renewal terms: One Identical Term

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

f. Term: Five (5) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$2.05 - \$2.60 Las Vegas / Henderson Area

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

m. Lease will be paid for by Agency Budget Account Number: 1522

6. Purpose of the lease: To house the Department of Tourism & Cultural Affairs and Nevada Arts Council

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$2,000.00 Furnishings: \$7,000.00 Data/Phones: \$3,000.00

RECEIVED

OCT 04 2016

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit _____

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

David C. Peterson 10/3/16
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19881001195</u>	Exp:	<u>3/31/2017</u>	36
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29010221</u>			

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

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

[Signature] 10-9-16
Authorized Signature Date
Public Works Division

4// For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	UCA TB
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: State Public Charter School Authority
1749 North Stewart Street
Carson City, Nevada 89706
Contact: Kate Higday
Phone: 775.687.9165 fax: 775.687.9113 email: khigday@spsca.nv.gov

Remarks: This is an extension of the existing lease, with 4% increases every other year to keep it in line with the current lease.

Exceptions/Special notes:

2. Name of Landlord (Lessor): IKO Moody Ventures, LLC

3. Address of Landlord: 504 E. Musser Street #202
Carson City, Nevada 89701

4. Property contact: NAI Alliance
Contact: Cheryl Evans
Phone: 775.546.2890 fax: 775.434.2998 email: cevans@naialliance.com

5. Address of Lease property: 1749 North Stewart Street
Carson City, Nevada 89706

a. Square Footage: Rentable
 Usable 2,325

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$2,906.25	12	\$34,875.00	December 1, 2016 - November 30, 2017	\$1.25
6% \$3,080.63	12	\$36,967.50	December 1, 2017 - November 30, 2018	\$1.33
0% \$3,080.63	12	\$36,967.56	December 1, 2018 - November 30, 2019	\$1.33
6% \$3,265.47	12	\$39,185.61	December 1, 2019 - November 30, 2020	\$1.40

Increase %

c. Total Lease Consideration: 48 \$147,995.67

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

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

f. Term: Four (4) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: \$1.68 - \$2.03 Carson City Area

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

m. Lease will be paid for by Agency Budget Account Number: 2711

6. Purpose of the lease: To house the Nevada Public Charter School Authority

7. This lease constitutes:

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

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

RECEIVED

SEP 01 2016

GOVERNOR'S FINANCIAL OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

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

 _____
 Authorized Agency Signature Date 9/14/16

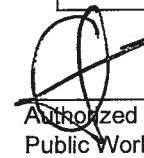
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071243806</u>	Exp:	<u>10/31/2016</u>	9
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	<u>T27018956</u>			

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

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

 _____
 Authorized Signature Date 9-16-16
 Public Works Division

For Board of Examiners YES NO

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **18015**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	Clark County Dept of Real Property Mgmt
Agency Code:	409	Contractor Name:	Clark County Dept of Real Property Mgmt
Appropriation Unit:	3646-04	Address:	500 S Grand Central Pkwy, 4th
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89155
If "No" please explain:	Not Applicable	Contact/Phone:	702-455-4616
		Vendor No.:	
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

<input checked="" type="checkbox"/>	General Funds	40.90 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	56.60 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	2.50 % Rental income, patient collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2016**Retroactive? **Yes**

If "Yes", please explain

Retroactive effective date 07/01/16. We were unable to get the amendment processed before the lease expired.3. Termination Date: **06/30/2021**
Contract term: **4 years and 303 days**4. Type of contract: **Interlocal Agreement**
Contract description: **Property Sublease**

5. Purpose of contract:

**GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION****This is a new interlocal agreement that continues ongoing assignment and utilization of occupied space located at 522 E. Lake Mead Drive, Henderson, Nevada. The Division of Child and Family Services subleases space from Clark County in order to integrate child services as a benefit for the community. This site is one of five neighborhood family service center locations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$298,610.52****II. JUSTIFICATION**

7. What conditions require that this work be done?

This contact is to sublease space from Clark County for a neighborhood family service center.

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

This contact is to sublease space from Clark County for a neighborhood family service center.9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	09/08/2016 14:51:12 PM
Division Approval	dkluever	09/30/2016 14:20:02 PM
Department Approval	ecreceli	10/03/2016 14:17:32 PM
Contract Manager Approval	sknigge	10/04/2016 10:18:11 AM
Budget Analyst Approval	Pending	
BOE Agenda Approval	Pending	
BOE Final Approval	Pending	



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way - 3rd Floor
Carson City, Nevada 89706
(775) 684-4400**

MEMORANDUM

TO: Debi Reynolds, Budget Analyst IV

FROM: Rick Rassier, Administrative Services Officer III

SUBJECT: Retroactive Lease Agreement Request

This is a request to retroactively approve a lease agreement with Clark County for the space located at 522 East Lake Mead Parkway, Suite 5 Henderson Nevada 89015. This leased space is for a neighborhood family service center for outpatient children's mental health services, which has been located at this site since July 13, 2004. Unfortunately, due to deadlines with Clark County Board meetings, the agency was unable to process an amendment to extend the prior lease agreement before its expiration date. In the future, fiscal staff will take steps to ensure that amendments are processed with consideration given to both parties' internal deadlines.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18179**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: PCC Technology Inc.
Agency Code: 040	Contractor Name: PCC Technology Inc.
Appropriation Unit: 1050-10	Address: 100 Northfield Drive, Ste 300A
Is budget authority available?: Yes	City/State/Zip: Windsor, CT 06095
If "No" please explain: Not Applicable	Contact/Phone: Greg Amato 860-559-6354
	Vendor No.: IN PROCESS
	NV Business ID: NV20161239877
To what State Fiscal Year(s) will the contract be charged?	2017-2021

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

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP#3247**

2. Contract start date:

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

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2020**

Contract term: **3 years and 334 days**

4. Type of contract: **Contract**

Contract description: **replace eSOS system**

5. Purpose of contract:

This is a new contract to improve the existing functionality of the Commercial Recordings business that includes the receipting, processing and archiving of documents related to entity formations, amendments, annual renewals, State business licenses, copy requests, trademarks, on-line applications, customer service, Uniform Commercial Code (UCC), notary and accounting.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,460,752.30**

II. JUSTIFICATION

7. What conditions require that this work be done?

Current System is aging and is no longer properly supported . TIR approved by 2015 legislature.

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

The State does not have the resources or the expertise to provide these services

9. Were quotes or proposals solicited? **Yes**

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

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

**Trinity Technology Group
KBTS Technologies Inc.
CGI Technologies & Solutions**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3247 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/17/2016 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pdover	10/04/2016 11:45:36 AM
Division Approval	pdover	10/04/2016 11:45:40 AM
Department Approval	pdover	10/04/2016 11:45:42 AM
Contract Manager Approval	shudder	10/04/2016 11:47:07 AM
DoIT Approval	bbohm	10/04/2016 13:03:28 PM
Budget Analyst Approval	lfree1	10/15/2016 11:55:11 AM
BOE Agenda Approval	lfree1	10/15/2016 11:55:18 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18151**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ENTERPRISE JANITORIAL, INC.
Agency Code: 082	Contractor Name: ENTERPRISE JANITORIAL, INC.
Appropriation Unit: 1349-12	Address: PO BOX 19913
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: 775-691-2939
	Vendor No.: T32003728
	NV Business ID: NV20141642364

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	X	Fees	100.00 %	Buildings and Grounds Building Rental Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the Nevada State Library and Archives facility in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$153,867.52**

Payment for services will be made at the rate of \$5,994.48 per month

Other basis for payment: \$10,000 for other services as needed.

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide a safe, clean and healthy working environment in state buildings.

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

Buildings and Grounds department lacks the personnel and equipment to clean all state buildings.

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):

Premier Janitorial Management
McNeil's Cleaning Services
Enterprise Janitorial

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3256, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/01/2016 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:

Buildings & Grounds: Bryan Building; Blasdel Building; Services are satisfactory.

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

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

Not Applicable

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

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	10/06/2016 07:07:07 AM
Division Approval	csweeney	10/06/2016 07:07:16 AM
Department Approval	csweeney	10/06/2016 07:07:19 AM
Contract Manager Approval	ssands	10/06/2016 07:09:53 AM
Budget Analyst Approval	laaron	10/07/2016 10:32:21 AM
BOE Agenda Approval	pnicks	10/08/2016 13:01:22 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **13621** Amendment Number: **3**
 Agency Name: **STATE PUBLIC WORKS DIVISION** Legal Entity Name: **ENVISE**
 Agency Code: **082** Contractor Name: **ENVISE**
 Appropriation Unit: **1349-12** Address: **4749 W POST RD**
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118-3927**
 If "No" please explain: Not Applicable Contact/Phone: **702-777-4022**
 Vendor No.: **T27038306**
 NV Business ID: **NV20151201704**

To what State Fiscal Year(s) will the contract be charged? **2013-2021**

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

General Funds	0.00 %	X	Fees	100.00 %	Buildings & Grounds Building Rental Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2012**
 Anticipated BOE meeting date: 11/2016
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/01/2016**
 Contract term: **8 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **Industrial Equipment**

5. Purpose of contract:
This is the third amendment to the original contract, which continues ongoing preventive maintenance and system support for the Direct Digital Controls of HVAC systems in various state buildings located in the Las Vegas area. This amendment extends the termination date from December 1, 2016 to August 31, 2020, increases the maximum amount from \$100,000 to \$200,000 and assigns the contract to Enviser.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$100,000.00	\$100,000.00	\$100,000.00	Yes - Action
3. New maximum contract amount:	\$200,000.00			
and/or the termination date of the original contract has changed to:	08/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC controls require preventative maintenance and repairs to remain in first class operating condition.

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

Lack of manpower and expertise.

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

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

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 12060
Approval Date: 06/01/2012

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2008-2012, Buildings and Grounds, Service Satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	09/12/2016 09:04:31 AM
Division Approval	csweeney	09/12/2016 09:04:37 AM
Department Approval	csweeney	09/12/2016 09:04:41 AM
Contract Manager Approval	ssands	09/22/2016 12:29:06 PM
Budget Analyst Approval	dstoddar	10/04/2016 16:18:40 PM
BOE Agenda Approval	pnicks	10/05/2016 17:32:09 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18156**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: XCEL MAINTENANCE SERVICES INC
Agency Code: 082	Contractor Name: XCEL MAINTENANCE SERVICES INC
Appropriation Unit: 1349-12	Address: 8920 Colorful Pines Avenue
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89143
If "No" please explain: Not Applicable	Contact/Phone: Kathia Winchell 702-355-3895
	Vendor No.: T81103343
	NV Business ID: NV20021426879

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	X	Fees	100.00 %	Buildings and Grounds Rental Income Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Janitorial services**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the Welfare and Supportive Services in the Henderson office located at 520 S. Boulder Hwy.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$83,200.00**

Payment for services will be made at the rate of \$3,050.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings must be kept clean for the public and state employees safety.

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

Buildings and Grounds does not have the personnel or equipment to provide this service.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3264, and in accordance with NRS 333, a statewide open solicitation pursuant to SAM 0338.0. The selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/01/2016 Anticipated re-bid date: 06/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor currently holds several contracts with Buildings and Grounds for janitorial services and has provided excellent service.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	10/06/2016 06:54:33 AM
Division Approval	csweeney	10/06/2016 06:54:43 AM
Department Approval	csweeney	10/06/2016 06:54:54 AM
Contract Manager Approval	ssands	10/06/2016 07:10:34 AM
Budget Analyst Approval	dstoddar	10/06/2016 13:21:13 PM
BOE Agenda Approval	pnicks	10/08/2016 13:04:42 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16197	Amendment Number: 2
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HERSHENOW & KLIPPENSTEIN
Agency Code: 082	Contractor Name: HERSHENOW & KLIPPENSTEIN
Appropriation Unit: All Appropriations	Address: ARCHITECTS INC
Is budget authority available?: No	5485 RENO CORPORATE DR STE 100
	City/State/Zip: RENO, NV 89511-2262
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will reside in the Account 101-3650 expenditure category 10.	Contact/Phone: 775/332-6640
	Vendor No.: T80984709
	NV Business ID: NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % agency funded CIP

Agency Reference #: 108999

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/09/2014**
 Anticipated BOE meeting date 11/2016

Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**
 Contract term: **4 years and 203 days**

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

5. Purpose of contract:
This is the second amendment to the original contract, which provides professional architectural/engineering services for the Stead Army Aviation Support Facility Fuel Storage: CIP Project No. 15-A015; SPWD Contract No. 108999. This amendment increases the maximum amount from \$296,585 to \$417,545 for replacement of the single wall tanks with exterior containment systems to dual wall tanks and no exterior containment and modifications to the fuel truck piping system.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
a. Amendment 1:	\$96,585.00	\$96,585.00	\$96,585.00	Yes - Action
2. Amount of current amendment (#2):	\$120,960.00	\$217,545.00	\$217,545.00	Yes - Action
3. New maximum contract amount:	\$417,545.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 Agency Funded CIP

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	09/30/2016 14:22:39 PM
Division Approval	dgrimm	09/30/2016 14:22:42 PM
Department Approval	dgrimm	09/30/2016 14:26:08 PM
Contract Manager Approval	dgrimm	09/30/2016 16:16:15 PM
Budget Analyst Approval	laaron	10/03/2016 09:40:34 AM
BOE Agenda Approval	pnicks	10/03/2016 17:08:58 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18164**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: SUMMIT ENGINEERING CORP
Agency Code: 082	Contractor Name: SUMMIT ENGINEERING CORP
Appropriation Unit: All Appropriations	Address: 824 E AULTMAN ST
Is budget authority available?: Yes	City/State/Zip: ELY, NV 89301
If "No" please explain: Not Applicable	Contact/Phone: 775-289-4445
	Vendor No.: T81073504
	NV Business ID: NV19781008234

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % depends upon the project requiring this service

Agency Reference #: 110614

2. Contract start date:

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

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **241 days**

4. Type of contract: **Contract**

Contract description: **Mat Tst & Insp Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the materials testing and inspection services as required to ensure building safety and code compliance. SPWD Contract No. 110614.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: Progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	09/30/2016 13:36:18 PM
Division Approval	dgrimm	09/30/2016 13:36:38 PM
Department Approval	dgrimm	09/30/2016 16:15:46 PM
Contract Manager Approval	dgrimm	09/30/2016 16:15:49 PM
Budget Analyst Approval	laaron	10/03/2016 08:49:19 AM
BOE Agenda Approval	pnicks	10/03/2016 17:13:06 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18174**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: SUMMIT ENGINEERING CORP
Agency Code: 082	Contractor Name: SUMMIT ENGINEERING CORP
Appropriation Unit: All Appropriations	Address: 824 E AULTMAN ST
Is budget authority available?: Yes	City/State/Zip: ELY, NV 89301
If "No" please explain: Not Applicable	Contact/Phone: 775-289-4445
	Vendor No.: T81073504
	NV Business ID: NV 19781008234

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Varies depending upon the project requiring this service.

Agency Reference #: 110615

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **241 days**

4. Type of contract: **Contract**

Contract description: **Geo Invest Serv**

5. Purpose of contract:

This is a new contract to provide geotechnical investigation services as required to ensure building safety and code compliance. SPWD Contract No. 110615.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: Progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	09/30/2016 14:41:50 PM
Division Approval	dgrimm	09/30/2016 14:41:53 PM
Department Approval	dgrimm	09/30/2016 16:17:27 PM
Contract Manager Approval	dgrimm	09/30/2016 16:17:30 PM
Budget Analyst Approval	laaron	10/03/2016 08:56:46 AM
BOE Agenda Approval	pnicks	10/03/2016 17:10:58 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18177**

Agency Name: ADMIN - RISK MANAGEMENT DIVISION	Legal Entity Name: Origami Risk LLC
Agency Code: 085	Contractor Name: Origami Risk LLC
Appropriation Unit: 1352-26	Address: 222 W Merchandise Mart Plaza Suite 2300
Is budget authority available?: Yes	City/State/Zip: Chicago, IL 60054
If "No" please explain: Not Applicable	Contact/Phone: Sales Represenatative 312-546-6515
	Vendor No.:
	NV Business ID: NV20161586642

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Ongoing funding from BA 1352, Property/Casualty Premiums

Agency Reference #: **1601-RM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
Contract term: **2 years and 241 days**

4. Type of contract: **Contract**
Contract description: **Software Provider**

5. Purpose of contract:
This is a new contract to provide software services and data hosting for the Risk Management Information System (RMIS).

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$150,400.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
Agency needs a centralized database to track state owned and leased assets(buildings, vehicles, equipment) for insurance purposes. System also provides a mechanism for adjusting Risk Management's self-insured auto/property claims. By utilizing a "Cloud" Provider it allows Risk Management to share database with partner agencies (Attorney General's Office, Public Works Division and Nevada Department of Transportation).

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Agency did not have subject expertise. Feasibility study recommended a Commercial Off The Shelf (COTS) provider as the most cost effective model for this type of system as under this approach initial implementation costs are much less than a traditional custom built database. Ongoing usage of software and data hosting are bundled via an annual software subscription, which allows State greater flexibility should State's needs change over time.

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):

AssetWorks
Exigis
Riskconnect
Ventivtech

b. Solicitation Waiver: **Not Applicable**

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

This vendor met the State requirements and was the only vendor to apply that meet the State's budget criteria.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

LLC

Registration is pending.

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

State Business License is pending

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

No b. If "NO", please explain.

Please see above.

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lfree1	10/04/2016 10:29:10 AM
Division Approval	lfree1	10/04/2016 10:29:13 AM
Department Approval	lfree1	10/04/2016 10:29:19 AM
Contract Manager Approval	mmarti10	10/04/2016 15:56:26 PM
DoIT Approval	bbohm	10/05/2016 10:30:51 AM
Budget Analyst Approval	laaron	10/06/2016 07:58:42 AM
BOE Agenda Approval	lfree1	10/10/2016 13:59:33 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18140**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: CERTIFIED FOLDER DISPLAY SERVICES INC
Agency Code: 101	Contractor Name: CERTIFIED FOLDER DISPLAY SERVICES INC
Appropriation Unit: 1522-31	Address: 1120 JOSHUA WAY
Is budget authority available?: Yes	City/State/Zip: VISTA, CA 92081
If "No" please explain: Not Applicable	Contact/Phone: RAY FOX 702-889-1101
	Vendor No.: T81028458
	NV Business ID: NV20001323615

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % LODGING TAX

Agency Reference #: **RFP #2111-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **3 years and 233 days**

4. Type of contract: **Contract**

Contract description: **Collateral Dist Svcs**

5. Purpose of contract:

This is a new contract to provide for the distribution of visitor guides, state maps and museum brochures to in and out-of-state locations, such as Chambers of Commerce, visitor centers, airports and/or hotels.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$334,500.00**

Other basis for payment: Distribution services not to exceed \$34,500 in FY17 and \$100,000 for FY18 through FY20.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 231.161 through NRS 231.361, the Nevada Division of Tourism's mission is to promote travel to and within the State of Nevada.

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

State employees do not have the resources available for this type of brochure distribution.

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #2111, and in accordance with NRS 333, the vendor was the only vendor who submitted a proposal and has done work for the agency in the past.

d. Last bid date: 08/04/2016 Anticipated re-bid date: 01/09/2020

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:

Nevada Commission on Tourism, 4/15/15 - 9/15/15. They have been deemed satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	09/20/2016 10:22:41 AM
Division Approval	amathies	09/20/2016 10:22:43 AM
Department Approval	amathies	09/20/2016 10:22:44 AM
Contract Manager Approval	amathies	09/20/2016 10:22:46 AM
Budget Analyst Approval	dstoddar	10/04/2016 16:04:49 PM
BOE Agenda Approval	lfree1	10/06/2016 09:37:13 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14289** Amendment Number: **2**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **Aging and Disability Services Division**

Agency Code: **300** Contractor Name: **Aging and Disability Services Division**

Appropriation Unit: **2709-21** Address: **3427 Goni Rd. Suite 104**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89706**

If "No" please explain: **Not Applicable** Contact/Phone: **Jamie Pruneau 775-687-0532**

Vendor No.:
NV Business ID: **NA**

To what State Fiscal Year(s) will the contract be charged? **2014-2020**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **7 years and 1 day**

4. Type of contract: **Interlocal Agreement**

Contract description: **Child Care Quality**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement, which expands the Early Intervention Partners (EIP) Program to additional licensed child care sites. As an EIP program, child care providers increase their competences to include children with disabilities in child care programs and collaborate with early intervention staff to provide opportunities during daily routines to support the child in achieving the outcomes on the Individualized Family Service Plan. This amendment extends the termination date from June 30, 2017 to June 30, 2020 and increases the maximum amount from \$585,072 to \$1,423,876 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$585,072.00	\$585,072.00	\$585,072.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$838,804.00	\$838,804.00	\$838,804.00	Yes - Action
3. New maximum contract amount:	\$1,423,876.00			
and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Education receives funding from the U.S. Administration for Children and Families, Child Care and Development Funds through a sub-grant from the Nevada Division of Welfare and Supportive Services. These funds must be used to increase access and improve quality of child care programs.

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

Aging and Disability Services Division (ADSD) works with child care centers that support the children receiving services through Nevada Early Intervention Services (NEIS). ADSD/NEIS is a government entity.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 277.180, the Agency has contracted with the Department of Health and Human Services, Aging and Disability Services Division.

The indirect rate is 5%.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with Department of Education and providing satisfactory service.

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/16/2016 12:08:05 PM
Division Approval	amccalla	09/16/2016 12:08:07 PM
Department Approval	amccalla	09/16/2016 12:08:10 PM
Contract Manager Approval	ablackwe	09/16/2016 12:16:09 PM
Budget Analyst Approval	sbrown	10/04/2016 08:37:52 AM
BOE Agenda Approval	sbrown	10/04/2016 08:37:57 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17198	Amendment Number: 3	
	Legal Entity Name: 21st Century Student Support Services	
Agency Name: NDE - DEPARTMENT OF EDUCATION	Contractor Name: 21st Century Student Support Services	
Agency Code: 300	Address: 4829 Eaglewood Court	
Appropriation Unit: 2712-64	City/State/Zip: Reno, NV 89502	
Is budget authority available?: Yes	Contact/Phone: Vicki Bolton 775-771-3168	
If "No" please explain: Not Applicable	Vendor No.: T29017537	
	NV Business ID: NV20081291076	

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **11/30/2016**

Termination Date:

Contract term: **2 years and 61 days**

4. Type of contract: **Contract**

Contract description: **System Support**

5. Purpose of contract:

This is the third amendment to the original contract, which continues ongoing technical assistance, training and data reviews to local school districts and community-based organizations that receive funding under the 21st Century Community Learning Center program for the purpose of collecting data under federal funding regulations. This amendment extends the termination date from November 30, 2016 to November 30, 2017 and increases the maximum amount from \$82,270 to \$200,000 due to a continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$40,047.00	\$40,047.00	\$40,047.00	Yes - Info
a. Amendment 1:	\$42,223.00	\$42,223.00	\$82,270.00	Yes - Action
b. Amendment 2:	\$0.00	\$42,223.00	\$82,270.00	No
2. Amount of current amendment (#3):	\$117,730.00	\$159,953.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$200,000.00			
and/or the termination date of the original contract has changed to:	11/30/2017			

II. JUSTIFICATION

7. What conditions require that this work be done?

The federal funding for 21st Century programs (Title IV, Part B) requires the state to submit detailed information (utilization rates, goals, objectives, participation, etc.) related to services provided by the programs funded by the state. In order to have the data accurate, it is necessary to provide technical assistance and training to the programs on an ongoing basis.

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

The Cayen System is the data collection process Nevada uses to obtain the information required by the United States Department of Education to evaluate the effectiveness of the 21st Century programs. The input of data into the Cayen System requires detailed knowledge of that system which neither NDE nor any other state agency possess.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Solicitation Waiver #160802C approved 8/15/2016.

d. Last bid date: 05/04/2012 Anticipated re-bid date: 05/04/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Nevada Department of Education 8/14/2012 through 9/30/2015. The quality of services provided was satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/08/2016 09:11:14 AM
Division Approval	amccalla	09/08/2016 09:11:17 AM
Department Approval	amccalla	09/08/2016 09:11:19 AM
Contract Manager Approval	ablackwe	09/08/2016 09:23:53 AM
Budget Analyst Approval	knielsen	10/11/2016 12:02:03 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 Haag
Administrator

Purchasing Use Only:	
Approval#:	160802-C

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:		Department of Education	
1a	Contact Name and Title	Phone Number	Email Address
	TeQuia Barrett	775-687-9218	tbarrett@doe.nv.gov

Vendor Information:		
1b	Identify Vendor:	21 st Century Student Support Services
	Contact Name:	Vicki Bolton
	Address:	4829 Eaglewood Ct., Reno, NV 89502
	Telephone Number:	775-771-3168
	Email Address:	vbolton@21stcsss.com

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

Contract Information:			
1d	Is this a new Contract?	Yes	No
	Amendment:	#3	
	CETS:	#17198	

Term:			
1e	One (1) Time Purchase:		
	Contract:	Start Date: 10/1/16	End Date: 9/30/17

Funding:		
1f	State Appropriated:	
	Federal Funds:	XX
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$235,460.00

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>The contract provides technical assistance, training and Cayen data reviews to local school districts and community-based organizations that receive funding under NDE's 21st Century Community Learning Center program for the purpose of collecting data as required under federal funding regulations for the year. 21st Century Student Support Services has provided the manuals, training and review of the Cayen data systems for the past 9 years for Nevada programs.</i></p>
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3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p><i>The Federal funding for 21st Century programs (Title IV Part B) requires that the state submits detailed information (utilization rates, goals, objectives participation, data, etc.) related to services provided by programs funded by the state. In order to obtain accurate data, it is necessary to provide technical assistance and training to the sub-grantees on an ongoing basis. The Nevada Department of Education has worked with the 21st Century Student Support Services to provide this training annually to schools and agencies that receive 21st Century grant funds from the state. The training has been customized with the assistance of NDE staff to ensure its alignment with the state and federal guidelines, student academic needs and performance outcomes annually.</i></p>
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4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p><i>Since 2007 and in collaboration with the department, the 21st Century Student Support Services team has provided this training annually to schools and agencies that receive 21st Century grant funds from the state. The training has been customized to ensure alignment with the state and federal guidelines for programs and student academic needs and performance outcomes. NDE is in the process of exploring the use of a current statewide database system (Infinite Campus) to include the collection of the data for the 21st Century programs. However, this will require detailed testing of the systems capabilities and compatibilities with the new Federal APR system, which is anticipated to begin during the 2016 -2017 school year.</i></p>
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5	<table border="1" style="width: 100%;"> <tr> <td style="width: 65%;">Were alternative services or commodities evaluated? Check One.</td> <td style="width: 10%; text-align: center;">Yes:</td> <td style="width: 10%; text-align: center;">No:</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> XX</td> </tr> <tr> <td colspan="4">a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i></td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> <tr> <td colspan="4">b. <i>If not, why were alternatives not evaluated?</i></td> </tr> <tr> <td colspan="4"><i>21st Century Student Support Services has provided the manuals, training and review of the Cayen data systems for the past 9 years for Nevada programs. The services are critical to the department providing technical assistance and training to programs in order to meeting federal requirements and guidelines in alignment with the new federal reporting system. NDE is in the process of exploring the use of a current state database system (Infinite Campus) to include the collection of the data for the 21st Century programs. However, this will require detailed testing of the systems capabilities and compatibilities with the new Federal APR system, which is anticipated to begin during the 2016 -2017 school year.</i></td> </tr> </table>	Were alternative services or commodities evaluated? Check One.	Yes:	No:	<input checked="" type="checkbox"/> XX	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>								b. <i>If not, why were alternatives not evaluated?</i>				<i>21st Century Student Support Services has provided the manuals, training and review of the Cayen data systems for the past 9 years for Nevada programs. The services are critical to the department providing technical assistance and training to programs in order to meeting federal requirements and guidelines in alignment with the new federal reporting system. NDE is in the process of exploring the use of a current state database system (Infinite Campus) to include the collection of the data for the 21st Century programs. However, this will require detailed testing of the systems capabilities and compatibilities with the new Federal APR system, which is anticipated to begin during the 2016 -2017 school year.</i>			
Were alternative services or commodities evaluated? Check One.	Yes:	No:	<input checked="" type="checkbox"/> XX																		
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b. <i>If not, why were alternatives not evaluated?</i>																					
<i>21st Century Student Support Services has provided the manuals, training and review of the Cayen data systems for the past 9 years for Nevada programs. The services are critical to the department providing technical assistance and training to programs in order to meeting federal requirements and guidelines in alignment with the new federal reporting system. NDE is in the process of exploring the use of a current state database system (Infinite Campus) to include the collection of the data for the 21st Century programs. However, this will require detailed testing of the systems capabilities and compatibilities with the new Federal APR system, which is anticipated to begin during the 2016 -2017 school year.</i>																					

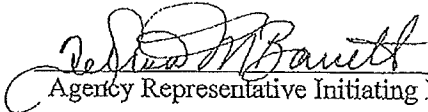
6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver)</i>		
	10/1/15	9/30/16	\$82,270.00	Annual technical assistance, training and monitoring of afterschool programs.	RFP- last year of previously approved RFP		
	8/14/12	9/30/15	\$231,465.00	Continue annual technical assistance, training and monitoring of afterschool programs.	RFP – approved for 4 years used 3year		
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>Denial of the waiver request may result in a federal non-compliance designation for the state and cause the federal funding to be placed on hold and/or terminated for Nevada's 21st Century Community Learning Center program.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>The prior RFP was issued in 2012 with only response was received. There were no additional responses to provide services.</i>

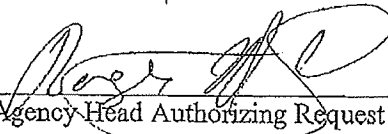
9	Will this purchase obligate the State to this vendor for future purchases? Check One.			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. If yes, please provide details regarding future obligations or needs.						
	<i>All future purchases will be based on the state and federal program requirements and/or changes to the data collection process. Currently NDE is exploring additional internal process to streamline the data collection process and technical assistance, as well as requesting additional internal staff during the upcoming legislation in order to increase the state's capacity in providing these services to programs.</i>						

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


Agency Representative Initiating Request

TeQuia Barrett
Print Name of Agency Representative Initiating Request

7/8/16
Date


Signature of Agency Head Authorizing Request

Steve Canavero
Print Name of Agency Head Authorizing Request

7/8/16
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

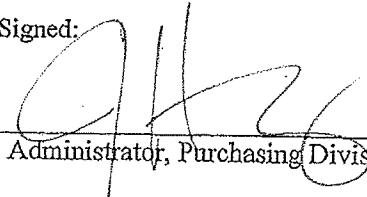
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:


Administrator, Purchasing Division or Designee

8-15-2016
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18152**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	IMOVERSTEG, GAIL ANNE DBA SPECIAL EDUCATION LAW ASSOC
Agency Code:	300	Contractor Name:	IMOVERSTEG, GAIL ANNE DBA SPECIAL EDUCATION LAW ASSOC
Appropriation Unit:	2715-14	Address:	14904 E LOWDEN CT
Is budget authority available?:	Yes	City/State/Zip:	SCOTTSDALE, AZ 85262-7012
If "No" please explain:	Not Applicable	Contact/Phone:	Gail Imobersteg 480/471-1151
		Vendor No.:	T27015548
		NV Business ID:	NV20101502567

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2017**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Dispute Resolution**

5. Purpose of contract:

This is a new contract to provide assistance in the implementation of the Special Education alternative dispute resolution systems in accordance with federal and state laws and regulations.

6. NEW CONTRACT

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

Other basis for payment: upon receipt of detailed invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal and state laws require that the State of Nevada have Special Education alternative dispute resolution systems in accordance with required procedures.

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

The scope of work and the qualifications require specialized expertise and a non-employee status that cannot be met with the agency or other state agency.

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

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

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

Not Applicable

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

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

There were no other potential vendors with similar qualifications and experience. The individuals with some similarity in qualifications and experience lack comprehensive experience of the contractor and/or present the local education agencies or parents and do not meet the neutrality requirement in this contract.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Department of Education - the quality of services has been satisfactory.

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	10/06/2016 09:23:51 AM
Division Approval	amccalla	10/06/2016 09:23:53 AM
Department Approval	amccalla	10/06/2016 09:23:56 AM
Contract Manager Approval	ablackwe	10/06/2016 09:25:00 AM
Budget Analyst Approval	knielsen	10/11/2016 09:55:40 AM
BOE Agenda Approval	sbrown	10/17/2016 12:08:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18218**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	Department of Veterans Affairs
Agency Code:	402	Contractor Name:	Department of Veterans Affairs
Appropriation Unit:	3151-34	Address:	NCO 19 4100 E Mississippi, Ste 900
Is budget authority available?:	No	City/State/Zip:	Glendale , CO 80246
If "No" please explain: Contingent above IFC approval of work program C38194.		Contact/Phone:	3032028230
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/29/2019**

Contract term: **2 years and 332 days**

4. Type of contract: **Revenue Contract**

Contract description: **Veterans Services**

5. Purpose of contract:

This is a new revenue contract to provide veterans with options counseling. This revenue contract will fund the division and the local resource center to provide options counseling for veterans and their families in eight rural counties in Northern Nevada. The option years will support expansion to additional Aging Disability Resource Center sites for statewide coverage.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$351,050.00**

Other basis for payment: Revenue Contract

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a collaborative effort with the Department of Veterans Affairs to provide services to Nevada's veterans.

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

This is a revenue contract to fund the services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

[Empty text box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

[Empty text box]

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	10/21/2016 09:49:02 AM
Division Approval	dbowma1	10/21/2016 09:49:05 AM
Department Approval	ecreceli	10/21/2016 11:19:15 AM
Contract Manager Approval	jpruneau	10/21/2016 11:29:29 AM
Budget Analyst Approval	bwooldri	10/21/2016 11:34:12 AM
BOE Agenda Approval	nhovden	10/21/2016 12:19:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18219**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	Department of Veterans Affairs
Agency Code:	402	Contractor Name:	Department of Veterans Affairs
Appropriation Unit:	3151-34	Address:	Salt Lake City Health Care Sys 500 Foothill Blvd
Is budget authority available?:	No	City/State/Zip:	Salt Lake City, UT 84148
If "No" please explain: Contingent upon approval of IFC Work Program C38194.		Contact/Phone:	Julie Larsen 8015821565
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/07/2021**

Contract term: **5 years and 7 days**

4. Type of contract: **Provider Agreement**

Contract description: **Veterans Services**

5. Purpose of contract:

This is a new provider agreement and memorandum of understanding between the Department of Veterans Affairs and Aging and Disability Services Division to provide veterans directed home and community based services in Elko and White Pine Counties.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,080,350.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a collaborative effort with the Department of Veterans Affairs to provide services to Nevada's veterans.

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

This is a revenue provider agreement/memorandum of understanding to fund the services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

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:

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

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

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	10/21/2016 10:20:20 AM
Division Approval	dbowma1	10/21/2016 10:20:24 AM
Department Approval	ecreceli	10/21/2016 11:19:33 AM
Contract Manager Approval	jpruneau	10/21/2016 11:29:42 AM
Budget Analyst Approval	bwooldri	10/21/2016 11:33:53 AM
BOE Agenda Approval	nhovden	10/21/2016 12:23:58 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15851** Amendment Number: **2**
 Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **Morrison Management Specialist**
 Agency Code: **402** Contractor Name: **Morrison Management Specialist**
 Appropriation Unit: **3279-10** Address: **1727 Axenty Way**
 Is budget authority available?: **Yes** City/State/Zip: **Redondo Beach, CA 90278**
 If "No" please explain: **Not Applicable** Contact/Phone: **Lisa Trombley 310-903-2900**
 Vendor No.: **PUR0002019A**
 NV Business ID: **NV20011302439**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

<input checked="" type="checkbox"/> General Funds	50.20 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	49.80 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2014**

Anticipated BOE meeting date 10/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2016**

Contract term: **4 years and 19 days**

4. Type of contract: **Contract**

Contract description: **Food Services**

5. Purpose of contract:

This is the second amendment to the original contract which provides food management services. This amendment extends the termination date from December 31, 2016 to August 31, 2018 and increases the maximum amount from \$331,180.00 to \$611,180.00 due to the continued need for these services. This amendment also updates the pricing schedule to include the additional two year extension and a revision to Attachment AA.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$331,180.00	\$331,180.00	\$331,180.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$280,000.00	\$280,000.00	\$280,000.00	Yes - Action
3. New maximum contract amount:	\$611,180.00			
and/or the termination date of the original contract has changed to:	08/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

Food services are required for 24 hour intermediate care facilities.

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 Division? Yes

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3115, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/01/2010 Anticipated re-bid date: 08/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2010 - present. Desert Regional Center and Southern Nevada Adult Mental Health. Service has been verified as satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dhanse6	08/30/2016 11:20:17 AM
Division Approval	dbowma1	08/31/2016 08:23:09 AM
Department Approval	ecreceli	09/22/2016 14:21:09 PM
Contract Manager Approval	dhanse6	09/29/2016 08:32:07 AM
Budget Analyst Approval	dstoddar	09/29/2016 10:32:14 AM
BOE Agenda Approval	nhovden	09/29/2016 10:38:36 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18171**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Daniel B. Stephens & Associates, Inc.
Agency Code: 406	Contractor Name: Daniel B. Stephens & Associates, Inc.
Appropriation Unit: 3152-12	Address: 6020 Academy Road NE, Ste 100
Is budget authority available?: Yes	City/State/Zip: Albuquerque, NM 87109
If "No" please explain: Not Applicable	Contact/Phone: James Kelsey 505-822-9400
	Vendor No.: In process
	NV Business ID: NV20101755686

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

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

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP#3271/C 15805

2. Contract start date:

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

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2017**

Contract term: **211 days**

4. Type of contract: **Contract**

Contract description: **Site Assessment**

5. Purpose of contract:

This is a new contract to provide site analysis, regulatory requirements and geophysical considerations for the Beatty Low Level Radioactive Waste site.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$89,304.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency needs a vendor to assess the Beatty LLRW site.

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

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

Daniel B. Stephens & Associates, Inc.
Gilbane Federal
Geosyntech Consultants
CEC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 3271 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/28/2016 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

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	09/30/2016 14:20:39 PM
Division Approval	chadwic1	09/30/2016 14:20:41 PM
Department Approval	ecreceli	09/30/2016 16:59:33 PM
Contract Manager Approval	rmorse	10/03/2016 13:07:45 PM
Budget Analyst Approval	laaron	10/05/2016 09:53:20 AM
BOE Agenda Approval	nhovden	10/06/2016 18:01:15 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **18157**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	HANSEN HUNTER & COMPANY, PC
Agency Code:	406	Contractor Name:	HANSEN HUNTER & COMPANY, PC
Appropriation Unit:	3162-04	Address:	8930 SW GEMINI DR
Is budget authority available?:	Yes	City/State/Zip:	BEAVERTON, OR 97008-7123
If "No" please explain:	Not Applicable	Contact/Phone:	503/244-2134
		Vendor No.:	T29009225
		NV Business ID:	NV20101244381

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C-15741**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/08/2020**Contract term: **4 years and 8 days**4. Type of contract: **Contract**Contract description: **Medicare Cost Report**

5. Purpose of contract:

This is a new contract that continues ongoing certified public accountant services to prepare and submit required Medicare Cost Reports to current Medicare administrative contractors on behalf of division per the requirements of the Division of Health Care Financing and Policy for participation in the Medicare and Medicaid reimbursement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$119,000.00**

Payment for services will be made at the rate of \$29,750.00 per FY Report

II. JUSTIFICATION

7. What conditions require that this work be done?

Requirements of Health Care Financing and Policy for participation in the Medicare and Medicaid reimbursement.

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

Existing staff lacks familiarity with changing federal regulations and cost report preparation. Professional expertise is required to maximize cost report settlement.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

This vendor was not chosen in preference to others. In accordance with NAC 333.150, a contract which by its nature is not adapted to be awarded by competitive selection, including, without limitation, a contract for an accountant. This vendor has been performing these services to the state with satisfactory performance since 2006.

d. Last bid date: 08/10/2016 Anticipated re-bid date: 08/26/2020

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:

NNAMHS and SNAMHS 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:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	09/27/2016 17:30:06 PM
Division Approval	chadwic1	09/27/2016 17:30:08 PM
Department Approval	ecreceli	09/30/2016 17:00:53 PM
Contract Manager Approval	shoughta	10/04/2016 08:37:17 AM
Budget Analyst Approval	dstoddar	10/04/2016 09:12:25 AM
BOE Agenda Approval	nhovden	10/04/2016 09:19:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14794	Amendment Number: 1
Agency Name: DHHS - PUBLIC HEALTH	Legal Entity Name: NEVADA BROADCASTERS
Agency Code: 406	Contractor Name: NEVADA BROADCASTERS ASSOCIATION
Appropriation Unit: All Appropriations	Address: 1050 E FLAMINGO RD STE S102
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: 702/794-4994
	Vendor No.: T80990324
	NV Business ID: NV19941133658

To what State Fiscal Year(s) will the contract be charged? **2014-2022**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Sources

Agency Reference #: **C14164**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/10/2013**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2017**

Contract term: **8 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Public Announcement**

5. Purpose of contract:

This is the first amendment to the original contract which provides Non-Commercial Sustaining Announcements (formerly Public Service Announcements) on both radio and television, bilingually throughout the state, to inform the public regarding state and national health issues. This amendment extends the termination date from September 30, 2017 to September 30, 2021 and increases the maximum amount from \$500,000 to \$2,000,000 due to an increased need in public service announcements.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
2. Amount of current amendment (#1):	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
3. New maximum contract amount:	\$2,000,000.00			
and/or the termination date of the original contract has changed to:		09/30/2021		

II. JUSTIFICATION

7. What conditions require that this work be done?

State health programs must be able to promulgate health related information throughout the state in a timely and expeditious manner.

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

There is no ability within state service to perform this function.

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 161001
Approval Date: 07/30/2013

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

This vendor is mandated by the Federal Communications Commission to provide these services, in conjunction with state-wide radio and television stations.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has been under continuous agreement with the state for over 15 years with consistently satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	10/03/2016 12:18:55 PM
Division Approval	chadwic1	10/03/2016 12:18:57 PM
Department Approval	ecreceli	10/03/2016 14:17:09 PM
Contract Manager Approval	rmorse	10/04/2016 11:22:15 AM
Budget Analyst Approval	laaron	10/05/2016 11:46:37 AM
BOE Agenda Approval	nhovden	10/06/2016 17:41:28 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 Haag
Administrator

Purchasing Use Only:	
Approval#:	161001

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency:	Division of Public and Behavioral Health		
		Contact Name and Title	Phone Number	Email Address
		Rick Morse, Division Contract Manager	775-684-5932	rmorse@health.nv.gov

Vendor Information:		
1b	Identify Vendor:	Nevada Broadcasters Association (NBA)
	Contact Name:	Eric Bonnici
	Address:	1050 East Flamingo Rd., Las Vegas, NV 89119
	Telephone Number:	702-794-4994
	Email Address:	eric@nevadabroadcasters.org

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

Contract Information:				
1d	Is this a new Contract?	Yes	No	X
	Amendment:	#1		
	CETS:	#14794		

Term:				
1e	One (1) Time Purchase:			
	Contract:	Start Date:	9/10/2013	End Date: 9/30/2021

Funding:		
1f	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	This is an MSA, which will have various funding sources.

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$1,500,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Radio and/or television non-commercial sustaining announcements (public services announcements) to promulgate health related messages to the people of Nevada.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>NBA has been providing public service announcements for the Division of Public and Behavioral Health (DPBH) (at a \$4 worth of airtime for a \$1 charge), for over 20 years.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<p><i>Title 48: Federal Acquisition Regulation System 1513.170-1 Contents of sole source justifications. The program office submitting the procurement request must submit, as a separate document, a brief written statement in support of sole source acquisitions exceeding the micro-purchase threshold. The statement must cite one or more of the circumstances in FAR 6.302 and the necessary facts to support each circumstance. Although program offices may not cite the authority in FAR 6.302.7, the best interest of the public and Nevada Taxpayers may support a sole source acquisition. If the acquisition has been synopsisized as a notice of proposed sole source acquisition, the statement must include the results of the evaluation of responses to the synopsis. In addition, NBA is uniquely situated to provide significant savings to the state. NBA is the only entity in Nevada that can provide "Non-Sustaining Commercial Announcements" (NCSAs), for public awareness campaigns, which will provide at least \$4.00 of advertising coverage within the state for every \$1.00 spent by DPBH. There is no other Nevada vendor who can provide NCSAs, thus it is in the best interest of the public and Nevada Taxpayers. It is fiscally more responsible to receive \$4 of airtime at \$1 cost to the state.</i></p>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>See number #4 above.</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers must accompany this request.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>

a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver)</i>
<i>9/8/2009</i>	<i>9/30/2013</i>	<i>\$1,000,000.00</i>	<i>Health Related Services</i>	<i>SS Waiver #090801B</i>
<i>1/27/2009</i>	<i>3/29/2009</i>	<i>\$4,000.00</i>	<i>Communications and Media</i>	<i>Unknown</i>
<i>11/18/2006</i>	<i>1/31/2007</i>	<i>\$8,000.00</i>	<i>Communications and Media</i>	<i>Unknown</i>
<i>3/15/2005</i>	<i>9/29/2006</i>	<i>\$162,250.00</i>	<i>Health and Human Services</i>	<i>Unknown</i>
<i>10/1/2004</i>	<i>10/31/2004</i>	<i>\$7,000.00</i>	<i>Health and Human Services</i>	<i>Unknown</i>
<i>7/20/2004</i>	<i>6/30/2005</i>	<i>\$40,000.00</i>	<i>Health and Human Services</i>	<i>Unknown</i>

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>DPBH must be able to communicate health related information to the citizens of Nevada in a timely manner. If this request were to be disapproved, the division would not be able to meet that obligation.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Experience with FCC guidelines with regard to NCSA's. Because of the guaranteed 4 – 1 ratio of value to the dollar, this price is the most reasonable.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

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

Richard Morse
Agency Representative Initiating Request

Rick Morse, MA II
Print Name of Agency Representative Initiating Request

9/16/16
Date

Christina Hadwick
Signature of Agency Head Authorizing Request

Christina Hadwick, ASO III
Print Name of Agency Head Authorizing Request

9/16/16
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

JHG
Administrator, Purchasing Division or Designee

9/30/16
Date



Purchasing Use Only:	
Approval #:	155

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:			
	State Agency:	<i>Division of Public and Behavioral Health</i>		
	Contact Name(s) and Titles:	<i>Rick Morse, Division Contract Manager</i>		
	Telephone Number(s):	<i>775-684-5932</i>		
	Email Address(s):	<i>rmorse@health.nv.gov</i>		

2	Contractor Information:			
	Contractor:	<i>Nevada Broadcasters Association (NBA)</i>		
	Contact Name:	<i>Eric Bonnici</i>		
	Address:	<i>1050 East Flamingo Rd., Las Vegas, NV 89119</i>		
	Phone Number:	<i>702-794-4994</i>		
	Email Address:	<i>eric@nevadabroadcasters.org</i>		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	SS Waiver #090801B			
	CETS #:	CONV6846			
	Contract “not to exceed amount”:	\$1,000,000.00			
	Contract term:	Start date: mm/dd/yy	9/8/2009	End date: mm/dd/yy	9/30/13

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	Unknown			
	CETS #:	CONV6030			
	Contract “not to exceed amount”:	\$4,000.00			
	Contract term:	Start date: mm/dd/yy	1/27/2009	End date: mm/dd/yy	3/29/2009

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	Unknown			
	CETS #:	CONV3518			
	Contract “not to exceed amount”:	\$8,000.00			
	Contract term:	Start date: mm/dd/yy	11/18/2006	End date: mm/dd/yy	1/31/2007

3	Ongoing relationship disclosure – List all previous contract information:			
	Procurement method:	Unknown		

	CETS #:	CONV1209			
	Contract "not to exceed amount":	\$162,250.00			
	Contract term:	Start date: mm/dd/yy	3/15/2005	End date: mm/dd/yy	9/29/2006

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	Unknown			
	CETS #:	CONV762			
	Contract "not to exceed amount":	\$7,000.00			
	Contract term:	Start date: mm/dd/yy	10/1/2004	End date: mm/dd/yy	10/31/2004

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	Unknown			
	CETS #:	CONV425			
	Contract "not to exceed amount":	\$40,000.00			
	Contract term:	Start date: mm/dd/yy	7/20/2004	End date: mm/dd/yy	6/30/2005

4	Procurement method used to award the current contract:				
	RFP, solicitation # if applicable:				
	Quote, solicitation # if applicable:				
	Waiver, provide number:	130709			
	Other:				

5	Current contract information:				
	CETS #:	14794			
	Initial contract "not to exceed amount":	\$500,000.00			
	Contract term:	Start date: mm/dd/yy	9/10/2013	End date: mm/dd/yy	9/30/2017

6	Amendment information – List all previously approved amendments:			
	Amd #:	Brief synopsis of what amendment accomplished:	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
	N/A			

7	Proposed amendment information:			
	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in "not to exceed" amount:	Change in end date: mm/dd/yy
	1	Increase authorization and extend the term.	\$1,500,000.00	9/30/2021


8	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):			
	Title 48: Federal Acquisition Regulation System 1513.170-1 Contents of sole source justifications.			

The program office submitting the procurement request must submit, as a separate document, a brief written statement in support of sole source acquisitions exceeding the micro-purchase threshold. The statement must cite one or more of the circumstances in FAR 6.302 and the necessary facts to support each circumstance. Although program offices may not cite the authority in FAR 6.302.7, the best interest of the public and Nevada Taxpayers may support a sole source acquisition. If the acquisition has been synopsised as a notice of proposed sole source acquisition, the statement must include the results of the evaluation of responses to the synopsis.

In addition, NBA is uniquely situated to provide significant savings to the state. NBA is the only entity in Nevada that can provide "Non-Sustaining Commercial Announcements" (NCSAs), for public awareness campaigns, which will provide at least \$4.00 of advertising coverage within the state for every \$1.00 spent by DPBH. There is no other Nevada vendor who can provide NCSAs, thus it is in the best interest of the public and Nevada Taxpayers. It is fiscally more responsible to receive \$4 of airtime at \$1 cost to the state.

9 **What are the potential consequences to the State if the contract extension request is denied?**
DPBH must be able to communicate health related information to the citizens of Nevada in a timely manner. If this request were to be disapproved, the division would not be able to meet that obligation.

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

Rick Morse, MA II

 Print Name of Agency Representative Initiating Request

9/30/16

 Date



 Signature of Agency Head Authorizing Request

Christina Hadwick, ASO III

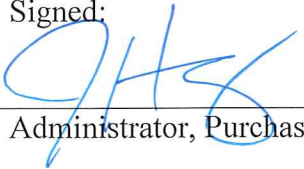
 Print Name of Agency Head Authorizing Request

9/30/16

 Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135 and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:


 Administrator, Purchasing Division or Designee

10-3-2016

 Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18155**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	Interactive Voice Applications DBA IVA Inc.
Agency Code:	409	Contractor Name:	Interactive Voice Applications DBA IVA Inc.
Appropriation Unit:	3229-00	Address:	5815 Burgandy Rd
Is budget authority available?:	Yes	City/State/Zip:	Dallas, TX 75230-3413
If "No" please explain:	Not Applicable	Contact/Phone:	214-361-2686
		Vendor No.:	T81072762
		NV Business ID:	NV20101688706

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2019**

Contract term: **2 years and 364 days**

4. Type of contract: **Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to provide assistance to secure additional federal and other non-state revenue by establishing initial baseline deliverables on areas identified where revenue sources other than general funds can be maximized through the Random Moment Sampling system. These baselines will be reviewed and approved by the division. The vendor will then assist with implementation of the baselines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,520,000.00**

Other basis for payment: 10% of the additional federal and other funds generated

II. JUSTIFICATION

7. What conditions require that this work be done?

Updates to the federally approved cost allocation plan and Random Moment Study (RMS) are needed. This vendor currently has proprietary rights to the RMS system that will be converted to a SmartRMS system to accomplish some of the baselines identified. These changes would be required to be incorporated into the cost allocation plan that would then be approved at the federal level.

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

The current RMS system is proprietary and this is additional service the vendor will provide to make those changes through a contingency rather than paying up front.

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

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160903

Approval Date: 09/21/2016

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

Proprietary rights to the current RMS system.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor is a current contractor with DCFS and the quality of service is outstanding.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	09/23/2016 10:33:19 AM
Division Approval	dkluever	09/27/2016 09:29:28 AM
Department Approval	ecreceli	09/28/2016 16:49:25 PM
Contract Manager Approval	sknigge	10/11/2016 11:43:27 AM
Budget Analyst Approval	laaron	10/11/2016 11:46:34 AM
BOE Agenda Approval	nhovden	10/11/2016 13:01:49 PM
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 Haag
Administrator

Purchasing Use Only:	
Approval#:	160903

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: <i>Division of Child and Family Services</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Priscilla Colegrove, ASOIII</i>	<i>775-684-7953</i>	<i>pcolegrove@dcfs.nv.gov</i>

Vendor Information:	
Identify Vendor:	<i>IVA Inc</i>
Contact Name:	<i>John Young</i>
Address:	<i>5815 Burgundy Rd, Dallas, TX 75230-3413</i>
Telephone Number:	<i>(214) 361-2686</i>
Email Address:	<i>john@ivacsp.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	
	Professional Service Exemption:	<i>X</i>

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

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	<i>December 1, 2016</i>	End Date:	<i>November 30, 2019 with optional 1 year renewal</i>

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>Contingent upon increased federal funds through contract</i>

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
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	\$2,500,000 (not to exceed)
--	-----------------------------

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased: <i>IVA will provide expert assistance to enable the Nevada Department of Health and Human Services (DCFS) to secure additional federal and other non-state revenues. To accomplish this changes need to be made to the current proprietary.Random Moment Time Study system that enables staff to report what activity they are doing at a moment in time that is then applied to the cost allocation system. The cost allocation system determines the benefiting program for the activities of the staff member. Through this determination federal funds can be claimed to reimburse General Fund for the activity.</i></p>
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3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor: <i>The current proprietary Random Moment Time Study system has been in place for 8 years and has not had any changes or improvements since implementation. Prior to the automated system samples had to be determined and answered through a manual system. This current system allows samples to be responded to through the email system which eliminates the manual processes that were previously being done. The vendor has proposed to make improvements to the system that will allow a higher rate of reimbursement for activities that the federal government will pay for. The system will still be through the email system but an improved response path will be developed. This system is used in conjunction with a federally approved cost allocation plan that determines the federal program activity through random moment sampling rather than a 100% timestudy of staff activity. The vendor will earn reimbursement for upgrades to the current system through this contingency contract and IF the additional revenue doesn't materialize the state is NOT obligated to payment.</i></p>
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4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: <i>Improvements to proprietary software. The alternatives would be to pay this vendor for the improvements to the system up front or to replace the entire system with a system that is more up to date with these improved features. Neither of these alternatives would be acceptable due to the investment in the current system. A new system may not be reimbursable at the federal level and could be a 100% general fund investment. If the vendor is not successful in improving the federal reimbursement they would not be paid. The contingency contract also allows payment as the federal revenue increases with no risk to the state if it doesn't.</i></p>
---	--

5	<p>Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/></p>
	<p>a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i></p>
	<p>b. <i>If not, why were alternatives not evaluated?</i> <i>This proposal makes improvements to our current proprietary software system that this vendor owns and payments will be contingent upon the increase in federal revenue only. The vendor will earn reimbursement for upgrades to the current system through this contingency contract and IF the additional revenue doesn't materialize the state is NOT obligated to payment.</i></p>

6	<p>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany</p>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	x
---	--	-------------------------------	---	---

this request.				
a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>
		\$		
		\$		
		\$		
		\$		
		\$		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>Federal reimbursement would also not increase due to the antiquated system currently in use. Improvements will not be able to be made to the current system without paying for them up front. If the vendor is not successful in improving the federal reimbursement they would not be paid. The contingency contract also allows payment as the federal revenue increases with no risk to the state if it doesn't.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Due to proprietary software, the state has a significant investment in the current system.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs. Support and maintenance costs.</i>				

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

Priscilla Colegrove

Agency Representative Initiating Request

Priscilla Colegrove

Print Name of Agency Representative Initiating Request

9/6/16
Date

Robert Keener

Signature of Agency Head Authorizing Request

for Kelly Wooldridge

Print Name of Agency Head Authorizing Request

9/6/16
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

[Signature]

Administrator, Purchasing Division or Designee

9-21-2016
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18147**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: MCI FOODS, INC., DBA LOS CABOS MEXICAN FOODS
Agency Code: 550	Contractor Name: MCI FOODS, INC., DBA LOS CABOS MEXICAN FOODS
Appropriation Unit: 2691-18	Address: 13013 MOLETTE ST
Is budget authority available?: Yes	City/State/Zip: SANTA FE SPRINGS, CA 90670-5521
If "No" please explain: Not Applicable	Contact/Phone: 562/977-4000
	Vendor No.: T81022385
	NV Business ID: NV20091096701

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #3263**

2. Contract start date:

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

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/08/2018**

Contract term: **2 years and 7 days**

4. Type of contract: **Contract**

Contract description: **USDA Processed Foods**

5. Purpose of contract:

This is a new contract to provide pizza and burritos for the National School Lunch Program using USDA commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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):

**Conagra Foods
Tony Robert's Company
Arizona Gold**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3263, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/18/2016 Anticipated re-bid date: 07/18/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current vendor and the services have been satisfactory.

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

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

Not Applicable

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

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	mston1	09/28/2016 08:42:56 AM
Division Approval	mston1	09/28/2016 08:42:59 AM
Department Approval	mston1	09/28/2016 08:43:01 AM
Contract Manager Approval	mston1	09/28/2016 08:43:03 AM
Budget Analyst Approval	cmurph3	09/28/2016 16:32:16 PM
BOE Agenda Approval	cmurph3	09/28/2016 16:32:19 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18148**

Agency Name: **DEPARTMENT OF AGRICULTURE**
Agency Code: **550**
Appropriation Unit: **2691-18**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Nardone Bros. Baking Co.**
Contractor Name: **Nardone Bros. Baking Co.**
Address: **420 New Commerce Blvd**
City/State/Zip: **Hanover, PA 18706**
Contact/Phone: **Vincent Nardone 570-823-0141**
Vendor No.: **T32004302**
NV Business ID: **NV20161538227**

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #3263**

2. Contract start date:

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

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/08/2018**

Contract term: **2 years and 7 days**

4. Type of contract: **Contract**

Contract description: **USDA Processed Foods**

5. Purpose of contract:

This is a new contract to provide pizza and burritos for the National School Lunch Program using USDA commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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):

**Ardella's
Schwan's
Conagra Foods**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3263, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mston1	09/28/2016 08:43:12 AM
Division Approval	mston1	09/28/2016 08:43:14 AM
Department Approval	mston1	09/28/2016 08:43:16 AM
Contract Manager Approval	mston1	09/28/2016 08:43:18 AM
Budget Analyst Approval	cmurph3	09/28/2016 16:31:32 PM
BOE Agenda Approval	cmurph3	09/28/2016 16:31:37 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18176**

Agency Name: PUBLIC UTILITIES COMMISSION	Legal Entity Name: ROBISON BELAUSTEGUI SHARP & LOW
Agency Code: 580	Contractor Name: ROBISON BELAUSTEGUI SHARP & LOW
Appropriation Unit: 3920-04	Address: 71 WASHINGTON ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89503-5604
If "No" please explain: Not Applicable	Contact/Phone: Kent Robison 775/329-3151
	Vendor No.: T29006734A
	NV Business ID: NV19811008051

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	X	Fees	100.00 % Regulatory Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/27/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **Yes**

If "Yes", please explain

Due to the short timeframes for responding to the Lawsuit, and pursuant to the Attorney General's recommendation that the PUCN provide legal counsel for Ms. Tanner, the PUCN contracted with Mr. Robison prior to receiving approval from the Board of Examiners.

3. Termination Date: **07/26/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Legal Representation**

5. Purpose of contract:

This is a new contract to retain outside counsel to represent former employee Carolyn Tanner in a lawsuit brought by Switch, Ltd. against the Commission, operations staff, and Nevada Power.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$214,400.00**

Other basis for payment: \$120-\$400 per hour for legal representation

II. JUSTIFICATION

7. What conditions require that this work be done?

The PUCN's in-house counsel must offer to represent Carolyn "Lina" Tanner as the claims alleged against Ms. Tanner in the lawsuit all arise from actions she took while general counsel for the PUCN. Pursuant to NRS 703.164, the PUCN may employ legal counsel to represent the Commission and its employees in legal proceedings.

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

Outside counsel had to be retained due to potential conflicts with the Public Utilities Commission in-house counsel, and with the Office of the Attorney General's counsel, as well as due to statutory deadlines and court requirements that place limitations on the PUCN in-house counsel's resources.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2014 - Business & Industry, Housing Division (744) - Verified as satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kfrant1	10/04/2016 08:22:52 AM
Division Approval	kfrant1	10/04/2016 08:22:55 AM
Department Approval	bpotte1	10/04/2016 08:35:22 AM
Contract Manager Approval	kfrant1	10/04/2016 08:37:36 AM
Budget Analyst Approval	dstoddar	10/04/2016 11:18:20 AM
BOE Agenda Approval	lfree1	10/06/2016 09:28:33 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16822** Amendment Number: **3**

Agency Name: **DPS-EMERGENCY MANAGEMENT** Legal Entity Name: **EXHIBITONE CORPORTATION**

Agency Code: **654** Contractor Name: **EXHIBITONE CORPORTATION**

Appropriation Unit: **3673-04** Address: **14601 S. 50TH Street**

Is budget authority available?: **Yes** City/State/Zip: **PHOENIX, AZ 85044-6471**

If "No" please explain: **Not Applicable** Contact/Phone: **450/763-1002**

Vendor No.: **PUR0003923**

NV Business ID: **NV20051413659**

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

<input checked="" type="checkbox"/> General Funds	20.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	80.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2015**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 245 days**

4. Type of contract: **Contract**

Contract description: **repair/maintenance**

5. Purpose of contract:
This is the third amendment to the original contract, which continues ongoing needed maintenance and repair of the audiovisual system located in the State Emergency Operations Center. This amendment extends the termination date from June 30, 2017 to June 30, 2018 and increases the maximum amount from \$48,841.81 to \$123,341.81 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$15,000.00	No
b. Amendment 2:	\$33,841.81	\$33,841.81	\$48,841.81	Yes - Info
2. Amount of current amendment (#3):	\$74,500.00	\$108,341.81	\$123,341.81	Yes - Action
3. New maximum contract amount:	\$123,341.81			
and/or the termination date of the original contract has changed to:	06/30/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Emergency Operations Center (SEOC) was created as a central location for Division of Emergency Management staff and state department representative to co-locate during large scale incidents or emergencies in support of local jurisdictions. The audiovisual system is a critical component of the SEOC for information sharing. Repair and maintenance of the system is essential to ensuring functionality at all times.

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

State employees do not have the expertise to support and repair all components of the audiovisual system.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

ExhibitOne was the original installer of the audiovisual system and the only vendor willing to enter into a contract for ongoing repair and maintenance.

d. Last bid date: 05/20/2015 Anticipated re-bid date: 05/20/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor was previously under contract with the Department of Public Safety, Division of Emergency Management and services have been satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlun1	09/22/2016 12:04:42 PM
Division Approval	dmunns	09/26/2016 09:02:03 AM
Department Approval	mcar2	09/26/2016 16:21:01 PM
Contract Manager Approval	mcar2	09/26/2016 16:21:06 PM
Budget Analyst Approval	laaron	09/30/2016 08:28:22 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17189	Amendment Number: 1
Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: SUMMIT ENGINEERING CORPORATION
Agency Code: 702	Contractor Name: SUMMIT ENGINEERING CORPORATION
Appropriation Unit: 1511-91	Address: 5405 MAE ANNE AVE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89523
If "No" please explain: Not Applicable	Contact/Phone: 775/747-8550
	Vendor No.: T80920751
	NV Business ID: NV19781008234

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	75.00 %	X Bonds	25.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 16-22

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2015**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2019**

Contract term: **3 years and 330 days**

4. Type of contract: **Other (include description): Professional Services Agreement**

Contract description: **Summit as Needed**

5. Purpose of contract:

This is the first amendment to the original contract which provides on call, as-needed engineering and surveying services statewide. This amendment increases the maximum amount from \$49,999 to \$99,999 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,999.00	\$49,999.00	\$49,999.00	Yes - Info
2. Amount of current amendment (#1):	\$50,000.00	\$50,000.00	\$99,999.00	Yes - Action
3. New maximum contract amount:	\$99,999.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Various projects requiring surveying and engineering needs in the eastern and western regions of the state.

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

Requires specialized knowledge and surveying equipment. Proximity to the project is not cost effective.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor is currently under contract with NDOW and their work is satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
 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	dwendell	09/30/2016 09:07:03 AM
Division Approval	Igleason	09/30/2016 10:21:08 AM
Department Approval	eobrien	10/03/2016 12:15:30 PM
Contract Manager Approval	dwendell	10/04/2016 09:49:16 AM
Budget Analyst Approval	dstoddar	10/17/2016 09:38:00 AM
BOE Agenda Approval	cmurph3	10/17/2016 14:30:59 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16396	Amendment Number: 2
Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: WASHINGTON STATE UNIVERSITY
Agency Code: 702	Contractor Name: WASHINGTON STATE UNIVERSITY
Appropriation Unit: 4464-13	Address: PO BOX 647034
Is budget authority available?: Yes	City/State/Zip: PULLMAN, WA 99164-1039
If "No" please explain: Not Applicable	Contact/Phone: 509-335-9696
	Vendor No.: T11361100
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

General Funds	0.00 %	Fees	0.00 %		
X Federal Funds	75.00 %	Bonds	0.00 %		
Highway Funds	0.00 %	X Other funding	25.00 %	Sportsmen	
Agency Reference #:	15-30				

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/05/2015**
 Anticipated BOE meeting date 11/2016

Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2019**
 Contract term: **3 years and 333 days**

4. Type of contract: **Interlocal Agreement**
 Contract description: **Lab testing Game**

5. Purpose of contract:
This is the second amendment to the original contract, which provides testing services for wildlife diseases and other wildlife health factors. This amendment increases the maximum amount from \$98,250 to \$198,250 due to an increased volume of testing.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
a. Amendment 1:	\$58,250.00	\$58,250.00	\$98,250.00	Yes - Action
2. Amount of current amendment (#2):	\$100,000.00	\$158,250.00	\$198,250.00	Yes - Action
3. New maximum contract amount:	\$198,250.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Washington State University will test for animal diseases and for other health factors. Viable wildlife populations are essential for balanced ecosystems in Nevada, and healthy, reproductively normal animals are required to maintain this population viability.

Consistent, ongoing evaluation of health and disease in the State's wildlife populations will provide real-time information and allow NDOW to respond to changes in health (e.g., nutritional disease, toxicity and emerging infectious disease agents) that could impact human health and/or livestock as well as wildlife. Surveillance and monitoring wildlife populations is particularly important in Nevada, because increasing pressure on habitats from invasive plant species, fire, renewable energy projects, and changing climate patterns can affect the health of Nevada's game and non-game species.

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

Nevada Department of Wildlife does not have a laboratory in which the work can be done.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Interlocal Washington State University is a government entity.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	09/26/2016 08:21:51 AM
Division Approval	lgleason	09/26/2016 16:38:11 PM
Department Approval	dwendell	09/27/2016 11:17:43 AM
Contract Manager Approval	dwendell	09/27/2016 11:18:35 AM
Budget Analyst Approval	laaron	10/04/2016 11:49:56 AM
BOE Agenda Approval	cmurph3	10/04/2016 12:13:53 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: **18187**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: H2O ENVIRONMENTAL INC
Agency Code: 704	Contractor Name: H2O ENVIRONMENTAL INC
Appropriation Unit: 4605-19	Address: PO BOX 370700
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89137
If "No" please explain: Not Applicable	Contact/Phone: Perry Pearson 702-396-4148
	Vendor No.: T81095817
	NV Business ID: NV19961214703

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	X	Fees	100.00 %	Utility Surcharge
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

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

Anticipated BOE meeting date: **12/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 210 days**

4. Type of contract: **Contract**

Contract description: **Sewer Cleaning- Pump**

5. Purpose of contract:

This is a new contract to provide on-call services for septic tank pumping and sewer line cleaning services associated with various residence, comfort stations and other buildings at Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$74,997.00**

Other basis for payment: Maximum amount per year: **\$24,999.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Regulations require regular pumping of septic tanks and sewer cleaning to maintain sanitary services for the public.

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

The Division of State Parks employees do not have the expertise or specialized equipment to perform this work.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This was the lowest priced responding vendor.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has been under contract since August 2014 with several Nevada State Parks with satisfactory compliance with the rules and regulations.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	10/07/2016 12:03:27 PM
Division Approval	sdecrona	10/07/2016 12:03:30 PM
Department Approval	sdecrona	10/07/2016 12:03:33 PM
Contract Manager Approval	sdecrona	10/10/2016 10:08:31 AM
Budget Analyst Approval	laaron	10/17/2016 08:27:11 AM
BOE Agenda Approval	cmurph3	10/17/2016 14:45:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18169**

Agency Name: DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name: U. S. Geological Survey
Agency Code: 705	Contractor Name: U. S. Geological Survey
Appropriation Unit: 4157-10	Address: 2730 N. Deer Run Road
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: Steven N. Berris 775-887-7600
	Vendor No.: T80838030
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	39.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	61.00 % Basin Funds and Pass through Funds

2. Contract start date:

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

Anticipated BOE meeting date: 11/2016

Retroactive? **Yes**

If "Yes", please explain

Documents necessary for the processing of the Joint Funding Agreement were received September 22, 2016, from the Southern Nevada Water Authority (SNWA). Receipt of the documents prior to processing the Joint Funding Agreement was necessary as they are the authorizing instruments approved by the Southern Nevada Water Authority Board that allow for contributing funding to the Joint Funding Agreement.

3. Termination Date: **09/30/2017**

Contract term: **333 days**

4. Type of contract: **Other (include description): null**

Contract description: **Eastern/Southern JFA**

5. Purpose of contract:

This is a new joint funding agreement to provide an ongoing monitoring program of water resources in Southern and Eastern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$408,855.00**

Payment for services will be made at the rate of \$102,213.80 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an on-going data collection program instituted to provide information regarding hydrologic conditions in the region. This information is necessary for the administration of the region's water resources.

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

The U. S. Geological Survey has the scientists, equipment and expertise to provide the products and services.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U. S. Geological Survey under NRS 532.170.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Division has executed many agreements with the U. S. Geological Survey that have resulted in 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	bkordono	09/29/2016 13:25:11 PM
Division Approval	bkordono	09/29/2016 13:25:13 PM
Department Approval	abrook1	10/17/2016 09:29:33 AM
Contract Manager Approval	bkordono	10/17/2016 09:58:47 AM
Budget Analyst Approval	dstoddar	10/17/2016 11:39:22 AM
BOE Agenda Approval	cmurph3	10/17/2016 14:53:12 PM
BOE Final Approval	Pending	



United States Department of the Interior

U.S. GEOLOGICAL SURVEY
 PACIFIC REGION
 NEVADA WATER SCIENCE CENTER
 2730 N. Deer Run Road
 Carson City, Nevada 89701
 Phone: 775-887-7600; Fax: 775-887-7629
 Website: <http://www.usgs.gov/>

August 11, 2016

Jason King, State Engineer
 Nevada Division of Water Resources
 901 South Stewart Street, Suite 2002
 Carson City, Nevada 89701

Dear Mr. King: *Jason*

The Nevada Water Science Center (NVWSC) thanks you for your continued support of the surface-water (SW) and groundwater (GW) monitoring program conducted cooperatively between the U.S. Geological Survey (USGS) and the Nevada Division of Water Resources (NDWR). This program is conducted using pass-through funding from Southern Nevada Water Authority (AUTHORITY) for monitoring operations in the eastern and southern part of Nevada. This letter is in regards to the new funding agreement of the monitoring program for the upcoming period of October 1, 2016 through September 30, 2017.

Cooperative Matching Funds (CMF) allocated by the Nevada Water Science Center (NVWSC) have decreased for FY 2017 compared to FY 2016. Competition for CMF has increased while our Federal appropriation of these funds has decreased. NVWSC strives to apportion our matching funds in an equitable manner that is mutually beneficial to both our customers and our science.

The total cost for continued operation and maintenance (O&M) will be \$408,855 for the period of performance October 1, 2016 – September 30, 2017. NDWR's portion of the funds to support the cooperative program is \$108,170 and the AUTHORITY's portion of the funds is \$143,245. Pending availability of Cooperative Water Program funds, the USGS contribution will be \$157,440.

The following table lists the contributions from NDWR, AUTHORITY, and USGS. A more detailed description of the funding is provided on Enclosures 1 and 2.

USGS Project No.	Program Element	Funding Structure			Total Funds
		NDWR	AUTHORITY	USGS	
NV-00100	Eastern and Southern Nevada SW (Enclosure 1)	\$50,130	\$ 93,840	\$90,175	\$234,145
NV-00200	Eastern and Southern Nevada GW (Enclosure 2)	\$58,040	\$49,405	\$ 67,265	\$174,710
GRAND TOTAL		\$108,170	\$143,245	\$157,440	\$408,855

The objectives of this study are to:

1. Establish, operate, and maintain hydrologic monitoring networks;
2. Maintain a data base of collected hydrologic data;
3. Collect long-term hydrologic data within the carbonate-rock province study area;
4. Obtain new or refined hydrologic information that would advance the level of knowledge on how the carbonate-rock province study area hydrologically functions;
5. Maintain a cooperative working relationship with all organizations that manage and/or monitor surface-water in southern Nevada;
6. Provide quality assurance and quality control protocols for hydrologic data collection by all involved agencies;
7. Disseminate collected data in a timely manner.

If you approve of this work and the funding required, please sign the attached JFA and return a scanned copy to Helen Houston at NVFinance@usgs.gov so we may provide your agency with uninterrupted, continuous data. Funds are not required at this time. A signed agreement is not a bill, only an agreement to pay for the work that will be done.

If you have questions please refer to the contact list on Enclosure 3.

Sincerely,



David L. Berger, Director
USGS Nevada Water Science Center

Enclosures

cc: B. Rinne, J. Johnson, G. Kisting, SNWA
M. Poff, S. Berris, USGS, NVWSC
GS-W-NV Finance

Enclosure 1

Summary of Cooperative Surface-Water Program for Federal Fiscal Year 2017

Program Elements

A. Operation of Surface-Water Gaging Stations

The current work-plan calls for site operation and maintenance of surface-water gaging stations at two diversions, six springs and four streams; monitored during the agreement period.

The operation & maintenance costs include maintaining the stream-gaging equipment, providing real-time telemetry and display of hydrologic data on USGS web page, making scheduled water discharge measurements, reduction and analysis of stage data, verification and development of stage/discharge relationships (ratings), computation of stream-flow, and data publication costs. Sites are generally visited on a 6-week basis, but may require more frequent visits as conditions warrant.

Provisional data from sites with data collection platforms (DCPs), will be updated every hour and available on the USGS NWIS (National Water Information System) web interface (NWISWeb) at <http://waterdata.usgs.gov/nv/nwis/rt>. All data will be compiled, reviewed, quality-assured, finalized and disseminated throughout the year and annually as water year summaries on NWISWeb.

Operation of Continuous Surface-Water Gaging Stations at:

<u>Site Name</u>	<u>Type</u>
1. Corn Creek Spring near Las Vegas	Spring
2. Big Springs Creek North Channel near Baker	Stream
3. Big Springs Creek South Channel near Baker	Stream
4. Cleve Creek near Ely	Stream
5. Steptoe Creek near Ely, NV	Stream
6. Preston Big Spring near Preston, NV	Spring
7. Crystal Springs near Hiko, NV	Spring
8. Crystal Springs Diversion near Hiko, NV	Diversion
9. Ash Springs Creek below Hwy. 93 at Ash Springs, NV	Spring
10. Ash Springs Creek Diversion	Diversion
11. NDW-Hot Creek Spring	Spring
12. Geysers Spring	Spring

B. Biannual collection of discharge

Miscellaneous measurements collected on a biannual basis, at twenty springs in Moapa, Railroad, and Meadow Valleys, are planned for May and September, 2017. Panaca Spring will only be measured on an annual frequency because of operational constraints. Included in this activity are data reduction, quality assurance, and dissemination of measurements.

Provisional water-level data will be supplied to cooperators within four weeks of data collection. All data will be compiled, reviewed, quality-assured, finalized and disseminated on NWISWeb.

Biannual discrete spring measurements of discharge at:

Site Name

- a. Moorman Spring
- b. Lund Spring
- c. Cold Spring
- d. Nicholas Spring
- e. Arnoldson Spring
- f. Flag Spring 1
- g. Flag Spring 2
- h. Flag Spring 3
- i. Butterfield Spring
- j. Baldwin Flume
- k. Muddy River 10
- l. Muddy River 11
- m. Muddy River 12
- n. Muddy River 13
- o. Warm Springs East
- p. Muddy River 15
- q. Muddy River 16
- r. Muddy River 19
- s. Muddy River 20
- t. Panaca Spring (annual)

Valley

- White River
- White River
- White River
- White River
- White River
- White River
- White River
- White River
- White River
- Moapa
- Moapa
- Moapa
- Moapa
- Moapa
- Moapa
- Moapa
- Moapa
- Moapa
- Moapa
- Meadow

Cost Structure of Program Elements A and B (Surface Water):

USGS Station Number	Program Element	NDWR Funds	AUTHORITY Funds	USGS Funds	Total Funds
Program Element A.					
09419625	Corn Creek Spring near Las Vegas, NV	\$0	\$11,040	\$6,915	\$17,955
102432241	Big Springs Creek North Channel near Baker, NV	\$0	\$11,040	\$6,915	\$17,955
10243224	Big Springs Creek South Channel near Baker, NV	\$0	\$11,040	\$6,915	\$17,955
10243700	Cleve Creek nr. Ely, NV	\$11,040	\$0	\$6,915	\$17,955
10244950	Steptoe Creek nr. Ely, NV	\$10,070	\$0	\$6,305	\$16,375
09415510	Preston Big Spring nr. Preston, NV	\$11,040	\$0	\$6,915	\$17,955
09415590	Crystal Springs nr Hiko, NV	\$0	\$11,040	\$6,915	\$17,955
09415589	Crystal Springs Diversion nr Hiko, NV	\$0	\$11,040	\$6,915	\$17,955
09415645	Ash Springs Crk Below Diversion at Hwy. 93 at Ash Springs, NV	\$0	\$11,040	\$6,915	\$17,955
094156395	Ash springs Diversion Ditch blw Hwy 93 at Ash Springs, NV	\$0	\$11,040	\$6,915	\$17,955
09415558	Hot Creek nr Sunnyside, NV	\$0	\$11,040	\$6,915	\$17,955
10245100	Geyser Creek at Springs Orifice nr Minerva, NV	\$5,520	\$5,520	\$6,915	\$17,955
Program Element B.					
	Misc. Spring Measurements	\$12,460	\$0	\$7,805	\$20,265
TOTAL		\$50,130	\$93,840	\$90,175	\$234,145

Enclosure 2

Summary of Cooperative Groundwater Program for Federal Fiscal Year 2017

Program Elements

A. Operation of water level monitoring stations

The current work-plan calls for site operation and maintenance of continuous water level monitoring stations in eight wells completed in basin-fill and seven wells completed in carbonate rock; monitored during FY 2017. Of these sites nine wells are in the Carbonate-Rock Province, and six wells are in Las Vegas Valley.

The operation & maintenance costs include maintaining the water level monitoring equipment, making scheduled water level measurements with calibrated measuring tapes, reduction and analysis of water level data, quality assurance (including calibration) of field equipment, computation of daily water level, and data publication. Sites are generally visited on a 6-8 week basis, but may require more frequent visits if conditions warrant.

Provisional data from sites with data collection platforms (DCP) will be available on NWISWeb at <http://waterdata.usgs.gov/nv/nwis/rt>. All data will be compiled, reviewed, quality-assured, finalized and disseminated on NWISWeb.

Operation of water level monitoring stations at:

<u>Station Name</u>	<u>Local Well Number</u>	<u>Aquifer</u>	<u>Depth</u>	<u>DCP</u>
1. CNLV Regional Park 1	212 S19 E61 21DDB 1	fill ¹	1300'	No
2. CNLV Deer Springs	212 S19 E61 19BC1	fill	650'	No
3. CNLV Allen & Lone Mtn	212 S19 E61 32CC1	fill	650'	No
4. CNLV Diana Terrace	212 S20 E61 13ABDB1	fill	1230'	No
5. CNLV Wilshire	212 S20 E62 05CAAA1	fill	1000'	No
6. Maude Fitzpatrick	212 S22 E61 04BCB 1	fill	355'	No
7. USBLM SHV-1	217 S16 E63 09DDAB1	carb ²	920'	Yes
8. CE-DT-4 (MX-4)	210 S13 E63 23DDDC1	carb	669'	Yes
9. CSV-2 well	219 S13 E65 28DAC1	carb	478'	Yes
10. USGS-MX (Delamar Well)	182 S06 E63 12AD 1	fill	1195'	Yes
11. USGS-MX (S. Dry Lake)	181 S03 E64 12AC 1	fill	1000'	Yes
12. USGS-MX (N. Dry Lake)	181 N03 E63 27CAA 1	carb	2395'	Yes
13. USGS MX Coal Valley Well	172 N03E5910BD1	carb	1837'	Yes
14. USGS-MX Steptoe Valley Well	179 N12 E63 12AB1	carb	640'	Yes
15. Creech New Field Well	161 16S 56E 03CC	carb	560'	Yes

¹fill = Basin fill aquifer

²carb = Regional Paleozoic carbonate aquifer

B. Quarterly collection of water levels in the Carbonate-Rock Province

Miscellaneous water level measurements collected on a quarterly basis, from wells in the Carbonate Rock Province, are planned for FY 2017. Included in this activity are data reduction, quality assurance, and dissemination of measurements. Frequency of data collection will be fixed, and will occur in December 2016, March 2017, June 2017, and September 2017.

Provisional water level data will be supplied to cooperators quarterly within four weeks of data collection. All data will be compiled, reviewed, quality-assured, finalized and disseminated on NWISWeb.

Water levels measured by the Southern Nevada Water Authority will be provided to USGS at the same schedule as when these data are provided to the State of Nevada.

Quarterly collection of water levels in the Carbonate-Rock Province at:

	<u>Agency Site ID</u>	<u>Local Number</u>	<u>Name</u>	<u>Aquifer</u>	<u>Depth</u>
1.	380652116200901	156 N03 E50 13CA 1	USGS-MX (Revielle Valley)	fill ¹	682'
2.	382901116125201	156 N07 E51 10AD 1	USGS-MX (Hot Creek 1)	fill	480'
3.	380906116050502	173B N03 E52 02DA 2	USGS-MX (S. R&R Valley)	fill	495'
4.	384338115283601	173B N10 E58 17CAAB1	USGS-MX (N. R&R Valley)	fill	581'
5.	384920115343001	173B N11 E57 09CDB 1	USBLM - Ball Creek Well 1	fill	186'
6.	393624115244601	175 N20 E58 14BDAB1	-----	fill	135'
7.	393510115274801	175 N20 E58 20DBDA1	USBLM	fill	233'
8.	393425115215301	175 N20 E59 30DADA1	-----	fill	unknown
9.	394418115250301	175 N22 E58 34AADA1	175 Big Tank Well	fill	unknown
10.	394340115252501	175 N22 E58 34DC 1	USGS-MX	fill	150'

¹fill = Basin fill aquifer

Cost Structure of Programs A and B (Groundwater):

Program Element	NDWR Funds	AUTHORITY Funds	USGS Funds	Total Funds
Program Element A.				
CNLV Regional Park 1	\$6,645	\$0	\$4,160	\$10,805
CNLV Deer Springs	\$6,645	\$0	\$4,160	\$10,805
CNLV Allen & Lone Mtn	\$6,645	\$0	\$4,160	\$10,805
CNLV Diana Terrace	\$6,645	\$0	\$4,160	\$10,805
CNLV Wilshire	\$6,645	\$0	\$4,160	\$10,805
Maude Fitzpatrick	\$6,645	\$0	\$4,160	\$10,805
USBLM SHV-1	\$0	\$6,645	\$4,160	\$10,805
CE-DT-4 (MX-4)	\$0	\$6,645	\$4,160	\$10,805
CSV-2 well	\$0	\$6,645	\$4,160	\$10,805
USGS-MX (Delamar Well)	\$0	\$6,645	\$4,160	\$10,805
USGS-MX (N. Dry Lake)	\$0	\$6,645	\$4,160	\$10,805
USGS-MX (S. Dry Lake)	\$0	\$6,645	\$4,160	\$10,805
USGS MX Coal Valley Well	\$6,645	\$0	\$4,160	\$10,805
USGS-MX Steptoe Valley Well	\$6,645	\$0	\$4,160	\$10,805
Creech Near Field Well	\$0	\$6,645	\$4,160	\$10,805
Total	\$53,160	\$46,515	\$62,400	\$162,075
Program Element B.				
Quarterly Water Levels in Carbonate Rock Prov.	\$4,880	\$2,890	\$4,865	\$12,635
TOTAL	\$58,040	\$49,405	\$67,265	\$174,710

Enclosure 3

17WSNV00101

USGS Nevada Water Science Center
2730 N. Deer Run Road
Carson City, NV 89701
Phone: 775-887-7600
Fax: 775-887-7629
DUNS: 178930541

Technical Contact
Megan Poff; Steven Berris
Phone: 702 564-4526; 775-887-7693
mpoff@usgs.gov; snberris@usgs.gov

Executive Contact
David L. Berger, Director
Phone: 775-887-7634
dlberger@usgs.gov

Billing Contact
Helen Houston, Budget Analyst
Phone 775-887-7605
NVFinance@usgs.gov

Nevada Division of Water Resources
901 S. Stewart Street, Suite 2001
Carson City, NV 89701
Phone: 775-687-4380
FAX: 775-687-6972
TID: 88-6000022
DUNS: 608881197

Technical Contact
Matt Dillon, Associate Engineer
Phone: 775-684-2856
mdillon@water.nv.gov

Executive Contact
Jason King, State Engineer
Phone: 775-684-2861

Billing Contact
Shannon Webb, Fiscal Services
Phone: 775-684-2880
slwebb@water.nv.gov

Any updates to contact information can be submitted to Helen Houston at NVfinance@usgs.gov.




**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES**

**901 South Stewart Street, Suite 2002
Carson City, Nevada 89701-5250
(775) 684-2800 • Fax (775) 684-2811
<http://water.nv.gov>**

INTEROFFICE MEMORANDUM

TO: CURTIS PALMER, BUDGET ANALYST, GOVERNOR'S FINANCE OFFICE
MICHELINE FAIRBANK, DEPUTY ATTORNEY GENERAL
AUDREY BROOKS-SCOTT, ADMIN SERVICES OFFICER 2
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES

FROM: MATT DILLON, WATER RESOURCE SPECIALIST 
DIVISION OF WATER RESOURCES

THROUGH: JASON KING, P.E., STATE ENGINEER

SUBJECT: JOINT FUNDING AGREEMENT WITH THE U.S. GEOLOGICAL SURVEY FOR THE
EASTERN AND SOUTHERN NEVADA HYDROLOGY MONITORING PROGRAM

DATE: SEPTEMBER 26, 2016

Accompanying this memorandum are the proposed Joint Funding Agreement (JFA) for the Eastern and Southern Nevada Hydrology Monitoring Program (Program) and associated documents for state fiscal years 2017- 2018. The contract start date is October 1, 2016. The term of the JFA is from October 1, 2016 through September 30, 2017. The Division apologizes for the delay in submitting the forms. Documents necessary for the processing of the JFA were received September 22, 2016 from the Southern Nevada Water Authority (SNWA). Receipt of the documents prior to processing the JFA was necessary as they are the authorizing instruments approved by the SNWA Board that allow for contributing funding to the JFA. Funding for this program is from B/A 4211, category 10 and pass through money from SNWA (B/A 4157, category 10) with federal matching funds applied by the U.S. Geological Survey (USGS).

Please contact me at 684-2856 with any questions or comments you may have regarding this matter.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18126**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: SNYDER SERVICES, DBA SNYDER MECHANICAL
Agency Code: 706	Contractor Name: SNYDER SERVICES, DBA SNYDER MECHANICAL
Appropriation Unit: 4195-95	Address: PO BOX 2775
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89803
If "No" please explain: Not Applicable	Contact/Phone: Scott Oxborrow 775/738-5616
	Vendor No.: T80925991
	NV Business ID: NV20011319542

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

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

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF17-005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/05/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **Yes**

If "Yes", please explain

The Elko Interagency Dispatch Center experienced a catastrophic failure of the water chiller, a key component of the heating, ventilation and air conditioning (HVAC) system. The immediate replacement of the failed water chiller with a temporary portable water chiller was vital to keep the dispatch center operational and in support of emergency service functions, especially during the current fire season. The temporary chiller unit was installed on an emergency basis on August 5, 2016.

3. Termination Date: **04/07/2017**

Contract term: **245 days**

4. Type of contract: **Contract**

Contract description: **Chiller Rental**

5. Purpose of contract:

This is a new contract for the rental and installation of a portable water chiller at the Elko Interagency Dispatch Center. This is an emergency installation to keep the dispatch center operational and in support of emergency service functions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$67,746.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Payable upon receipt and approval of contractor's invoice, in accordance with the contractor's prices established in Attachment CC of this contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

On August 5, 2016 the Elko Interagency Dispatch Center experienced a catastrophic HVAC system water chiller failure. The immediate replacement of the failed chiller with a temporary portable water chiller was vital to keep the dispatch center operational and in support of emergency services functions, especially during the current fire season.

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

The HVAC system at the dispatch center is a complex system which requires expertise which agency employees do not have.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This repair was performed on an emergency basis with the vendor available to complete the work.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	09/19/2016 15:08:55 PM
Division Approval	dprather	09/26/2016 07:48:26 AM
Department Approval	dprather	09/26/2016 07:48:29 AM
Contract Manager Approval	ldunn	09/27/2016 06:44:16 AM
Budget Analyst Approval	laaron	09/28/2016 11:25:12 AM
BOE Agenda Approval	cmurph3	09/29/2016 10:42:24 AM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
NEVADA DIVISION OF FORESTRY
2478 Fairview Drive
Carson City, Nevada 89701
Phone (775) 684-2500 Fax (775) 684-2570

MEMORANDUM

TO: Curtis Palmer, Budget Analyst IV, Governors Finance Office

FROM: Brett Simerly, Support Services Program Manager

SUBJECT: **Justification** (\$39,937.00) Elko Interagency Dispatch Center Emergency Temporary Water Chiller Rental & Installation

On August 5, 2016 the Nevada Division of Forestry's Elko Interagency Dispatch Center experienced a catastrophic HVAC system water chiller failure. This dispatch center is staffed by personnel from the Nevada Division of Forestry, US Bureau of Land Management, US Forest Service, and the City of Elko's 911 call center. The immediate replacement of the failed water chiller with a temporary portable water chiller was vital to keep the dispatch center operational and in support of emergency services functions. The failed water chiller provided vitally needed cooling for the building and maintained a safe and healthy work environment for its occupants. The facilities water chiller is also a critical part of the HVAC's cooling system which maintains proper operating temperatures for expensive and sensitive radio and electronic equipment. The necessity of keeping this emergency dispatch center open and operational to support the areas emergency response efforts with the current fire season has forced the immediate replacement of the failed water chiller.

Snyder Mechanical has provided us a formal quotation for the emergency installation of a Trane 40 ton portable water chiller which is in the amount of \$39,937.00. After reviewing the quotation provided by Snyder Mechanical it is my recommendation that a contract be awarded to Snyder Mechanical.

Funding for this contract will come from budget 4195 category 95. The contract period will run 120 calendar days, August 5th thru April 7th, 2017.

Respectfully,

A handwritten signature in blue ink, appearing to read "Brett C. Simerly".

Brett C. Simerly
Support Services Program Manager
Nevada Division of Forestry

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **18168**Agency Name: **DCNR - STATE LANDS**Agency Code: **707**Appropriation Unit: **4206-38**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DESIGN WORKSHOP, INC.**Contractor Name: **DESIGN WORKSHOP, INC.**Address: **1390 LAWRENCE ST STE 200**City/State/Zip: **DENVER, CO 80204-2081**

Contact/Phone: 303-623-5186

Vendor No.: T81090224

NV Business ID: NV19971217141

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **241 days**4. Type of contract: **Contract**Contract description: **Consulting Planning**

5. Purpose of contract:

This is a new contract to develop conceptual plans for the proposed Lake Tahoe Nevada State Park, Spooner Frontcountry Improvements Project.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,980.00**

Other basis for payment: Billed on a monthly percent complete basis, with a total contract payable not to exceed \$80,980.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Division of State Parks requires professional consultant services to develop conceptual plans for the proposed Spooner Frontcountry Project.

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

Nevada Division of State Parks does not currently employ staff with expertise to complete this work.

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

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

Ward Young
Stantec
Design Workshop, Incb. Solicitation Waiver: **Not Applicable**

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

High ranking score from four person Nevada Division of State Parks/Nevada Division of State Lands selection committee, based on response to solicitation and interviews.

d. Last bid date: 07/19/2016 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

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

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

Nevada Division of State Parks, 2000, Van Sickle Bi-State Park; yes, work was satisfactory.

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

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

Not Applicable

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

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	amunso1	09/29/2016 12:40:31 PM
Division Approval	amunso1	09/29/2016 12:40:33 PM
Department Approval	abrook1	09/29/2016 13:09:00 PM
Contract Manager Approval	amunso1	09/29/2016 13:58:51 PM
Budget Analyst Approval	dstoddar	09/30/2016 11:08:36 AM
BOE Agenda Approval	cmurph3	09/30/2016 11:22:03 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18146**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: MCGINLEY & ASSOCIATES INC
Agency Code: 709	Contractor Name: MCGINLEY & ASSOCIATES INC
Appropriation Unit: 3187-75	Address: 815 MAESTRO DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-2387
If "No" please explain: Not Applicable	Contact/Phone: Joseph McGinley 775/829-2245
	Vendor No.: T81202459
	NV Business ID: NV20021218343

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	X	Fees	100.00 % Hazardous Waste Fund
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3274**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/08/2018**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **3 KIDS Mine Cleanup**

5. Purpose of contract:

This is a new contract to provide environmental cleanup to the Three Kids Mine Project Site.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00**

Other basis for payment: **Monthly based on work performed.**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide technical reviews and provide comments to the State on required reports generated by the companies responsible for the environmental cleanup.

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

The State does not have the staffing or expertise available to perform these services.

9. Were quotes or proposals solicited? **Yes**

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

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

Brown & Caldwell
Broadbent & Associates
Hargis & Associates

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3274, 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: 08/08/2016 Anticipated re-bid date: 08/07/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NDEP � the services were satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bsotomay	09/23/2016 13:58:43 PM
Division Approval	glovato	09/29/2016 16:48:36 PM
Department Approval	demme	10/04/2016 12:06:14 PM
Contract Manager Approval	tbouas	10/05/2016 12:58:33 PM
Budget Analyst Approval	laaron	10/05/2016 14:32:58 PM
BOE Agenda Approval	cmurph3	10/06/2016 14:16:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **CONV5970** Amendment Number: **4**
 Agency Name: **DEPT OF MOTOR VEHICLES** Legal Entity Name: **Intellectual Technology Inc.**
 Agency Code: **810** Contractor Name: **Intellectual Technology Inc.**
 Appropriation Unit: **4741-24** Address: **1926 Kellog Ave, Ste A**
 Is budget authority available?: **Yes** City/State/Zip: **Carlsbad, CA 92008**
 If "No" please explain: **Not Applicable** Contact/Phone: **Craig Litchin 7604769100**
 Vendor No.: **T27006453**
 NV Business ID: **NV20101412115**

To what State Fiscal Year(s) will the contract be charged? **2009-2018**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

Agency Reference #: **ZA0413**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2008**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2017**

Contract term: **9 years and 24 days**

4. Type of contract: **Contract**

Contract description: **Speciality Services**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides for the production, printing, and issuance of registration decals, vehicle registration renewal certificates, Motor Carrier International Registration (IRP), vehicle identification cab cards as well as, the Print on Demand System that allows DMV offices statewide to print decals and forms at the time of sale. This amendment increases the maximum amount from \$4,591,299.00 to \$5,516,087.03 due to an increase in population growth and usage.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,741,744.00	\$2,741,744.00	\$2,741,744.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$1,849,555.00	\$1,849,555.00	\$1,849,555.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	\$924,788.03	\$924,788.03	\$924,788.03	Yes - Action
3. New maximum contract amount:	\$5,516,087.03			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department is required by statute to furnish vehicle registration decals, certificates for all vehicles, golf cart permits, handicap motorcycle decals, Motor Carrier IRP registration cards/decals, Motor Carrier IFTA stickers, and Non-Resident Business permit decals.

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

There are no State employees to provide this service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmacke1	09/23/2016 07:45:54 AM
Division Approval	bmacke1	09/23/2016 07:45:57 AM
Department Approval	cmunoz	09/27/2016 07:55:13 AM
Contract Manager Approval	hazevedo	09/27/2016 09:57:30 AM
Budget Analyst Approval	pnicks	10/03/2016 17:18:57 PM
BOE Agenda Approval	pnicks	10/03/2016 17:19:03 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **18087**

Agency Name:	DETR - REHABILITATION DIVISION	Legal Entity Name:	CURTAIN WALL DESIGN & CONSULTING, INC.
Agency Code:	901	Contractor Name:	CURTAIN WALL DESIGN & CONSULTING, INC.
Appropriation Unit:	3253-14	Address:	8070 PARK LN STE 400
Is budget authority available?:	Yes	City/State/Zip:	DALLAS, TX 75231-6415
If "No" please explain:	Not Applicable	Contact/Phone:	702/222-9349
		Vendor No.:	T29032419
		NV Business ID:	NV20051436120

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

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

General Funds	0.00 %	X	Fees	100.00 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 2082-18-BEN

2. Contract start date:

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

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2018**Contract term: **1 year and 210 days**4. Type of contract: **Contract**Contract description: **CDC Engineer**

5. Purpose of contract:

This is a new contract to provide specialized engineering expertise regarding the waterproofing of horizontal areas that form the roof of the Business Enterprise of Nevada locations on the Hoover Dam. The roofs of the High Scaler Cafe and the Hoover Dam Gift Shop leak substantially when it rains and this engineer has expertise in waterproofing "roofs" to make them watertight. This request is contingent upon approval of a pending work program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

Other basis for payment: Consideration will be paid at the completion of each phase. Phase# 1 (Site Investigation): \$20,000; Phase# 2 (Construction Documents): \$37,000; Phase# 3 (Bidding Process Support): 3,000; Phase# 4 (Construction Administration): \$30,000. Invoices will be paid upon acceptance of each phase's work performance, by authorized BEN personal with the total contract amount not to exceed \$90,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

The roofs of the High Scaler Cafe and the Hoover Dam Gift Shop leak substantially when it rains creating a health and safety issue after each and every storm.

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

State Public Works directed BEN to use this vendor for the engineering for their expertise.

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

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

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

Not Applicable

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

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

Recommend by the State Public Works Division.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has provided services to Buildings and Grounds since May 2013 and service was satisfactory.

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

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

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	mgassawa	09/26/2016 12:38:40 PM
Division Approval	jmcentee	10/03/2016 10:53:05 AM
Department Approval	jmcentee	10/03/2016 10:53:08 AM
Contract Manager Approval	vleigh	10/07/2016 13:46:05 PM
Budget Analyst Approval	tgreenam	10/10/2016 07:46:53 AM
BOE Agenda Approval	sbrown	10/17/2016 12:37:06 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18170**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Horne-Duarte Government & Public Affairs LLC
Agency Code: BDC	Contractor Name: Horne & Duarte
Appropriation Unit: B007 - All Categories	Address: 611 South Sixth Street Suite 210
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89101
If "No" please explain: Not Applicable	Contact/Phone: William Horne 702-596-7716
	Vendor No.:
	NV Business ID: NV20151431473

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Board Funds

Agency Reference #: 2016-2

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **Yes**

If "Yes", please explain

See explanation in Memorandum from Debra Shaffer-Kugel dated September 19, 2016.

3. Termination Date: **06/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Provider Agreement**

Contract description: **Lobbyist Services**

5. Purpose of contract:

This is a new contract for lobbying services for the Board.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,000.00**

Payment for services will be made at the rate of \$3,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board actively and routinely participates in the regulatory and legislative processes and requires advice and assistance in legislative matters.

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

No employee of the Board has the skills, knowledge, or expertise to perform the work, and during Legislative sessions, no employee of the Board has the day-to-day availability necessary for successful interactions with legislators.

9. Were quotes or proposals solicited? **Yes**

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

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

Rocky Finseth
Neal Tomlinson
Lisa Foster
Horne & Duarte / William Horne

b. Solicitation Waiver: **Not Applicable**

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

Best combination of experience, expertise, knowledge, and skills for the Board's particular needs.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

The vendor desires to use a trade name shorter than its corporate name.

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

Yes

17. a. Is the 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	55443282	09/29/2016 15:23:32 PM
Division Approval	55443282	09/29/2016 15:23:35 PM
Department Approval	55443282	09/29/2016 15:23:37 PM
Contract Manager Approval	55443282	09/29/2016 15:23:40 PM
Budget Analyst Approval	dstoddar	09/30/2016 11:05:20 AM
BOE Agenda Approval	lfree1	10/03/2016 08:36:15 AM
BOE Final Approval	Pending	



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Memorandum

Date: September 19, 2016

TO: Budget Division and State Board of Examiners

FROM: DEBRA SHAFFER-KUGEL, EXECUTIVE DIRECTOR

RE: Contract (Horne & Duarte)

Attached is the contract with Horne & Duarte approved by the Nevada State Board of Dental Examiners on and is to commence on July 1, 2016 retroactive. The reason for delay in the submission of the contract to be considered by the Board of Examiners is due to the expiration of the existing contract on June 30, 2016 between Hillerby & Associates and review of services to be provided to the Board, obtaining approval by the Board and signatures. These items have been rectified.

Thank you in advance for your assistance.

A handwritten signature in black ink, appearing to read "Debra", followed by a horizontal line.

Debra Shaffer-Kugel, Executive Director
Nevada State Board of Dental Examiners

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14909** Amendment Number: **1**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **MORRIS, POLICH & PURDY**

Agency Code: **BDC** Contractor Name: **MORRIS, POLICH & PURDY**

Appropriation Unit: **B007 - All Categories** Address: **3800 Howard Hughes Pkwy Suite #500**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89169**

If "No" please explain: **Not Applicable** Contact/Phone: **JOHN HUNT 702-862-8300**

Vendor No.: **T29030177**

NV Business ID: **NV19961000223**

To what State Fiscal Year(s) will the contract be charged? **2014-2017**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Licensing Fees

Agency Reference #: 2013-01

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2013**

Anticipated BOE meeting date 09/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 266 days**

4. Type of contract: **Provider Agreement**

Contract description: **Legal Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides legal counsel to the Board. The purpose of this amendment is to increase the contract amount from \$700,000 to \$1,200,000.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$700,000.00	\$700,000.00	\$700,000.00	Yes - Action
2. Amount of current amendment (#1):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$1,200,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Board of Dental Examiners routinely and regularly requires a variety of legal services.

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

The Board has no legal counsel on staff, and the legal services required by the Board exceed the legal services that are offered by the Attorney General's Office.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

State Board of Dental Examiners

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

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

Not Applicable

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

LLP

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	55443282	08/04/2016 11:00:25 AM
Division Approval	55443282	08/04/2016 11:00:28 AM
Department Approval	55443282	08/04/2016 11:00:32 AM
Contract Manager Approval	55443282	08/04/2016 11:00:35 AM
Budget Analyst Approval	Pending	
BOE Agenda Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18007**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	Washoe County Social Services
Agency Code:	402	Contractor Name:	Washoe County Social Services
Appropriation Unit:	3280-00	Address:	PO BOX 11130
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89520
If "No" please explain:	Not Applicable	Contact/Phone:	775/785-8600
		Vendor No.:	T40283400
		NV Business ID:	GOV ENTITY

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % NO COST CONTRACT 0.00

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 233 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Washoe County**

5. Purpose of contract:

This is a new contract for Washoe County Social Services to occupy space on the Sierra Regional Center campus Building 606 to operate the Washoe County Senior Transitional Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is between two governmental entities to occupy space at SRC.

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

This contract is between two governmental entities to occupy space at SRC.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

N/A

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

Yes If "Yes", please explain

Washoe County

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	10/03/2016 14:54:32 PM
Division Approval	dbowma1	10/03/2016 14:54:35 PM
Department Approval	ecreceli	10/03/2016 14:58:55 PM
Contract Manager Approval	jpruneau	10/03/2016 14:59:12 PM
Budget Analyst Approval	bwooldri	10/03/2016 15:52:01 PM
BOE Agenda Approval	nhovden	10/03/2016 16:09:43 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18194**

Agency Name:	GOVERNOR'S FINANCE OFF. - DIV OF INTERNAL AUDITS	Legal Entity Name:	Michael J. Colburn
Agency Code:	016	Contractor Name:	Michael J. Colburn
Appropriation Unit:	1342-04	Address:	10506 Circle Oaks Court
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89521
If "No" please explain:	Not Applicable	Contact/Phone:	Mike Colburn 775/530-7689
		Vendor No.:	
		NV Business ID:	NV20161603277
To what State Fiscal Year(s) will the contract be charged?	2017		

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

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: ASD #2340000

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2016**
 Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/16/2016**

Contract term: **59 days**

4. Type of contract: **Contract**

Contract description: **External CPA Review**

5. Purpose of contract:

This is a new contract to provide appraisal and opinion on the Division of Internal Audits section compliance with Institute of Internal Auditors (IIA) standards; and on-site interviews with Executive Branch Audit Committee members.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,250.00**

Payment for services will be made at the rate of \$150.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 353A.045 requires Division of Internal Audits to adopt the standards of The Institute of Internal Auditors (IIA) for conducting and reporting on internal audits. Standards 1312 of the IIA requires the external assessment once every five (5) years.

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

Must be from an outside source.

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

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

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

Not Applicable

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

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

This Professional Service is exempt from solicitation per SAM 0338 and NAC 333.150.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	10/17/2016 13:46:44 PM
Division Approval	csweeney	10/17/2016 13:46:47 PM
Department Approval	csweeney	10/17/2016 13:46:50 PM
Contract Manager Approval	amarangi	10/18/2016 09:18:22 AM
Budget Analyst Approval	dstoddar	10/18/2016 12:40:52 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18173**

Agency Name: CONTROLLER'S OFFICE	Legal Entity Name: EMERSON NETWORK POWER
Agency Code: 060	Contractor Name: EMERSON NETWORK POWER
Appropriation Unit: 1130-26	Address: LIEBERT SERVICES INC
Is budget authority available?: Yes	PO BOX 70474
If "No" please explain: Not Applicable	City/State/Zip: CHICAGO, IL 60673
	Contact/Phone: 800/543-2378
	Vendor No.: PUR0003154A
	NV Business ID: NV19991322344
To what State Fiscal Year(s) will the contract be charged?	2017-2021

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

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **Yes**

If "Yes", please explain

We had attempted to process an amendment to the prior contract, but the amendment document packet was not returned to the Controller's Office until the day after the previous contract had expired.

3. Termination Date: **08/31/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **UPS Maintenance**

5. Purpose of contract:

This is a new contract to provide two preventative maintenance services annually for the Controller's Office Data Center Uninterruptible Power System (UPS) and batteries, and 24/7 remote monitoring of the UPS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,627.56**

Payment for services will be made at the rate of \$10,406.89 per Annum

II. JUSTIFICATION

7. What conditions require that this work be done?

The UPS and battery backup provide emergency power to computer hardware in the Controller's Office Data Center during power outages. They must be maintained and in good working condition at all times. The State's Financial System is housed in the Controller's Data Center.

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

State staff do not have the expertise, training or equipment required to perform the maintenance and repair service.

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

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160905

Approval Date: 09/30/2016

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

Emerson Network Power, Liebert Services Inc. is the only vendor authorized by the manufacturer to provide on-site maintenance on this UPS system.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Emerson Network Power, Liebert Services Inc. has been under contract with the Controller's Office since 9/1/2006 to provide the same services this contract requires. Their service has been outstanding.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jsmack	10/03/2016 14:38:26 PM
Division Approval	jsmack	10/03/2016 14:38:29 PM
Department Approval	jsmack	10/03/2016 14:38:31 PM
Contract Manager Approval	hbill1	10/03/2016 14:40:40 PM
Budget Analyst Approval	dstoddar	10/06/2016 17:12:00 PM



Purchasing Use Only:	
Approval#:	160905

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency:	<i>State Controller's Office</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>H. Wes Bills, Management Analyst 2</i>	<i>775-684-5636</i>	<i>wbills@controller.state.nv.us</i>
	<i>Linnette Olsson, IT Manager 2</i>	<i>775-684-5608</i>	<i>lollson@controller.state.nv.us</i>

Vendor Information:	
Identify Vendor:	<i>Emerson Network Power, Liebert Services Inc.</i>
Contact Name:	<i>JoAnn Tarantello</i>
Address:	<i>610 Executive Campus Drive, Westerville, OH 43082</i>
Telephone Number:	<i>619-381-8057</i>
Email Address:	<i>jtarantello@norman-wright.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

Contract Information:					
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Amendment:	<input type="checkbox"/>			
	CETS:	<input type="checkbox"/>			

1e	Term:			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract: 13449	Start Date:	<i>9/1/2016</i>	End Date:

1f	Funding:	
	State Appropriated:	<i>100 %</i>
	Federal Funds:	<input type="checkbox"/>
	Grant Funds:	<input type="checkbox"/>
	Other (Explain):	<input type="checkbox"/>

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>\$41,627.58 over an four--year period.</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>1. Provide semi-annual preventive maintenance, support and 24/7 monitoring services for the Emerson/Liebert Uninterruptable Power System (UPS), batteries and monitoring equipment located in the State Controller's Office Data Center at 515 E. Musser Street, Carson City, Nevada.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Liebert Global Services/Emerson Network Power is the original equipment manufacturer for the UPS system. Emerson Network Power/Liebert Services, Inc. employs service engineers who are specifically trained at the factory to perform maintenance on this UPS system and associated batteries and monitoring system.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The Controller's Office information systems, which include the State's Integrated Financial System (IFS), are mission critical to the State of Nevada. The UPS provides clean filtered power during normal conditions, and emergency power during power outages. Testing, monitoring and maintenance of this system must be performed by factory trained and authorized technicians. Liebert Global Services/Emerson Network Power is the original equipment manufacturer for the UPS system and trains the authorized service technicians. Other vendors do not have factory-trained service technicians authorized to perform maintenance on this UPS system.</i>

5	Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	b. <i>If not, why were alternatives not evaluated?</i>
	<i>Other service vendors do not employ the highly-qualified, factory-trained service engineers who are authorized to service this specialized UPS system.</i>

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP, RFQ, Waiver #)	
	9/1/2012	8/31/2016	\$39,998.83	Service/Monitoring of UPS	No Waiver – the contract summary states the agency received 3 bids.	
	9/1/2009	8/31/2012	\$29,996.49	Service/Monitoring of UPS	Waiver # 090305	
9/1/2006	8/31/2009	\$29,996.49	Service/Monitoring of UPS	Waiver #110 dated 3/23/06 for Amendment #3, 03/06		

					- 02/09
	8/31/2005	8/31/2006	\$ 7,298.00	Service/Monitoring of UPS	No Waiver
	8/14/2004	8/31/2005	\$	Initial Service of UPS after the Controller's Office IT moved into the building at 515 E. Musser St.	RFP

	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p> <p><i>We have been informed that since the equipment is specifically configured to the State Controller's Data Center site and operational requirements, that the original equipment manufacturer authorized service provider is the best maintenance vendor, with local technicians and parts distribution in the Reno area. Other vendors who claimed they could support this equipment were out of the local area, do not employ factory trained and authorized technicians, and some had only used equipment that they would cannibalize when they needed replacement parts. Our application is mission critical to the State, we need quick, reliable support backed by the manufacturer of the equipment. Also, this system utilizes specialized Liebert monitoring equipment, which we have already purchased, and which is maintained only by Liebert.</i></p>
--	---

	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p> <p><i>In 2004, Nevada Generator of Sparks expressed an interest in maintaining the equipment. However, when asked to look into an existing problem with the UPS, they conceded that it was a job that should be left to the manufacturer, Emerson Network Power. Since that time, I am not aware of another vendor who indicated they could provide factory authorized maintenance.</i></p>
--	---

	<p>Will this purchase obligate the State to this vendor for future purchases? Check One.</p> <p>Yes: <input type="checkbox"/> X <input checked="" type="checkbox"/> No: <input type="checkbox"/></p>
9	<p><i>a. If yes, please provide details regarding future obligations or needs.</i></p> <p><i>Emerson Network Power installed the Series 600 UPS system in the basement of the 515 Musser Street building, and configured it specifically for the installation site and the building's Data Center requirements. It is reasonable to assume that Liebert Power Products, as the only factory-authorized maintenance provider for this UPS system, should maintain the equipment until such time as the product reaches its normal end-of-life at approximately 20 years, at which time an RFP would be required to find another UPS system and service provider; or is no longer required. With proper maintenance, this UPS system could remain operational beyond its normal end-of-life.</i></p>

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

H. Wes Bills

Agency Representative Initiating Request

H. Wes Bills, Management Analyst 2

Print Name of Agency Representative Initiating Request

9/27/2016

Date

[Signature]

Signature of Agency Head Authorizing Request

James W. Smack, Chief Deputy Controller

Print Name of Agency Head Authorizing Request

9/27/16

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

[Signature]

Administrator, Purchasing Division or Designee

9-30-2016

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18201**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Lumos & Associates
Agency Code: 082	Contractor Name: Lumos & Associates
Appropriation Unit: All Appropriations	Address: 9222 Prototype Dr.
Is budget authority available?: No	City/State/Zip: Reno, NV 89521
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will reside in the Account 3650, Category 10.	Contact/Phone: 775-827-6111

Vendor No.:
NV Business ID: **NV19791006982**

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

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

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

Agency Reference #: **110626**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **4 years and 256 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Harry Reid Training Center Entry Gate, Sign and Vehicle Barrier, CIP Project No. 17-A005, SPWD Contract No. 110626.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,800.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	10/13/2016 15:09:47 PM
Division Approval	dgrimm	10/13/2016 15:09:49 PM
Department Approval	dgrimm	10/13/2016 15:09:56 PM
Contract Manager Approval	dgrimm	10/13/2016 16:05:45 PM
Budget Analyst Approval	laaron	10/18/2016 10:39:09 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18165**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: TERRI MCBRIDE
Agency Code: 101	Contractor Name: TERRI MCBRIDE
Appropriation Unit: 3286-08	Address: COMMUNITY PASTS 1424 LADERA DR
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: TERRI MCBRIDE 775-450-6247
	Vendor No.: T29037606
	NV Business ID: NV20111299768
To what State Fiscal Year(s) will the contract be charged? 2017	

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % NV150 FOUNDATION GRANT FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **273 days**

4. Type of contract: **Contract**

Contract description: **Oral Historian**

5. Purpose of contract:

This is a new contract for an experienced oral historian to compile in-depth accounts of personal experiences and reflections related to the historic Stewart Indian School in Carson City, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,975.00**

Other basis for payment: 50% deposit due upon approval with the remainder due, based on actual costs, upon submission of final itemized billing.

II. JUSTIFICATION

7. What conditions require that this work be done?

The oral histories that the vendor will be gathering will be part of the master plan documents as part of the restoration of the Stewart Indian School. The oral historian will help educate by creating a comprehensive collection of at least 15 oral history interviews with alumni and former employees of the Stewart Indian School.

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

The Division of Tourism does not have dedicated staff with the expertise digitally record and/or video and transcribe each interview, nor the experience in working with tribes.

9. Were quotes or proposals solicited? **Yes**

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

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

ALICIA BARBER
JOANNE PEDEN
TERRI MCBRIDE

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen because of her extensive knowledge of the Stewart Indian School, experience in working with tribes, existing relationships with Stewart Indian School alumni and her professional experience as an oral historian.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	09/28/2016 13:04:18 PM
Division Approval	amathies	09/28/2016 13:04:20 PM
Department Approval	amathies	09/28/2016 13:04:22 PM
Contract Manager Approval	amathies	09/28/2016 13:04:24 PM
Budget Analyst Approval	laaron	09/30/2016 10:25:33 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18181**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: BRAMCO CONSTRUCTION
Agency Code: 431	Contractor Name: BRAMCO CONSTRUCTION
Appropriation Unit: 3650-10	Address: CORPORATION
Is budget authority available?: Yes	325 S 18TH ST
If "No" please explain: Not Applicable	City/State/Zip: SPARKS, NV 89431-5514
	Contact/Phone: Michael Cecchi 775/356-1781
	Vendor No.: T27027457
	NV Business ID: NV19811010649

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/07/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **85 days**

4. Type of contract: **Contract**

Contract description: **Storage tank removal**

5. Purpose of contract:

This is a new contract for the removal and demolition of the out of service underground storage tank located behind Combined Support Maintenance Shop Building #1 on the Fairview Complex in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,947.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The underground storage tank system is part of the original facility construction and was placed in service in 1992. The system is no longer in service and requires the proper removal and disposal.

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 required training, equipment and certification.

9. Were quotes or proposals solicited? **Yes**

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

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

BRAMCO Construction
Perks Petroleum
McGinley & Associates
Reno Drain Oil Service

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen because the cost was most economical and the vendor responded timely.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	10/04/2016 15:20:15 PM
Division Approval	twollan1	10/04/2016 15:20:17 PM
Department Approval	twollan1	10/04/2016 15:20:19 PM
Contract Manager Approval	twollan1	10/04/2016 15:20:21 PM
Budget Analyst Approval	dstoddar	10/07/2016 10:03:15 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18180**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: THOLL FENCE INC
Agency Code: 431	Contractor Name: THOLL FENCE INC
Appropriation Unit: 3650-07	Address: 800 Glendale Ave. PO BOX 855
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89432-0855
If "No" please explain: Not Applicable	Contact/Phone: Steve Appelbaum 775/352-8287
	Vendor No.: PUR0001319B
	NV Business ID: NV19591000420

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

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

<input checked="" type="checkbox"/> General Funds	25.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	75.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NMD# 027-16-S**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/01/2017**

Contract term: **177 days**

4. Type of contract: **Contract**

Contract description: **Gate repair Plumb Ln**

5. Purpose of contract:

This is a new contract removing and replacing the gate opener at the Plumb Lane Armory in Reno in accordance with Reno Fire Department code changes and environmental regulations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,587.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The existing gate opener is not compliant with the recent code changes required by the first responders for City of Reno fire department.

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 required training, equipment and certification.

9. Were quotes or proposals solicited? **Yes**

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

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

Tholl Fence
Artistic Fence
Silver State Fence

b. Solicitation Waiver: **Not Applicable**

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

This vendor submitted a quote by the deadline and has provided satisfactory service to the Office of the Military in the past.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This contractor has been a vendor of the Office of the Military in the past and services have been satisfactory.

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

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

Not Applicable

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

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	10/04/2016 14:35:56 PM
Division Approval	twollan1	10/04/2016 14:35:58 PM
Department Approval	twollan1	10/04/2016 14:36:00 PM
Contract Manager Approval	twollan1	10/04/2016 14:36:03 PM
Budget Analyst Approval	dstoddar	10/06/2016 09:23:04 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18159**

Agency Name: DPS-FIRE MARSHAL	Legal Entity Name: FIRESHOWS GROUP, LLC DBA FIRESHOWS RENO
Agency Code: 656	Contractor Name: FIRESHOWS GROUP, LLC DBA FIRESHOWS RENO
Appropriation Unit: 3816-25	Address: PO BOX 11856
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89510-1856
If "No" please explain: Not Applicable	Contact/Phone: 800/632-7489
	Vendor No.: T27029483A
	NV Business ID: NV20091380502

To what State Fiscal Year(s) will the contract be charged? **2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Transfer from State Emergency Response Commission

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **93 days**

4. Type of contract: **Contract**

Contract description: **HAZMAT Conference**

5. Purpose of contract:

This is a new contract to provide conference management services to coordinate the SERC Hazardous Materials program conference to be held on October 3 to October 6, 2016.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$48,000.00 per null

Other basis for payment: \$40,000 Coordination Fee/\$8,000 Direct Expenses

II. JUSTIFICATION

7. What conditions require that this work be done?

This conference provides State of NV HAZMAT First Responders the skill and knowledge necessary to make critical decisions regarding hazardous materials response and enable the responders to maximize their response efficiency and effectiveness at hazardous material incidents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employee has the expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160805

Approval Date: 08/23/2016

c. Why was this contractor chosen in preference to other?

FireShowsWest has conducted the HAZMAT Conference and Expo for many years, through a grant issued from the State Emergency Response Commission (SERC) to a local county government. Due to the county not being able to continue the management of this grant, SERC chose the State Fire Marshal's Division in order for the conference and expo to continue providing useful training to first responders.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mcar2	09/29/2016 08:09:20 AM
Division Approval	dmunns	09/29/2016 11:18:53 AM
Department Approval	mcar2	09/29/2016 11:39:43 AM
Contract Manager Approval	mcar2	09/29/2016 11:39:47 AM
Budget Analyst Approval	laaron	09/29/2016 15:26:58 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 Haag
Administrator

Purchasing Use Only:	
Approval#:	160805

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: <i>DPS – State Fire Marshal Division</i>		
	Contact Name and Title	Phone Number	Email Address
	<i>Patrick Bowers, ASO I</i>	<i>775-684-7509</i>	<i>pbowers@dps.state.nv.us</i>
	<i>Tami Simpson, Management Analyst II</i>	<i>775-684-4698</i>	<i>tsimpson@dps.state.nv.us</i>

Vendor Information:		
1b	Identify Vendor:	<i>FireShowsWest</i>
	Contact Name:	<i>Jo Anne Hill, Executive Director</i>
	Address:	<i>PO Box 11856, Reno, NV 89510</i>
	Telephone Number:	<i>800-632-7489 x106</i>
	Email Address:	<i>joanne@fireshowswest.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<i>XX</i>
	Professional Service Exemption:	

Contract Information:			
1d	Is this a new Contract?	Yes <i>XX</i>	No
	Amendment:	#	
	CETS:	#	

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>Upon approval of Clerk of BOE</i>	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	<i>XX</i>
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase: <i>Not to exceed \$48,000</i>
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2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p><i>FireShowsWest (Contractor) shall provide conference management services to coordinate and deliver the Nevada State Emergency Response Commission (SERC) Hazardous Materials (HAZMAT) program to be held in conjunction with FireShowsWest 2016 Nevada HAZMAT Conference and Expo. The program is to provide State of Nevada HAZMAT First Responders the skill and knowledge necessary to make critical decisions regarding hazardous materials response and enable responders to maximize their response efficiency and effectiveness at hazardous materials incidents. These management services will include the following:</i></p> <ul style="list-style-type: none"> • <i>Exhibit Coordination</i> • <i>Program/Facility Coordination</i> • <i>Attendee Registration Coordination</i> • <i>Certification/CEU Coordination and Tracking</i> • <i>Instructor/Presentation Assistance</i> • <i>Food/Beverage Coordination</i> • <i>Advertising/Marketing/Travel and Promotion</i> • <i>Coordination and production of</i> <ul style="list-style-type: none"> ○ <i>Exhibit Decorator Services</i> ○ <i>Signage</i> ○ <i>Security</i> ○ <i>Photographer</i> ○ <i>Insurance</i> ○ <i>Event supplies</i> ○ <i>Computer/Copier</i> ○ <i>Teleconference Services</i> ○ <i>Internet/Phone</i> • <i>Graphic Design/Website Design and Maintenance</i> • <i>Printing/Mailing Promotional Materials</i>

3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <p><i>FireShowsWest is a long standing comprehensive training conference and exposition trade show developed exclusively for the fire industry dedicated to serving the ten Western states (Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah and Washington) since 1997. It is the only annual conference for the ten Western states offering the most current topics to Fire, EMS, Prevention and HazMat personnel in areas such as Leadership & Suppression, National Fire Academy courses, Fire Prevention, Fire Investigation, Hazardous Materials and Hands-on training. No other conferences are available in the area offering this magnitude of training opportunities. Nevada based emergency responders also directly benefit by receiving discounted rates because the conference is held in the State of Nevada.</i></p>
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4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p>
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FireShowsWest is the only annual conference providing training and coordination as described above in items three and four. The State Fire Marshal Division will be utilizing a grant award from the State Emergency Response Commission to sponsor the hazardous materials training track being offered during the conference along with the other training tracks.

5	Were alternative services or commodities evaluated? Check One.		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					
	b. <i>If not, why were alternatives not evaluated?</i>					
<i>FireShowsWest has been the sole conference held in Nevada offering the scope of training opportunities which draws students from the ten Western states for the past nineteen years. Since the division will only be sponsoring the hazardous materials portion, the cost is significantly less than attempting to pay a different company to create and coordinate a different conference that wouldn't have the same response from the fire industry given FireShowsWest's positive history and reputation.</i>						

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.				Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFO#, Waiver #)			
			\$					
			\$					
			\$					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The State Fire Marshal Division would have to return the grant funds awarded by the State Emergency Response Division (SERC) which in turn would put SERC in the position of having to return funding to the Federal Government.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>The established history of FireShowsWest Conference and Expo being the only annual conference available in the state did not necessitate substantiation of other competition. Because this conference is held in Nevada, Nevada based fire protection agencies are able to attend at a discounted rate compared to agencies from the other nine Western states.</i>

	Will this purchase obligate the State to this vendor for future purchases? <i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i>	Yes:		No:	XX
9	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
Empty space for providing details					

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

TAMI SIMPSON - MA II
Print Name of Agency Representative Initiating Request

8/5/16
Date


Signature of Agency Head Authorizing Request

8.5.16

SHERI BRUEGGEMANN - SENIOR FISCAL OFFICER
Print Name of Agency Head Authorizing Request

8/5/16
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:


Administrator, Purchasing Division or Designee

8-23-2016
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18199**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: I & E Electric
Agency Code: 704	Contractor Name: I & E Electric
Appropriation Unit: 4605-28	Address: 1425 Doerr Drive
Is budget authority available?: Yes	City/State/Zip: Elko, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775-738-3058
	Vendor No.:
	NV Business ID: NV19911046250
To what State Fiscal Year(s) will the contract be charged?	2017-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Utility Surcharge
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2016**

Anticipated BOE meeting date **12/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2018**

Contract term: **2 years and 74 days**

4. Type of contract: **Contract**

Contract description: **Electrical repair**

5. Purpose of contract:

This is a new contract for electrical diagnosis and repair equipment to operational status at both South Fork State Recreational Area and Wild Horse State Recreational Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Aging electrical equipment and extreme cold temperatures during the winter time requires an on call maintenance contract for emergency services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We do not have the equipment and expertise to do this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor was under contract with the South Fork Water Division in 2014 and 2016 and verified as satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	10/13/2016 08:49:32 AM
Division Approval	sdecrona	10/13/2016 08:49:35 AM
Department Approval	sdecrona	10/13/2016 08:49:37 AM
Contract Manager Approval	sdecrona	10/18/2016 10:05:53 AM
Budget Analyst Approval	dstoddar	10/18/2016 10:34:42 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18197**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Plumline Commercial
Agency Code: 704	Contractor Name: Plumb Line Mechanical
Appropriation Unit: 4605-06	Address: 449 West Commercial Street
Is budget authority available?: Yes	City/State/Zip: Elko, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775-753-7586
	Vendor No.:
	NV Business ID: NV20041377558
To what State Fiscal Year(s) will the contract be charged?	2017-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Utility Surcharge
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/17/2016**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2018**

Contract term: **2 years and 75 days**

4. Type of contract: **Contract**

Contract description: **Maintenance Equip.**

5. Purpose of contract:

This is a new contract to diagnosis and repair park equipment at both South Fork State Recreational Area and Wild Horse State Recreational Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: At hourly rates set in the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

Aging equipment and extreme cold temperatures during winter time requires an on call maintenance contract for emergency services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

They do not have the equipment to do the work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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:

DBA

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the 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	sdecrona	10/12/2016 13:40:53 PM
Division Approval	sdecrona	10/12/2016 13:40:55 PM
Department Approval	sdecrona	10/12/2016 13:40:58 PM
Contract Manager Approval	sdecrona	10/12/2016 13:41:04 PM
Budget Analyst Approval	dstoddar	10/17/2016 11:23:09 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18158**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: DENNIS GOLDEN
Agency Code: 706	Contractor Name: DENNIS GOLDEN
Appropriation Unit: 4195-39	Address: DBA GOLDEN PRODUCTIONS 18348 IVYWOOD COURT
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89508
If "No" please explain: Not Applicable	Contact/Phone: DGOLDEN102@AOL.COM 775-741-2292
	Vendor No.:
	NV Business ID: NV20121185414

To what State Fiscal Year(s) will the contract be charged? **2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF17-011**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2016**

Anticipated BOE meeting date **12/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **94 days**

4. Type of contract: **Contract**

Contract description: **Video Production**

5. Purpose of contract:

This is a new contract to obtain the necessary resources to produce an informative, broadcast-quality video about the Little Valley prescribed burn. The video appeals to a multitude of audiences and will help increase public awareness of benefits from prescribed burning.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,760.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Payable upon verification of completion of satisfactory pre-production and production services and delivery of final video production and receipt/approval of contractor's invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

Although prescribed burns are conducted throughout the state on a continuous basis, the Little Valley Burn is unique in that it exemplifies an unprecedented collaboration of private, state and federal resources teaming to address what is a national issue, fuel reduction. These videos will provide the opportunity to highlight the benefits that this alliance provides in terms of forest and watershed health, research, the use of inmate crews, the use of the Incident Command System and the enormous amount of time and expertise required to plan and execute a successful, prescribed burn will help inform, educate and promote similar activities in the future, as well as increase public awareness of the benefits of prescribed burns.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have broadcast quality cameras, light kits, aerial drones, a recording studio for voice-overs or professional cinematographers or script writers on staff to produce a broadcast quality documentary for on-air or online viewing.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Dennis Golden, DBA Golden Productions
Full Circle Productions
Orangetree Productions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as their bid reflects a better understanding of what is involved in this project. Additionally, their past work shows an understanding of the subject matter and excellent quality.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been under contract with Nevada Rangeland Resources Commission from 2011-present. Services have been deemed satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

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)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldunn	09/28/2016 13:02:07 PM
Division Approval	dprather	09/28/2016 13:03:07 PM
Department Approval	dprather	09/28/2016 13:03:12 PM
Contract Manager Approval	ldunn	09/28/2016 13:04:11 PM
Budget Analyst Approval	dstoddar	09/28/2016 15:39:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18131**

Agency Name: **DCNR - FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **4195-95**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **SNYDER SERVICES DBA**
 Contractor Name: **SNYDER SERVICES DBA**
 Address: **SNYDER MECHANICAL
 PO BOX 2775
 ELKO, NV 89803**
 City/State/Zip: **ELKO, NV 89803**
 Contact/Phone: **SCOTT OXBORROW 775/738-5616**
 Vendor No.: **T80925991**
 NV Business ID: **NV20011319542**
 To what State Fiscal Year(s) will the contract be charged? **2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF17-006**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/07/2017**

Contract term: **191 days**

4. Type of contract: **Contract**

Contract description: **Chiller Installation**

5. Purpose of contract:

This is a new contract to install a replacement water chiller in the heating, ventilation and air conditioning (HVAC) system at the Elko Interagency Dispatch Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,642.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Payable upon successful completion of work and receipt and approval of contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Elko Interagency Dispatch Center experienced a catastrophic HVAC system water chiller failure on August 5, 2016. A temporary water chiller unit was installed to ensure the dispatch center remained operational. A new chiller unit is being manufactured and this contract is for the installation of that unit when it is complete.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency employees do not have the technical expertise for this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is the vendor utilized to install the temporary chiller unit on an emergency basis and will install the new chiller unit when the manufacturing process has been completed.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	09/19/2016 15:08:33 PM
Division Approval	dprather	09/26/2016 07:48:46 AM
Department Approval	dprather	09/26/2016 07:48:49 AM
Contract Manager Approval	ldunn	09/27/2016 06:45:02 AM
Budget Analyst Approval	laaron	09/28/2016 11:31:33 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18086**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Team Acme Inc.
Agency Code: 901	Contractor Name: Team Acme Inc.
Appropriation Unit: 3253-10	Address: 150 N. Gibson Rd.
Is budget authority available?: Yes	Suite D
If "No" please explain: Not Applicable	City/State/Zip: Henderson, NV 89014
	Contact/Phone: Teran Marsell 702-566-8326
	Vendor No.:
	NV Business ID: NV20001505078
To what State Fiscal Year(s) will the contract be charged?	2017-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set Aside

Agency Reference #: **2085-19-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/26/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2018**

Contract term: **2 years and 4 days**

4. Type of contract: **Contract**

Contract description: **Window Tinting**

5. Purpose of contract:

This is a new contract that continues ongoing maintenance, repair and/or replacement of graffiti film and/or bronze tint film at the High Scaler Cafeteria and the Hoover Dam Store. The Federal Bureau of Reclamation requires the Business Enterprise of Nevada maintain the tall, expansive windows of the High Scaler Cafe and the Hoover Dam Store with both a bronze window tint film and a graffiti film.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: Work will be performed on a work order basis; Rate:\$75/man hour, during the hours of 5:00pm to 8:00am; equipment rental expenses will be reimbursed, if approved in advance and with original receipt; invoices will be paid upon acceptance of the work by authorized BEN personnel with the total contract amount not to exceed \$24,500.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a requirement of the Department of the Interior/Bureau of Reclamation because of heat temperatures reaching 120 degrees through these windows.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained and do not have the expertise to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Golden State Auto Care
LV Window Tinting
Team Acem
NV Window Tinting

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost of qualified vendors

d. Last bid date: 07/19/2016 Anticipated re-bid date: 07/15/2020

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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	09/13/2016 14:20:12 PM
Division Approval	jmcentee	09/22/2016 11:15:38 AM
Department Approval	jmcentee	09/22/2016 11:22:33 AM
Contract Manager Approval	jmcentee	09/22/2016 11:22:35 AM
Budget Analyst Approval	laaron	09/26/2016 15:38:44 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: **18150**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Platt, Colleen dba Platt Law Group
Agency Code: BDC	Contractor Name: Platt, Colleen dba Platt Law Group
Appropriation Unit: B013 - All Categories	Address: 1575 Delucchi Lane Suite 115-105F
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Colleen Platt 775-440-1052
	Vendor No.: T32003750
	NV Business ID: NV20151428689

To what State Fiscal Year(s) will the contract be charged? **2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Board Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/31/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **242 days**

4. Type of contract: **Provider Agreement**

Contract description: **Legislative Services**

5. Purpose of contract:

New Contract for legislative services through the 2017 Legislative Session

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,000.00**

Payment for services will be made at the rate of \$100.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires legislative services, consultation, and reporting throughout the 2017 Legislative Session.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise, knowledge, experience, and ability to daily attend the Legislative Session.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Best combination of knowledge, skills, experience, and cost.

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?

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?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor provides services to the Nevada State Board of Massage Therapists as Legal Counsel for which services are performed at above satisfactory. Contractor also provides services for the Nevada Housing Division, Nevada Board of Examiners for Alcohol, Drug, and Gambling Counselors, Nevada State Board of Pharmacy, and Nevada Board of Athletic Trainers.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	anders7	10/17/2016 16:24:16 PM
Division Approval	anders7	10/17/2016 16:24:20 PM
Department Approval	anders7	10/17/2016 16:24:24 PM
Contract Manager Approval	anders7	10/17/2016 16:24:27 PM
Budget Analyst Approval	dstoddar	10/18/2016 13:32:40 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17968**

Agency Name: OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	Legal Entity Name: ESTIPONA GROUP
Agency Code: 014	Contractor Name: ESTIPONA GROUP
Appropriation Unit: 1003-10	Address: PO BOX 10606
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89510
If "No" please explain: Not Applicable	Contact/Phone: 775-786-4445
	Vendor No.: T29035435
	NV Business ID: NV19951042070

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % USA Funds Fellow Program

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date **07/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Website Design**

5. Purpose of contract:

This is a new contract to provide website design, brand and logo development and development of an advertising campaign for science, technology, engineering and math programs, including careers and education.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,045.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada faces a serious skills shortage in science, technology, engineering and math. This website will be professionally marketed to youth with targeted advertisements on social media as well as marketed more traditionally at school and in other ways targeting parents, teachers, counselors and others.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state lacks the technical expertise in web development and programming, logo/brand development, and advertising to build the website as envisioned. Further, the marketing initiative begins in August 2016 and the state lacks the capacity to build the website before that date.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**ESTIPONA GROUP
EMSI**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This company fits the states needs.

d. Last bid date: 05/01/2016 Anticipated re-bid date: 04/30/2017

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	06/28/2016 07:21:12 AM
Division Approval	csweeney	06/28/2016 07:21:15 AM
Department Approval	csweeney	06/28/2016 07:21:17 AM
Contract Manager Approval	ssands	06/28/2016 07:23:30 AM
DoIT Approval	csweeney	06/30/2016 14:32:59 PM
Budget Analyst Approval	sbrown	06/30/2016 15:14:03 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18010**

Agency Name:	GOVERNOR'S FINANCE OFFICE - BUDGET DIVISION	Legal Entity Name:	Creative Consulting Solutions, LLC
Agency Code:	015	Contractor Name:	Creative Consulting Solutions, LLC
Appropriation Unit:	1340-04	Address:	4349 Stampede Drive
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	Leah Lamborn 775/691-2604
		Vendor No.:	
		NV Business ID:	NV20151391368

To what State Fiscal Year(s) will the contract be charged? **2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: ASD #2253428

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2016**
Anticipated BOE meeting date 09/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **319 days**

4. Type of contract: **Contract**

Contract description: **Prep of Gov Budget**

5. Purpose of contract:

This is a new contact to provide part-time assistance with the preparation of the Governor's Executive Budget.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,500.00**

Payment for services will be made at the rate of \$63.00 per hour

Other basis for payment: upon approved invoice, not to exceed \$31,500

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 353.185, the Budget Division prepares the Governor's Executive Budget and submits it to the Legislature. In order to comply with this statute the agency's staff work significant overtime. This contract will allow the office to keep overtime reasonable while meeting the demands of daily workload and additional workload. Part-time assistance will be needed from September 1, 2016 through January 15, 2017, and as needed during the Legislative Session.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contractor will perform same duties as state staff and will allow the office to reduce the amount of overtime needed to prepare the Governor's Executive Budget.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160702

Approval Date: 07/12/2016

c. Why was this contractor chosen in preference to other?

Unique qualifications - knowledge of Department of Health and Human Services, Division of Health Care Financing and Policy budget accounts and has detailed knowledge of the Nevada Medicaid budget. Knowledgeable regarding rules and regulations of State budgeting.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	07/15/2016 10:48:22 AM
Division Approval	csweeney	07/15/2016 10:48:24 AM
Department Approval	csweeney	07/15/2016 10:48:27 AM
Contract Manager Approval	amarangi	07/15/2016 12:59:20 PM
Budget Analyst Approval	kperondi	07/27/2016 12:13:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17733	Amendment Number: 1
Agency Name: GOVERNOR'S FINANCE OFFICE - BUDGET DIVISION	Legal Entity Name: MOODYS ANALYTICS, INC.
Agency Code: 015	Contractor Name: MOODYS ANALYTICS, INC.
Appropriation Unit: 1340-10	Address: 121 N. WALNUT STREET SUITE 500
Is budget authority available?: Yes	City/State/Zip: WEST CHESTER, PA 19380-3166
If "No" please explain: Not Applicable	Contact/Phone: GREGORY BILES 610/235-5000
	Vendor No.: T27024326
	NV Business ID: NOT APPLICABLE

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 09/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Economic Projections**

5. Purpose of contract:

This is the first amendment to the original contract, which continues ongoing national and state economic data projections for economic variables to forecast various state General Fund tax revenues. This amendment adds a new work order to the scope of work and increases the maximum amount from \$64,746 to \$77,946 due to the addition of the new work order.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$64,746.00	\$64,746.00	\$64,746.00	Yes - Action
2. Amount of current amendment (#1):	\$13,200.00	\$77,946.00	\$13,200.00	Yes - Info
3. New maximum contract amount:	\$77,946.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Information is needed for input into various state revenue projection models used by the executive and legislative branches to construct presentations to the Technical Advisory Committee and the Economic Forum, and to make informed housing policy decisions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contractor has access to data that is not accessible to state employees.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 160501
Approval Date: 04/03/2016

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

July 2009 - June 2016 - Budget and Planning Division - satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

The contractor does not perform any work in Nevada.

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

The contractor does not perform any work in Nevada.

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

The contractor does not perform any work in Nevada.

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	07/29/2016 09:41:42 AM
Division Approval	amarangi	07/29/2016 09:41:49 AM
Department Approval	amarangi	07/29/2016 09:41:52 AM
Contract Manager Approval	amarangi	07/29/2016 09:41:55 AM
Budget Analyst Approval	kperondi	07/29/2016 10:19:31 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17995**

Agency Name: GOVERNOR'S FINANCE OFFICE - BUDGET DIVISION	Legal Entity Name: SULLI, TERI
Agency Code: 015	Contractor Name: SULLI, TERI
Appropriation Unit: 1340-04	Address: 213 PASTURE DR
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701-7684
If "No" please explain: Not Applicable	Contact/Phone: Teri Sulli 775/684-9244
	Vendor No.: T29034508
	NV Business ID: NV20101421029

To what State Fiscal Year(s) will the contract be charged? **2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **ASD #2253427**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2016**

Anticipated BOE meeting date **09/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/15/2017**

Contract term: **153 days**

4. Type of contract: **Contract**

Contract description: **Prep of Gov Budget**

5. Purpose of contract:

This is a new contract to provide part-time assistance with the preparation of the Governor's Executive Budget.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,900.00**

Payment for services will be made at the rate of \$63.00 per hour

Other basis for payment: upon approved invoice, not to exceed \$23,900.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 353.185, the Budget Division prepares the Governor's Executive Budget and submits it to the Legislature. In order to comply with this statute the agency's staff work significant overtime. This contract will allow the office to keep overtime reasonable while meeting the demands of daily workload and additional workload. Part-time assistance will be needed from September 1, 2016 through January 15, 2017, and as need during the Legislative Session.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contractor will perform same duties as state staff and will allow the office to reduce the amount of overtime needed to prepare the Governor's Executive Budget.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Scott Sisco
Stephanie Day
Teri Sulli
Creative Consulting Solutions, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidder.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	07/14/2016 16:32:14 PM
Division Approval	csweeney	07/14/2016 16:32:17 PM
Department Approval	csweeney	07/14/2016 16:32:20 PM
Contract Manager Approval	amarangi	07/15/2016 09:53:11 AM
Budget Analyst Approval	kperondi	07/27/2016 08:38:11 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18025**

Agency Name:	GOVERNOR'S FINANCE OFFICE - BUDGET DIVISION	Legal Entity Name:	Stephanie Day
Agency Code:	015	Contractor Name:	Stephanie Day
Appropriation Unit:	1340-04	Address:	1755 Radcliff Drive
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89703
If "No" please explain:	Not Applicable	Contact/Phone:	Stephanie Day 775/85-1488
		Vendor No.:	
		NV Business ID:	NV20161377972
To what State Fiscal Year(s) will the contract be charged?	2017		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: ASD #2253427

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2016**
Anticipated BOE meeting date 09/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/15/2017**

Contract term: **153 days**

4. Type of contract: **Contract**

Contract description: **Prep of Gov Budget**

5. Purpose of contract:

This is a new contract to provide part-time assistance with the preparation of the Governor's Executive Budget.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,920.00**

Payment for services will be made at the rate of \$63.00 per hour

Other basis for payment: upon approved invoice, not to exceed \$23,920.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 353.185, the Budget Division prepares the Governor's Executive Budget and submits it to the Legislature. In order to comply with this statute the agency's staff work significant overtime. This contract will allow the office to keep overtime reasonable while meeting the demands of daily workload and additional workload. Part-time assistance will be needed from September 1, 2016 through January 15, 2017, and as needed during the Legislative Session

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contractor will perform same duties as state staff and will allow the office to reduce the amount of overtime needed to prepare the Governor's Executive Budget.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Creative Consulting Solutions, LLC
Teri Sulli
Stephanie Day
Scott Sisco

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidder.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	07/20/2016 12:30:34 PM
Division Approval	csweeney	07/20/2016 12:30:39 PM
Department Approval	csweeney	07/20/2016 12:30:42 PM
Contract Manager Approval	amarangi	07/20/2016 12:33:05 PM
Budget Analyst Approval	kperondi	07/27/2016 08:38:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17966**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: HIGH DESERT MICROIMAGING INC
Agency Code: 040	Contractor Name: HIGH DESERT MICROIMAGING INC
Appropriation Unit: 1050-26	Address: 1225 FINANCIAL BLVD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Meg Miller 77-359-6980
	Vendor No.: PUR0000032
	NV Business ID: NV19951110096
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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/28/2016**

Anticipated BOE meeting date 07/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 2 days**

4. Type of contract: **Contract**

Contract description: **High Desert FY17**

5. Purpose of contract:

This is a new contract to provide maintenance for 1 year for scanners owned by the Secretary of State for use with the eSOS Corporate Filing System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,149.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The eSOS Corporate Filing system requires the use of scanners to receipt incoming corporate filing documents, work requests and payment instruments and uses the Pro Scan machines to convert the paper documents within the agency disaster recovery plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees within the Secretary of State or other State agencies are not specifically trained on the interface with Canon scanners and the eSOS Corporate filing system and do not possess the equipment knowledge to perform the required maintenance.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

OCE North America
Ray Morgan Company
High Desert Microimaging

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor guarantees service within 24 hours, has thorough knowledge of the business process of the Secretary of State's Esos system and offered the best price.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contracted with Secretary of State since 2007- Satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pdover	06/27/2016 14:07:30 PM
Division Approval	pdover	06/27/2016 14:07:34 PM
Department Approval	pdover	06/27/2016 14:07:36 PM
Contract Manager Approval	vmccormi	06/27/2016 14:19:04 PM
Budget Analyst Approval	cschon1	06/28/2016 13:10:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16924	Amendment Number: 1
Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: M NELSON SEGEL CHARTERED
Agency Code: 040	Contractor Name: M NELSON SEGEL CHARTERED
Appropriation Unit: 1050-42	Address: 624 S 9TH ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89101
If "No" please explain: Not Applicable	Contact/Phone: 702/385-5266
	Vendor No.: T81037468
	NV Business ID: NV19821011817

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **SEGEL FY 16**

5. Purpose of contract:

This is the first amendment to the original contract which provided for services of an appointed hearing officer to serve in the ongoing adjudication of Securities Division cases. This amendment extends the termination date from June 30, 2016 to June 30, 2017 and increases the maximum authorized amount from \$10,000.00 to \$20,000.00 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$10,000.00	\$10,000.00	\$10,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$20,000.00	Yes - Info
3. New maximum contract amount:	\$20,000.00			
and/or the termination date of the original contract has changed to:	06/30/2017			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 233B.122 Mr. Segel was appointed hearing officer for an ongoing case: In the Matter of Wealth Strategies by Bayliss and McAninch, Inc., CRD#129812, Michael Bayliss, CRD #3274327, and Carrie McAninch, CRD #4712463, Respondents, File no I10-044 ST. Additional hearings will be scheduled.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees lack time, resources and dedicated legal expertise to serve as a hearing officer

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

The Nevada constitution and NRS 233B.122 gives the Nevada Secretary of State the authority to appoint a hearing officer in the adjudication of specific Securities Division cases. The current Secretary of State upholds the appointment.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Secretary of State 2013-2015 -Satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pdover	01/04/2016 09:42:28 AM
Division Approval	pdover	01/04/2016 09:42:31 AM
Department Approval	pdover	01/04/2016 09:42:35 AM
Contract Manager Approval	vmccormi	01/04/2016 09:44:22 AM
Budget Analyst Approval	amccalla	01/05/2016 09:12:45 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17844**

Agency Name: CONTROLLER'S OFFICE	Legal Entity Name: INFORMATIX INC
Agency Code: 060	Contractor Name: INFORMATIX INC
Appropriation Unit: 1130-10	Address: 2485 NATOMAS PARK DR STE 430
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95833-2937
If "No" please explain: Not Applicable	Contact/Phone: Mr. Ronald Zuber 916/830-1400
	Vendor No.: T29018702
	NV Business ID: NV20081431872
To what State Fiscal Year(s) will the contract be charged?	2016-2018

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Debt Service Transfer

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2016**

Anticipated BOE meeting date 05/2016

Retroactive? **Yes**

If "Yes", please explain

Negotiations, preparation and approvals took longer than anticipated.

3. Termination Date: **04/19/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Informatix Services**

5. Purpose of contract:

This is a new contract to provide continuing professional services for Financial Institution Data Matching (FIDM) services in support of debt collection efforts, in accordance with NRS 353C.240. FIDM services match information about debtors to the State with information about depositor information from financial institutions doing business in the State of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,800.00**

Payment for services will be made at the rate of \$5,100.00 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 353C.240 authorizes the State Controller to develop and operate a system for matching data from financial institutions in Nevada with debtor data maintained by the State Controller's Office for the purpose of collecting debts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the training or extensive knowledge of Federal laws pertaining to debt collection practices to be able to initiate FIDM relationships with financial institutions in the State, nor the time to conduct on-going data collection/matching operations between disparate databases. This is the specific expertise that Informatix does offer to its clientele.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Informatix was the vendor used to establish agreements with financial institutions in the State during the past year, and has performed inter-system testing with the Controller's Office. Informatix has over 17 years of established expertise in FIDM services in support of both state tax revenue and child support enforcement collections under Public Law 104-193, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA).

d. Last bid date: 10/14/2014 Anticipated re-bid date: 04/19/2018

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:

Informatix was contracted to the State Controller's Office from 4/15/2015 through 4/19/2016. Their performance was exceptional. Informatix has also been contracted to the Department of Health and Human Services, Division of Welfare and Supportive Services, since 2005 for FIDM services related to Child Support, and indicates their services are more than satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
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	jsmack	05/20/2016 10:48:26 AM
Division Approval	jsmack	05/20/2016 10:48:28 AM
Department Approval	jsmack	05/20/2016 10:48:30 AM
Contract Manager Approval	hbill1	05/20/2016 10:51:01 AM
DoIT Approval	bbohm	05/24/2016 08:54:56 AM
Budget Analyst Approval	tgreenam	05/31/2016 13:46:48 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17469**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ARTISTIC FENCE COMPANY, INC.
Agency Code: 082	Contractor Name: ARTISTIC FENCE COMPANY, INC.
Appropriation Unit: 1349-12	Address: 5740 HIGHWAY 50 EAST
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: JOANNE DIETRICH 775-882-4665
	Vendor No.: PUR0000883B
	NV Business ID: NV19711002179

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Buildings & Grounds Building Rent Income Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **ASD #2117173**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**
Anticipated BOE meeting date **04/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Fencing Services**

5. Purpose of contract:

This is a new contract that continues ongoing fence/gate installation and maintenance services for state-owned buildings in Northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Other basis for payment: \$52 per hour, \$78 overtime rate per hour, \$104 weekend and holiday rate per hour for fencing; \$102 per hour, \$153 overtime per hour, \$153 weekend and holiday rate per hour for automated gates; hours of operation 7:00 a.m.-5:00 p.m.; materias will be quoted at time of job.

II. JUSTIFICATION

7. What conditions require that this work be done?

Repairs and replacement of fencing is needed for state grounds.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Statewide Open Solicitation

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This will be one of multiple fencing contractors on file with Buildings and Grounds. Per SAM 0338.0 each contractor will be contacted to submit bids for available jobs.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

7/1/12 - 6/30/16 - Buildings and Grounds - satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	02/10/2016 13:22:56 PM
Division Approval	csweeney	02/10/2016 13:23:00 PM
Department Approval	csweeney	02/10/2016 13:23:03 PM
Contract Manager Approval	csweeney	02/10/2016 13:23:05 PM
Budget Analyst Approval	jrodrig9	02/12/2016 16:03:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18066**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CASHMAN EQUIPMENT COMPANY
Agency Code: 082	Contractor Name: CASHMAN EQUIPMENT COMPANY
Appropriation Unit: 1349-12	Address: PO BOX 7520
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89510
If "No" please explain: Not Applicable	Contact/Phone: 775-358-5111
	Vendor No.: PUR0000249A
	NV Business ID: NV19601000406

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Buildings and Grounds Building Rental Income Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/02/2016**

Anticipated BOE meeting date 09/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2017**

Contract term: **363 days**

4. Type of contract: **Contract**

Contract description: **Generator Services**

5. Purpose of contract:

This is a new contract to provide generator maintenance services to various state owned buildings in Northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This vendor will provide extra service response for generator maintenance throughout the state buildings in Northern Nevada

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&G does not have the manpower, equipment and advanced knowledge to accommodate the needs as identified with generators.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Amerigen Power Solutions
Cashman Equipment

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is a one year contract for vendor to familiarize and provide services throughout the year for PM plan and needs of the equipment that is in need. Submitted rates are comparable and below the cost of the current vendor proposal.

d. Last bid date: 07/01/2016 Anticipated re-bid date: 07/01/2020

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:

Buildings and Grounds have used this vendor for various jobs since 1999, work is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	08/25/2016 12:25:20 PM
Division Approval	csweeney	08/25/2016 12:25:43 PM
Department Approval	csweeney	08/25/2016 12:25:49 PM
Contract Manager Approval	ssands	08/25/2016 12:43:58 PM
Budget Analyst Approval	jrodrig9	09/01/2016 08:30:10 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17419**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: J&J ENTERPRISES SERVICES, INC.
Agency Code: 082	Contractor Name: J&J ENTERPRISES SERVICES, INC.
Appropriation Unit: 1349-12	Address: 5920 W COUGAR AVE.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89139
If "No" please explain: Not Applicable	Contact/Phone: Melissa 702-361-2914
	Vendor No.: T29007913
	NV Business ID: NV19911019076

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Buildings and Grounds Building Rental Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/28/2016**

Anticipated BOE meeting date **03/2016**

Retroactive? **Yes**

If "Yes", please explain

3. Termination Date: **02/28/2020**

Contract term: **4 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Concrete Services**

5. Purpose of contract:

This is a new contract to provide ongoing concrete services to various state buildings in the Las Vegas area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: \$80.00 per hour, per Operator/Finisher; \$62.00 per hour, per Laborer; \$82.00 per hour, per Foreman; \$25.00 per hour, per Crew Truck for normal business hours of Monday through Friday, 6:00 a.m. through 4:00 p.m.; overtime is charged at time and a half; holiday rate is double time; 4500 PSI concrete will be charged at \$100.00 per cubic yard, materials other than concrete will be billed at cost plus 10%

II. JUSTIFICATION

7. What conditions require that this work be done?

The need to maintain state buildings an a safe condition.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency lacks sufficient manpower and training to perform theses services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per SAM 0338.0, each contractor will be contacted to submit bids on projects. Pursuant to NRS 338.13862, Buildings and Grounds is using a Public Works board pre-qualified bidder.

d. Last bid date: 11/01/2015 Anticipated re-bid date: 11/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Building and Grounds 1991 to present and service is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	01/28/2016 08:30:20 AM
Division Approval	csweeney	01/28/2016 08:30:23 AM
Department Approval	csweeney	01/28/2016 08:30:26 AM
Contract Manager Approval	ssands	01/29/2016 11:06:55 AM
Budget Analyst Approval	jrodrig9	02/10/2016 15:17:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18036**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JOSE GUZMAN & SABRINA TELLEZ
Agency Code: 082	Contractor Name: JOSE GUZMAN & SABRINA TELLEZ DBA
Appropriation Unit: 1349-12	Address: RIGHT ON TIME CARPET & UPHOLSR 2681 TABLE ROCK DRIVE
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: 775-691-2939
	Vendor No.:
	NV Business ID: NV20151246697

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Buildings and Grounds Rental Income Fee
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2016**

Anticipated BOE meeting date **09/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2020**

Contract term: **3 years and 351 days**

4. Type of contract: **Contract**

Contract description: **CARPET CLEANING**

5. Purpose of contract:

This is a new contract to provide ongoing carpet cleaning services for various state owned buildings in Northern Nevada

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Minimum fee is \$55.00; 0 to 500 square feet at \$.21 cents per square foot; 501 to 1000 square feet at \$.19 cents per square foot; 1001 to 2000 square feet at \$.16 cents square foot; 2001 to 3000 square feet at \$.14 cents a square foot;4000 square feet and above \$.11 cents per square foot; carpet stretching \$45.00 to \$90.00; carpet stains \$10.00 each and emergency calls \$75.00 per hour.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract ensures a clean and healthy environment and routine cleaning prolongs the life of the flooring.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the personnel to carry out these duties.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Bruce's Carpet
Right On Time
Bell's Upholstery

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per SAM 0338.0, each contractor will be contacted to submit bids on projects. Pursuant to NRS 338.13862, Buildings and Grounds is using a Public Works board pre-qualified bidder.

d. Last bid date: 06/01/2016 Anticipated re-bid date: 05/01/2020

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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Sole Proprietor dba Right On Time

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	08/08/2016 13:16:15 PM
Division Approval	csweeney	08/08/2016 13:16:18 PM
Department Approval	csweeney	08/08/2016 13:16:21 PM
Contract Manager Approval	ssands	08/08/2016 13:20:39 PM
Budget Analyst Approval	jrodrig9	08/15/2016 11:16:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17113**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: MSA CASHMAN EQUIPMENT COMPANY
Agency Code: 082	Contractor Name: MSA CASHMAN EQUIPMENT COMPANY
Appropriation Unit: 1349-12	Address: 3300 SAINT ROSE PKWY
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89052-3985
If "No" please explain: Not Applicable	Contact/Phone: 702/633-4606
	Vendor No.: PUR0000249
	NV Business ID: NV196010000406

To what State Fiscal Year(s) will the contract be charged? **2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Buildings and Grounds rental income fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2015**

Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2016**

Contract term: **262 days**

4. Type of contract: **Contract**

Contract description: **Miscellaneous servic**

5. Purpose of contract:

This is a new contract to provide services to remove and install rebuilt generator at the Grant Sawyer Building located at 555 E. Washington, Las Vegas, NV 89101

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,764.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The generator has failed and needs to be repaired.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower and expertise

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor is familiar with the generator and its problems.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Buildings and Grounds service is satisfactory from 2003 to date

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	10/12/2015 07:04:15 AM
Division Approval	csweeney	10/12/2015 07:04:18 AM
Department Approval	csweeney	10/12/2015 07:04:21 AM
Contract Manager Approval	ssands	10/12/2015 07:49:01 AM
Budget Analyst Approval	pnicks	10/12/2015 08:35:27 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17156**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AECOM
Agency Code: 082	Contractor Name: AECOM
Appropriation Unit: 1351-10	Address: AECOM
Is budget authority available?: No	1 E. FIRST ST. 16TTH FLOOR
	City/State/Zip: RENO, NV 89501
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will be the Account 1351, expenditure category 10; Marlette Waterline Crossing.	Contact/Phone: TOM GUINN, P.E. 775337-9565
	Vendor No.: T29025012
	NV Business ID: NV19901019462

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency funded CIP

Agency Reference #: 109734

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2015**

Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **4 years and 262 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Marlette Waterline Crossing, US Highway 395; Project No 16-A004; Contract No. 19774.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,750.00**

Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2016 Agency CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	10/07/2015 15:37:46 PM
Division Approval	dgrimm	10/07/2015 15:37:48 PM
Department Approval	dgrimm	10/07/2015 15:37:51 PM
Contract Manager Approval	dgrimm	10/07/2015 16:08:02 PM
Budget Analyst Approval	jrodrig9	10/13/2015 15:16:23 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17158**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PURCELL KROB ELECTRICAL PROF
Agency Code: 082	Contractor Name: PURCELL KROB ELECTRICAL PROF
Appropriation Unit: 1535-13	Address: PK ELECTRICAL INC 681 SIERRA ROSE DR STE B RENO, NV 89511
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: 775/826-9010
	Vendor No.: T81016802
	NV Business ID: NV19961128650

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 109739

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2015**

Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 265 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to replace the switchgear and panels at Lake's Crossing, SPWD Project No. 15-M15; Contract No. 109739.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

SPWD, currently and/or in the past for various amounts with satisfactory results.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	10/08/2015 15:26:34 PM
Division Approval	dgrimm	10/08/2015 15:26:36 PM
Department Approval	dgrimm	10/08/2015 15:26:40 PM
Contract Manager Approval	dgrimm	10/08/2015 15:41:42 PM
Budget Analyst Approval	pnicks	10/09/2015 13:08:26 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17314** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **AUSENCO PSI, LLC**

Agency Code: **082** Contractor Name: **AUSENCO PSI, LLC**

Appropriation Unit: **1565-72** Address: **1320 WILLOW PASS RD SUITE 100**

Is budget authority available?: **Yes** City/State/Zip: **CONCORD, CA 94520-5241**

If "No" please explain: **Not Applicable** Contact/Phone: **925/939-4420**

Vendor No.: **T27032471**

NV Business ID: **NV19921050131**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **109796**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2016**

Anticipated BOE meeting date **07/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 169 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a correcting CETS administrative amendment to correct the previous entry of Amendment 1, which was inadvertently recorded to this CIP project. This amendment should have been recorded to CIP project 13-M06 under contract number 15525. This amendment will correctly return the contract authority for this vendor for CIP project 15-M04 back to its original contact amount of \$328,976.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$328,976.00	\$328,976.00	\$328,976.00	Yes - Action
a. Amendment 1:	\$17,200.00	\$346,176.00	\$17,200.00	Yes - Info
2. Amount of current amendment (#2):	-\$17,200.00	-\$17,200.00	\$0.00	Yes - Info
3. New maximum contract amount:	\$328,976.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	06/09/2016 14:17:10 PM
Division Approval	dgrimm	06/09/2016 14:17:13 PM
Department Approval	dgrimm	06/09/2016 14:17:16 PM
Contract Manager Approval	dgrimm	06/09/2016 14:45:46 PM
Budget Analyst Approval	jrodrig9	06/14/2016 11:50:29 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17121**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HARRIS CONSULTING ENGINEERS
Agency Code: 082	Contractor Name: HARRIS CONSULTING ENGINEERS
Appropriation Unit: 1565-80	Address: LLC
Is budget authority available?: Yes	6630 SURREY ST STE 100
If "No" please explain: Not Applicable	LAS VEGAS, NV 89119
	Contact/Phone: 702/269-1575
	Vendor No.: T27003439
	NV Business ID: NV20011085889

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 109719

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2015**

Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 265 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Boiler Plant modifications and Heat Pump installation - Southern Desert Correctional Center; Project No. 15-M79; Contract No. 109719.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,300.00**

Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	09/29/2015 15:50:42 PM
Division Approval	dgrimm	09/29/2015 15:50:44 PM
Department Approval	dgrimm	09/29/2015 16:02:14 PM
Contract Manager Approval	dgrimm	09/29/2015 16:02:17 PM
Budget Analyst Approval	pnicks	10/09/2015 12:53:56 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: **17362**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Nevada by Design
Agency Code: 082	Contractor Name: Nevada by Design
Appropriation Unit: 1567-13	Address: 5755 So. Sandhill Rd. SUITE B
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89120
If "No" please explain: Not Applicable	Contact/Phone: 702-938-1525
	Vendor No.:
	NV Business ID: NV19971038895

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 %
X Federal Funds	93.00 %	X Bonds	7.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/29/2015**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **1 year and 183 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veterans Memorial Cemetery Expansion project: CIP Project No. 09-C18; SPWD Contract No. 109964.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2009 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	12/23/2015 14:48:28 PM
Division Approval	dgrimm	12/23/2015 14:48:31 PM
Department Approval	dgrimm	12/23/2015 14:48:34 PM
Contract Manager Approval	dgrimm	12/29/2015 13:00:06 PM
Budget Analyst Approval	jrodrig9	12/29/2015 13:33:34 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17730**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: MMI Engineering
Agency Code: 082	Contractor Name: MMI Engineering
Appropriation Unit: 1577-27	Address: 385 Gentry Way
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: 775-750-0849
	Vendor No.: T29037325
	NV Business ID: NV 20131132840
To what State Fiscal Year(s) will the contract be charged?	2016-2019
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
X Federal Funds 89.00 %	X Bonds 11.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 110317	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/29/2016**
 Anticipated BOE meeting date **06/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 62 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the installation of destratification fans at various locations for the Nevada Army National Guard: CIP Project No. 15-M35; SPWD Contract No. 110317.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,228.00**

Other basis for payment: **Monthly progress payments based on services provided.**

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	04/25/2016 15:46:27 PM
Division Approval	dgrimm	04/25/2016 15:46:29 PM
Department Approval	dgrimm	04/25/2016 16:22:10 PM
Contract Manager Approval	dgrimm	04/25/2016 16:22:13 PM
Budget Analyst Approval	jrodrig9	04/29/2016 13:34:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17120**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: FARR WEST ENGINEERING DBA
Agency Code: 082	Contractor Name: FARR WEST ENGINEERING DBA
Appropriation Unit: 1585-36	Address: FARR WEST CHILTON ENGINEERING 5442 LONGLEY LN STE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-3297
If "No" please explain: Not Applicable	Contact/Phone: 775/851-4788
	Vendor No.: T81102795
	NV Business ID: NV20011242988

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	10.00 %
Highway Funds	0.00 %	X Other funding	90.00 % Transfer from Federal Grant Revue.

Agency Reference #: 109720

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2015**
Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
Contract term: **3 years and 265 days**

4. Type of contract: **Contract**
Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/civil engineering services to remove and replace the front parking lot of the Fallon Readiness Center; Project No. 15-S05g1(1); Contract No. 109720.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,190.00**
Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	09/29/2015 14:20:14 PM
Division Approval	dgrimm	09/29/2015 14:20:23 PM
Department Approval	dgrimm	09/29/2015 14:20:33 PM
Contract Manager Approval	dgrimm	09/29/2015 16:09:34 PM
Budget Analyst Approval	pnicks	10/09/2015 12:43:50 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17155**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RESOURCE CONCEPTS INC
Agency Code: 082	Contractor Name: RESOURCE CONCEPTS INC
Appropriation Unit: 1585-34	Address: 340 N MINNESOTA ST
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89703-4152
If "No" please explain: Not Applicable	Contact/Phone: 775/883-1600
	Vendor No.: T12785100
	NV Business ID: NV19781005208

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 109705

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2015**
Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 230 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to replace the access road and front parking lot at the Northern Nevada Veterans Memorial Cemetery and Americans with Disabilities Act Repairs, Veterans Cemetery Fernley, CIP Project No. 15-S05(1) and 15-S02(4); SPWD Contract No. 109705.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,700.00**
Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	10/07/2015 14:32:31 PM
Division Approval	dgrimm	10/07/2015 14:32:33 PM
Department Approval	dgrimm	10/07/2015 14:37:09 PM
Contract Manager Approval	dgrimm	10/07/2015 16:08:20 PM
Budget Analyst Approval	jrodrig9	11/12/2015 09:14:47 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17431**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TECHNICAL ASSURANCE, INC.
Agency Code: 082	Contractor Name: TECHNICAL ASSURANCE, INC.
Appropriation Unit: 1585-40	Address: 3640 N. RANCHO DR.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89130
If "No" please explain: Not Applicable	Contact/Phone: JOHNATHAN BELNAP 702-207-2282
	Vendor No.: T29037034
	NV Business ID: NV20151360387

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	79.00 %
Highway Funds	0.00 %	X Other funding	21.00 % transfer from Capital Projects Fund

Agency Reference #: 109977

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/10/2016**

Anticipated BOE meeting date 03/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 140 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the roof replacement project at the Southern Nevada Child and Adolescent Services facility; buildings 7, 8, 9 and 10: CIP Project No. 15-S01-4; SPWD Contract No. 109977.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	02/08/2016 15:26:46 PM
Division Approval	dgrimm	02/08/2016 15:26:49 PM
Department Approval	dgrimm	02/08/2016 16:11:51 PM
Contract Manager Approval	dgrimm	02/08/2016 16:11:54 PM
Budget Analyst Approval	jrodrig9	02/10/2016 15:16:40 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17478**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TECHNICAL ASSURANCE, INC.
Agency Code: 082	Contractor Name: TECHNICAL ASSURANCE, INC.
Appropriation Unit: 1585-40	Address: 3640 N. RANCHO DR.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89130
If "No" please explain: Not Applicable	Contact/Phone: JOHNATHAN BELNAP 702-207-2282
	Vendor No.:
	NV Business ID: NV20151360387

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	47.00 %	X Bonds	53.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 09979

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/10/2016**

Anticipated BOE meeting date 03/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 140 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the roof replacement project at the Henderson Armory: CIP Project No. 15-S01-g-2; SPWD Contract No. 109979.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	02/08/2016 16:10:39 PM
Division Approval	dgrimm	02/08/2016 16:10:42 PM
Department Approval	dgrimm	02/08/2016 16:10:44 PM
Contract Manager Approval	dgrimm	02/08/2016 16:10:46 PM
Budget Analyst Approval	jrodrig9	02/10/2016 15:16:58 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17871**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	Design Vision Inc. dba Southwick Landscape Architects
Agency Code:	082	Contractor Name:	Design Vision Inc. dba Southwick Landscape Architects
Appropriation Unit:	All Appropriations	Address:	1700 W. Horizon Ridge Parkway Suite 203
Is budget authority available?:	No	City/State/Zip:	Henderson, NV 89012
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will reside in the Account 3279, expenditure category 95, Landscape Conversion.		Contact/Phone:	702-597-3108

Vendor No.:
NV Business ID: NV20001403248

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency funded CIP

Agency Reference #: 110231

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2016**

Anticipated BOE meeting date 07/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **4 years and 25 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Desert Regional Center Xeriscape Conversion: CIP Project No. 16-A040; SPWD Contract No. 110231.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2016 CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	05/24/2016 16:05:09 PM
Division Approval	dgrimm	05/24/2016 16:05:11 PM
Department Approval	dgrimm	05/24/2016 16:10:59 PM
Contract Manager Approval	dgrimm	06/03/2016 15:43:08 PM
Budget Analyst Approval	jrodrig9	06/06/2016 12:41:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17535**

Agency Name: ADMIN - FLEET SERVICES DIVISION	Legal Entity Name: FRANZEN HILL CORPORATION
Agency Code: 084	Contractor Name: FRANZEN HILL CORPORATION
Appropriation Unit: 1354-04	Address: 100 NORTH J STREET
Is budget authority available?: Yes	City/State/Zip: TULARE, CA 93274
If "No" please explain: Not Applicable	Contact/Phone: SROCHA@FRANZENHILL.COM 559/688-2977
	Vendor No.: T27036510
	NV Business ID: NV20111747592

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % INTERNAL SERVICE FUND

Agency Reference #: **ASD #2129846**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2016**
Anticipated BOE meeting date **04/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/01/2020**

Contract term: **3 years and 329 days**

4. Type of contract: **Contract**

Contract description: **Service Fuel Systems**

5. Purpose of contract:

This is a new contract to provide recertification, service and repairs to the fuel systems at the Carson City and Reno facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$2,500.00 per fiscal year

Other basis for payment: \$80 per hr; overtime rate of \$120 per hr; travel rate of \$70 per hour; mileage rate of \$0.75 per mile, round trip from Reno; a flat fee of \$15 is applied for activities within City of Reno, Sparks and Carson City; and parts markup of 15%.

II. JUSTIFICATION

7. What conditions require that this work be done?

The fuel systems at the Carson City and Reno facility need periodic maintenance and repairs. The systems at each facility are required to be certified each year.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the training or equipment required to perform the repairs and certifications.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

LA Perks Petroleum Specialists
Petroleum Systems & Maintenance
Franzen Hill

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidder.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	04/06/2016 15:48:52 PM
Division Approval	csweeney	04/06/2016 15:48:55 PM
Department Approval	csweeney	04/06/2016 15:48:58 PM
Contract Manager Approval	amarangi	04/06/2016 15:50:31 PM
Budget Analyst Approval	pnicks	04/07/2016 15:29:13 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17750**

Agency Name: ADMIN - FLEET SERVICES DIVISION	Legal Entity Name: TRUJILLO, DANIEL F DBA
Agency Code: 084	Contractor Name: TRUJILLO, DANIEL F DBA
Appropriation Unit: 1354-07	Address: TRU COVERAGE PAINTING 1936 MOLLY DR
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706-2643
If "No" please explain: Not Applicable	Contact/Phone: Danny Trujillo 775/443-6354
	Vendor No.: T27033070
	NV Business ID: NV20131427895

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Internal Service Funds

Agency Reference #: **ASD #2186809**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/11/2016**

Anticipated BOE meeting date **06/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2016**

Contract term: **173 days**

4. Type of contract: **Contract**

Contract description: **Bldg repainting**

5. Purpose of contract:

This is a new contract to provide repainting of the exterior building at the Carson City, Nevada facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,656.25**

Other basis for payment: A cost of \$10,656.25 upon approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The building is in need of repainting.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Building and Grounds does not do exterior painting work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**NCM Painting
SCK Painting
Tru Coverage Painting**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Concerns with lowest bidder, SCK Painting, as their bid came in substantially lower than the other two bids. The concern was how can SCK perform the job at a level comparable to either Tru Coverage or NCM Painting. Tru Coverage was the second lowest bid; therefore they were chosen.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	05/10/2016 15:01:19 PM
Division Approval	csweeney	05/10/2016 15:01:22 PM
Department Approval	csweeney	05/10/2016 15:01:25 PM
Contract Manager Approval	amarangi	05/10/2016 15:07:08 PM
Budget Analyst Approval	pnicks	05/11/2016 13:28:17 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17182** Amendment Number: **1**

Agency Name: **DTCA - DIVISION OF TOURISM** Legal Entity Name: **CANUCKIWI, LTD**

Agency Code: **101** Contractor Name: **CANUCKIWI, LTD**

Appropriation Unit: **1522-43** Address: **STE 3, 41 CLYDE RD, BROWNS BAY AUCKLAND**

Is budget authority available?: **Yes** City/State/Zip: **NEW ZEALAND, 0630**

If "No" please explain: Not Applicable Contact/Phone: **COREY MARSHALL 64-21-555463**

Vendor No.: **F00000336**

NV Business ID: **NV20151564947**

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % LODGING TAX

Agency Reference #: **RFP #3195 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**

Contract term: **1 year and 180 days**

4. Type of contract: **Contract**

Contract description: **Rep Off - Austalia**

5. Purpose of contract:

This is the first amendment to the original contract to provide ongoing international representation to promote Nevada tourism in Australia. Services will include market briefing, media relations, development and maintenance of a foreign website, media planning and buying, developing foreign brochures and quarterly progress reports. This amendment increases the maximum amount from \$255,750 to \$297,860 for the Governor's Trade Mission in Australia.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$255,750.00	\$255,750.00	\$255,750.00	Yes - Action
2. Amount of current amendment (#1):	\$42,110.00	\$297,860.00	\$42,110.00	Yes - Info
3. New maximum contract amount:	\$297,860.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism must develop a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not have employees located in Australia to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3195, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/01/2015 Anticipated re-bid date: 01/15/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

The Nevada Division of Tourism has contracted with this vendor January 2016. The quality of work has been satisfactory.

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	09/20/2016 12:36:55 PM
Division Approval	amathies	09/20/2016 12:37:10 PM
Department Approval	amathies	09/20/2016 12:37:13 PM
Contract Manager Approval	amathies	09/20/2016 12:37:16 PM
Budget Analyst Approval	dstoddar	09/21/2016 09:36:27 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17279**

Agency Name: DEPARTMENT OF TAXATION	Legal Entity Name: MAXIMOMEDIA INC
Agency Code: 130	Contractor Name: MAXIMOMEDIA INC
Appropriation Unit: 2361-26	Address: 311 E WARM SPRINGS RD STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-4270
If "No" please explain: Not Applicable	Contact/Phone: 702/266-7045
	Vendor No.: T27030331
	NV Business ID: NV20031321330

To what State Fiscal Year(s) will the contract be charged? **2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/30/2015**

Anticipated BOE meeting date 11/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2016**

Contract term: **212 days**

4. Type of contract: **Contract**

Contract description: **Online Tax Redesign**

5. Purpose of contract:

This is a new contract to provide services to modernize the online tax webpage for visitors and businesses using the portal, and create a webpage frontend development framework that is easy to modify, replicate, and expand upon for future revisions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$100.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

To make the On Line Tax (OLT) website more user friendly, create a responsive design, and campaign more users to use online services. Increased use of online OLT should result in a decreased use of more expensive and labor-intensive lockbox services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Existing staff do not have time or sufficient knowledge to make changes to the website. Staff in other state agencies do not have the knowledge needed for the website changes.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

FreshConsulting
BlinkUX
MaximoMedia, Inc.
Mindtree

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor that submitted a bid. No response from BlinkUX, FreshConsulting was outside of our budget and Mindtree does not do UX design alone.

d. Last bid date: 11/06/2015 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Taxation
Start: 4/21/2015
End: 06/30/2015
Quality: Satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhunnewe	11/17/2015 14:29:21 PM
Division Approval	lhunnewe	11/17/2015 14:29:23 PM
Department Approval	rgimlin	11/18/2015 07:20:32 AM
Contract Manager Approval	rgimlin	11/23/2015 07:42:16 AM
DoIT Approval	bbohm	11/23/2015 07:44:47 AM
Budget Analyst Approval	amccalla	11/30/2015 09:41:11 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18045**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: AM SMITH ELECTRIC INC
Agency Code: 180	Contractor Name: AM SMITH ELECTRIC INC
Appropriation Unit: 1385-07	Address: 3370 EXECUTIVE POINTE WAY #43
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89702-0610
If "No" please explain: Not Applicable	Contact/Phone: MELISSA CARON 775/885-0333
	Vendor No.: PUR0002678A
	NV Business ID: NV19801010061
To what State Fiscal Year(s) will the contract be charged?	2017-2018

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % USER FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD #2198601**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/12/2016**

Anticipated BOE meeting date **09/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **1 year and 322 days**

4. Type of contract: **Contract**

Contract description: **Electrical services**

5. Purpose of contract:

This is a new contract to provide electrical installation, repair, and maintenance at the Carson City facility on an as-needed basis for a time and materials rate.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,000.00**

Other basis for payment: At a cost of time and materials rates on Attachment CC, payable upon completion of the services and within 45 days of submission of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical installation, repairs, and maintenance services are periodically required.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not certified or experienced in performing these tasks.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

A.M. Smith Electric
Diamond Electric
United Electrical Services
Merit Electric
Action Electric
Creekside Electrical Contractors
Reliant Electric
Briggs Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only contractor to respond to solicitation.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	08/12/2016 09:45:31 AM
Division Approval	csweeney	08/12/2016 09:45:34 AM
Department Approval	csweeney	08/12/2016 09:45:36 AM
Contract Manager Approval	amarangi	08/12/2016 10:41:32 AM
Budget Analyst Approval	cmurph3	08/12/2016 14:24:56 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: **18135**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: NEVADA YAMAS CONTROLS INC
Agency Code: 180	Contractor Name: NEVADA YAMAS CONTROLS INC
Appropriation Unit: 1385-07	Address: 1380 GREG ST STE 224
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-6071
If "No" please explain: Not Applicable	Contact/Phone: Kirby Keller 775/359/9628
	Vendor No.: T29032379A
	NV Business ID: NV20121569583
To what State Fiscal Year(s) will the contract be charged?	2017-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Facility Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD #2301343**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/26/2016**

Anticipated BOE meeting date **10/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2018**

Contract term: **2 years and 4 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract that continues ongoing maintenance and repairs to the air conditioners Direct Digital Control (DDC) System at the Computer Facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,823.00**

Other basis for payment: A cost of \$13,759 for Year 1 and \$14,064 for Year 2 for annual preventative maintenance provided 3 days per quarter, payable upon completion of project/deliverables and upon approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Facility's mainframe computer system will not function without the proper temperature and humidity. The Direct Digital Control System controls the air conditioning and needs regular maintenance as well as emergency repairs, as necessary.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 120708

Approval Date: 07/17/2012

c. Why was this contractor chosen in preference to other?

Nevada Yamas Controls has taken over service from Schneider Electric Buildings (previous contractor for this service) and will be providing continued maintenance and service for the already purchased/installed system that is currently in use by the State. (See attached email)

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2013 to current, State Public Works Division, satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csweeney	09/26/2016 07:21:19 AM
Division Approval	csweeney	09/26/2016 07:21:22 AM
Department Approval	csweeney	09/26/2016 07:21:25 AM
Contract Manager Approval	amarangi	09/26/2016 08:17:52 AM
Budget Analyst Approval	dstoddar	09/26/2016 09:46:15 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17935**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Connected Nation, Inc.
Agency Code: 300	Contractor Name: Connect Nevada LLC
Appropriation Unit: 2675-32	Address: PO Box 3448
Is budget authority available?: Yes	City/State/Zip: Bowling Green, KY 42102-3448
If "No" please explain: Not Applicable	Contact/Phone: Brent Legg 202-340-6446
	Vendor No.: T27037769A
	NV Business ID: NV2007137880

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/26/2016**

Anticipated BOE meeting date **07/2016**

Retroactive? **Yes**

If "Yes", please explain

The contracting process took longer than expected to get all of the signatures required. The majority of the funds for this work are in FY16. We will plan better in the future to have contracts signed and submitted timely for approvals.

3. Termination Date: **07/31/2016**

Contract term: **66 days**

4. Type of contract: **Contract**

Contract description: **Develop Strategy**

5. Purpose of contract:

This is a new contract to support the development of a state school connectivity strategy for the State of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: upon receipt of detailed invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada needs this valuable knowledge from this well connected vendor to ensure taxpayers dollars are used efficiently and effectively. Connected Nation has already conducted work in Utah that is similar to Nevada in its rural areas and this valuable knowledge will assist Nevada in using its resources to the most efficient manner to help Nevada solve its broadband problem. If this contract is not approved Nevada may lose the opportunity to gain valuable insight into ways to solve Nevada's dismal broadband situation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The requirements for this project outweigh the resources available within the Nevada Department of Education as well as other state agencies. The timelines are extremely tight, and only an outside entity with resources can accomplish this in the time allotted.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160402

Approval Date: 04/06/2016

c. Why was this contractor chosen in preference to other?

Department staff spoke with another state organization on the east coast but learned that their services are not comparable to Connected Nation's. Utah affirmed Nevada is getting a fair price for these services. State employees at both New Jersey and Utah do not know of any other organizations that perform these services. Connected Nation is a nationwide organization that at least 10 other states are using their services for similar work.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Governor's Office of Science, Innovation, and Technology (OSIT) and the work is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Connected Nation Inc. is the parent company of Connect Nevada LLC.

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the 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	amccalla	06/28/2016 08:17:51 AM
Division Approval	amccalla	06/28/2016 08:18:06 AM
Department Approval	amccalla	06/28/2016 08:18:09 AM
Contract Manager Approval	ablackwe	06/28/2016 08:35:05 AM
Budget Analyst Approval	kperondi	06/28/2016 08:58:50 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17965**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: NATIONAL ALLIANCE FOR PARTNERSHIPS	Contractor Name: NATIONAL ALLIANCE FOR PARTNERSHIPS
Agency Code: 300	Address: IN EQUITY EDUCATION FOUNDATION	91 Newport Pike Suite 302
Appropriation Unit: 2676-77	City/State/Zip: Gap, PA 17527	
Is budget authority available?: Yes	Contact/Phone: Mary E. Lufkin 717-407-5118	Vendor No.: T27033040
If "No" please explain: Not Applicable	NV Business ID: NV20161365059	

To what State Fiscal Year(s) will the contract be charged? **2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/21/2016**

Anticipated BOE meeting date **08/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **344 days**

4. Type of contract: **Contract**

Contract description: **CTE Performance**

5. Purpose of contract:

This is a new contract to provide specialized services to improve performance in the area of enrollment, retention, and completion of career and technical education (CTE) programs leading to non-traditional training and employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: upon receipt of detailed invoice as the deliverables are met.

II. JUSTIFICATION

7. What conditions require that this work be done?

Performance in the area of enrollment, retention, and completion of career and technical education (CTE) programs, which are measurable performance indicators required by federal law in the Carl D. Perkins Career and Technical Education Act of 2006. For the academic years 2013-14 and 2014-15 Nevada did not meet its performance levels. It is required that Nevada must now establish a state improvement plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to set up the system.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160601

Approval Date: 06/02/2016

c. Why was this contractor chosen in preference to other?

The vendor is recognized throughout the country and the U.S. Department of Education as being the primary technical assistance resource for improving equity imbalances in CTE 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?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	06/24/2016 10:04:58 AM
Division Approval	amccalla	06/24/2016 10:05:46 AM
Department Approval	amccalla	06/24/2016 10:05:48 AM
Contract Manager Approval	ablackwe	06/24/2016 10:36:30 AM
Budget Analyst Approval	kperondi	07/21/2016 13:17:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17631**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Workcred, Inc.
Agency Code: 300	Contractor Name: Workcred, Inc.
Appropriation Unit: 2676-78	Address: 1899 L Street NW 11th Floor
Is budget authority available?: Yes	City/State/Zip: Washington, DC 20036
If "No" please explain: Not Applicable	Contact/Phone: Roy Swift 202-331-3617
	Vendor No.: T27039093
	NV Business ID: NV20161164434

To what State Fiscal Year(s) will the contract be charged? **2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/08/2016**

Anticipated BOE meeting date 04/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2016**

Contract term: **83 days**

4. Type of contract: **Contract**

Contract description: **Industry Credentials**

5. Purpose of contract:

This is a new contract to provide assistance with the development of criteria for identifying quality industry credentials students may earn to advance employment opportunities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Other basis for payment: upon receipt of detailed invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of this work is ultimately to protect students, parents, schools, and/or colleges from paying for third party certifications that are vendor and profit driven versus employer driven, where the credential is either required for employment or truly enhances employment opportunities. We need to ensure the state has a sound vetting process for recognizing industry credentials. Part of the vendor services is to help the state develop a sound selection criteria that can stand up to scrutiny. The Department of Education is to develop an approved list of industry credentials as per NAC 389.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We do not have the expertise to set up the system.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The department did an internal solicitation (RFP 16-01) and this vendor was selected by the evaluation committee as the Scope of Work and bid were consistent with the department's needs.

d. Last bid date: 03/08/2016 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

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vostin	03/31/2016 10:53:07 AM
Division Approval	amccalla	04/01/2016 07:49:20 AM
Department Approval	amccalla	04/01/2016 07:49:23 AM
Contract Manager Approval	ablackwe	04/01/2016 07:59:28 AM
Budget Analyst Approval	kperondi	04/08/2016 12:35:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17863**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: ACT INC
Agency Code: 300	Contractor Name: ACT INC
Appropriation Unit: 2697-44	Address: PO BOX 4072
Is budget authority available?: Yes	City/State/Zip: IOWA CITY, IA 52243-4072
If "No" please explain: Not Applicable	Contact/Phone: Sue Wheeler 319/321-9708
	Vendor No.: T29022931B
	NV Business ID: NV20071357380

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2015**

Anticipated BOE meeting date **07/2016**

Retroactive? **Yes**

If "Yes", please explain

Education State Board moved the administration of the ACT plus Writing exam earlier in the school year so that 11th grade students receive their score reports in time to use the information to plan their senior year course schedule. The shift in administration dates requires the NDE complete a limited number of activities covered by the contract earlier in the school year, in order to meet the accelerated timelines required by ACT. The contractor requested a separate contract for these services.

3. Termination Date: **09/30/2018**
Contract term: **2 years and 303 days**

4. Type of contract: **Contract**
Contract description: **ACT Score Reporting**

5. Purpose of contract:
This is a new contract to receive scoring and reporting services of ACT college readiness assessment records.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$10,300.00**
Other basis for payment: **\$2,575 per year upon receipt of itemized invoice.**

II. JUSTIFICATION

7. What conditions require that this work be done?

All High School Juniors in Nevada take the ACT College Entrance Exam. The test is a standards-based achievement test and career planning tool that assesses students academic readiness for college. In July 2014 the Nevada State Board of Education selected the ACT as Nevada's new college and career readiness assessment. Beginning with the Class of 2016 participation in the ACT statewide test is a graduation requirement. Thus it is essential we receive the scoring and reporting each year on our students.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada Department of Education employees do not have the training or expertise to compile the reports. This is a test provided and administered by ACT and the company does all of the scoring and reporting for each State for their test.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

RFP #3132 was completed for the assessment testing contract - ACT, Inc. contract number 16058. This contract with ACT, Inc. is for the ACT test results are reported from the vendor to the Department of Education and no other company can score and report these tests.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Employment, Training and Rehabilitation - 12/5/2012 - work was satisfactory

Department of Education - 7/1/2013 to current - work was satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	06/28/2016 10:18:27 AM
Division Approval	amccalla	06/28/2016 10:18:30 AM
Department Approval	amccalla	06/28/2016 10:18:32 AM
Contract Manager Approval	ablackwe	08/29/2016 16:23:16 PM
Budget Analyst Approval	kperondi	08/29/2016 17:31:02 PM

BRIAN SANDOVAL
Governor

STATE OF NEVADA

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August 29, 2016

MEMORANDUM

TO: James Wells
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Susan Brown
Budget Analyst, Governor's Finance Office – Budget Division

FROM: Andrea McCalla 
Administrative Services Officer III

SUBJECT: Request for Retroactive Contract with ACT, Inc.

The Nevada Department of Education (NDE) is requesting approval of the contract with ACT, Inc. submitted for consideration to be retroactive from December 1, 2015. The new contract is for the Scoring and Reporting services to the Nevada Department of Education to receive ACT College Readiness Assessment Records. ACT requested a separate contract due to different scoring and reporting of national test date results versus Nevada ACT statewide testing reporting results.

At the direction of the State Board of Education, NDE is working with ACT to move the administration of the ACT plus Writing exam earlier in the school year so that 11th grade students receive their score reports in time to use the information to plan their senior year course schedule. The shift in administration dates requires that the NDE complete a limited number of activities covered by the contract earlier in the school year, in order to meet the accelerated timelines required by ACT.

This new contract is separate from the ACT junior testing contract, in that it includes all Nevada students who took the ACT on a national test date as well as those who took the test as juniors during the statewide administration. In 2014-15, NDE only received those students' scores who took the ACT during spring 2015 as juniors. Not included are those students' scores who may have taken the ACT starting in Fall 2014 with the September national testing date. NDE does not currently have those scores. Therefore, NDE requests a retroactive contract to include students' scores from national testing dates.

We appreciate your consideration in this matter.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17834**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: SCANTRON CORPORATION
Agency Code: 300	Contractor Name: SCANTRON CORPORATION
Appropriation Unit: 2697-19	Address: HARLAND TECHNOLOGY SRVCS PO BOX 93038
Is budget authority available?: Yes	City/State/Zip: CHICAGO, IL 60673-3038
If "No" please explain: Not Applicable	Contact/Phone: Rich Vesga 800-722-6876
	Vendor No.: PUR0000745A
	NV Business ID: NV20111459138

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**
Anticipated BOE meeting date **06/2016**

Retroactive? **Yes**

If "Yes", please explain

The Department of Education had miscommunications within the department staff as well as with the contractor. The amendment to the original contract #12667 was not timely submitted before the September 30, 2015 expiration date.

3. Termination Date: **09/30/2017**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **HSPE Answer Document**

5. Purpose of contract:

This is a new retroactive contract to supply the Department of Education with answer documents for grades 11, 12, and adult state mandated writing assessments to include the design alterations, printing, overprinting of barcodes, and digital print and programming changes necessary to scan/read documents for each assessment at each grade level. The contractor will prepare reader/scorer data documents to be shipped to school districts throughout Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,000.00**

Other basis for payment: upon itemized receipt of deliverables.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 389.015, Sec. 6 mandates to administer the High School Proficiency Exam. The answer documents are required for administering the exam.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Education does not have necessary staff, resources, expertise, or the equipment to create and process the answer documents. The maintenance contract for the 5000i scanner/imager with Harland Technologies specifically states that it will be null and void should Nevada Department of Education have a problem due to services and/or support of operation systems of non-Harland Technology Services software, hardware, or forms. Scantron/Harland Technology Services has sole ownership of the production and maintenance of the 5000i scanner/imager which the Nevada Department of Education owns and uses to scan writing assessment documents. Nevada Department of Education currently contracts with Harland for the maintenance on the 5000i scanner/imager. As a part of Harland Technical Services, Scantron has sole propriety of the entire printing production, including paper and ink, of the documents this machine is guaranteed to scan correctly and accurately.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 090711
Approval Date: 04/14/2015

c. Why was this contractor chosen in preference to other?

Scantron/Harland Technology Services has sole ownership of the production and maintenance of the 5000i scanner/imager which the Nevada Department of Education owns and uses to scan writing assessment documents. Nevada Department of Education currently contracts with Harland for the maintenance on the 5000i scanner/imager. As a part of Harland Technical Services, Scantron has sole propriety of the entire printing production, including paper and ink, of the documents this machine is guaranteed to scan correctly and accurately.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	05/16/2016 10:07:14 AM

Division Approval	amccalla	05/16/2016 10:07:17 AM
Department Approval	amccalla	05/16/2016 10:07:19 AM
Contract Manager Approval	ablackwe	05/16/2016 10:35:25 AM
Budget Analyst Approval	kperondi	05/20/2016 10:19:31 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18132**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Board of Regents - UNLV
Agency Code: 300	Contractor Name: Board of Regents - UNLV
Appropriation Unit: 2709-21	Address: 4505 S. Maryland Pkwy. Box 451055
Is budget authority available?: Yes	City/State/Zip: Las Vegas , NV 89154
If "No" please explain: Not Applicable	Contact/Phone: Tara Phebus 702-895-1040
	Vendor No.: D35000813
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **1 year and 280 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Pre-K Program Eval.**

5. Purpose of contract:

This is a new interlocal agreement to provide Pre-K evaluations. UNLV Nevada Institute of Children's Research and Policy (NICRP) will evaluate the differences in child outcomes based on Pre-K attendance. It is anticipated that 4 year olds from low income families that attend Pre-K programs, as compared to 4 year olds from low income families that do not attend pre-k programs: 1) will be statistically less likely to be placed in special education programs after kindergarten, 2) will have statistically higher kindergarten entry scores, and 3) will have statistically higher reading scores.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,012.00**

Other basis for payment: upon receipt of detailed invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Education receives funding from the U.S. Administration for Children and Families, Child Care and Development Funds (CCDF) through a sub-grant from the Nevada Division of Welfare and Supportive Services. These funds must be used to increase access and improve quality of child care programs and specifically to evaluate programs and services that are being provided.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Department of Education employees do not have the expertise to perform these duties (evaluation of Pre-k programs) and the UNLV Nevada Institute for Children's Research and Policy is a government entity.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.189, the Agency has contracted with the Board of Regents, University of Nevada, Las Vegas.
The indirect rate is 5%.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Education - work has been satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/16/2016 12:02:25 PM
Division Approval	amccalla	09/16/2016 12:02:27 PM
Department Approval	amccalla	09/16/2016 12:02:29 PM
Contract Manager Approval	ablackwe	09/16/2016 12:15:34 PM
Budget Analyst Approval	knielsen	09/23/2016 11:13:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17166	Amendment Number: 1
Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: EDUCATIONAL RESEARCH & TRAINING CORP
Agency Code: 300	Contractor Name: EDUCATIONAL RESEARCH & TRAINING CORP
Appropriation Unit: 2712-16	Address: 1504 13TH AVE
Is budget authority available?: Yes	City/State/Zip: GREELEY, CO 80631-4736
If "No" please explain: Not Applicable	Contact/Phone: Richard Rangel 970/356-9472
	Vendor No.: T27021215
	NV Business ID: NV20111766500

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2016**

Anticipated BOE meeting date 06/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **12/31/2019**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Technical Assistance**

5. Purpose of contract:

This is the first amendment to the original contract which provides a web-based tutorial system, a service delivery plan for Nevada, a comprehensive needs assessment, and an evaluation of the Migrant Education Program students. The contractor will ensure the service delivery plan, the needs assessment, and the evaluation all compliment each other and will maintain a web-based certificate of eligibility system that meets federal requirements and provides an interface between the U.S. Department of Education's M-SIX data system and the Nevada Department of Education. This amendment increases the maximum amount from \$282,000 to \$296,000 due to one additional needs assessment added to the scope of work.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$282,000.00	\$282,000.00	\$282,000.00	Yes - Action
2. Amount of current amendment (#1):	\$14,000.00	\$296,000.00	\$14,000.00	Yes - Info
3. New maximum contract amount:	\$296,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Department of Education Migrant Education requires each state that receives Migrant Education funds to conduct a comprehensive needs assessment, develop a service delivery plan, conduct program evaluations, and use the national certificate of eligibility form. Since Nevada is a member of a migrant consortium, the state receives additional migrant education funds, but part of those funds must be used to develop the product of the consortium.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Educational Research and Training Corporation performs the coordination of activities for the consortium. This firm is the only organization with access to the multiple data base required to perform the activities identified in the contract. Although Nevada is a member of the consortium, no employee of the State has the ability to access these databases.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 150904
Approval Date: 09/30/2015

c. Why was this contractor chosen in preference to other?

This is the only firm with access to the multiple data base required to perform the activities.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Educational Research and Training Corporation had a contract with the Nevada Department of Education (NDE) that expired on September 30, 2015. NDE has indicated that the Educational Research and Training Corporation met all requirements and deadlines of the contract.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mburto1	05/05/2016 14:02:34 PM
Division Approval	mburto1	05/05/2016 14:02:37 PM

Department Approval	mburto1	05/05/2016 14:02:40 PM
Contract Manager Approval	ablackwe	05/06/2016 07:45:23 AM
DoIT Approval	csweeney	05/09/2016 06:52:56 AM
Budget Analyst Approval	kperondi	05/12/2016 12:59:18 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: **18065**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Nevada Afterschool Network
Agency Code: 300	Contractor Name: Nevada Afterschool Network
Appropriation Unit: 2712-64	Address: PO Box 50039
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89435
If "No" please explain: Not Applicable	Contact/Phone: Cynthia Freeman 775-240-7714
	Vendor No.: T27037240
	NV Business ID: NV20151224913

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2016**

Anticipated BOE meeting date 09/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2018**

Contract term: **1 year and 335 days**

4. Type of contract: **Contract**

Contract description: **Technical Assistance**

5. Purpose of contract:

This is a new contract to provide technical assistance, professional development resources, network meetings, and afterschool program training for Nevada's 21st Century Community Learning Centers program in alignment with the federal and state guidelines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Other basis for payment: upon receipt of detailed invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal program requirements of 21st Century Community Learning Centers include the state providing grantees with technical or other assistance. The partnership with the Nevada Afterschool Network will increase program outreach and expand resources throughout the State of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Afterschool Network is the only state network available for assistance with afterschool programs.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160803

Approval Date: 08/15/2016

c. Why was this contractor chosen in preference to other?

The Nevada Afterschool Network is the only state network available for assistance with afterschool 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?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Education - 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:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	08/22/2016 11:24:55 AM
Division Approval	amccalla	08/22/2016 11:25:02 AM
Department Approval	amccalla	08/22/2016 11:25:04 AM
Contract Manager Approval	ablackwe	08/22/2016 11:30:21 AM
Budget Analyst Approval	kperondi	08/30/2016 09:53:18 AM

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

Julia Teska
Director

Greg Smith
Administrator

Purchasing Use Only:	
Approval#:	160803

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency:	Department of Education	
	Contact Name and Title	Phone Number	Email Address
	TeQuia Barrett Education Programs Professional	775-687-9218	tbarrett@doe.nv.gov

Vendor Information:		
1b	Identify Vendor:	Nevada Afterschool Network
	Contact Name:	Cynthia Freeman
	Address:	PO Box 50039 Sparks, NV 89435
	Telephone Number:	775-240-7714
	Email Address:	cynthia@nv afterschool.org

Type of Waiver Requested – Check the appropriate type:		
1c	Sole or Single Source:	XX
	Professional Service Exemption:	

Contract Information:				
1d	Is this a new Contract?	Yes	XX	No
	Amendment:	#		
	CETS:	#		

Term:			
1e	One (1) Time Purchase:		
	Contract:	Start Date: 8/1/16	End Date: 7/30/18

Funding:		
1f	State Appropriated:	
	Federal Funds:	XX
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$ 49,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	The Nevada Afterschool Network (NAN) will provide technical assistance, professional development opportunities and resources, network meetings and access to national trainings and quality standards for NDE's 21 st CCLC programs. In partnership with the Department of Education, the network will work to expand learning opportunities through afterschool and summer programs throughout the state.

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	The Nevada Afterschool Network is the sole state network, formed through the Mott Foundation, to provide resources and opportunities for afterschool/out of school time programs in Nevada. The National Network of Statewide Afterschool Networks is focused on the core components of afterschool and summer learning opportunities—engaged learning, school-community partnerships and family involvement. Over the past 12 years in partnership with the USDE, the Charles Stewart Mott Foundation has made investments in coalitions of diverse stakeholders and organizations coming together to build good policies and practices to sustain and expand quality afterschool and summer learning opportunities. Now reaching 50 states, the statewide afterschool networks cultivate partnerships and initiatives that develop and support quality afterschool and summer learning opportunities for young people. The goal is to engage schools, community-based organization and other entities in providing youth with access to high-quality afterschool programs.

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	Now reaching 50 states, the statewide afterschool networks cultivate partnerships and initiatives that develop and support quality afterschool and summer learning opportunities for young people. There is only one network established per state.

5	Were alternative services or commodities evaluated? Check One.	Yes:	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>			
	b. <i>If not, why were alternatives not evaluated?</i>			
	Nationally there is only one state afterschool network established within each state. There are no other entities that can provide the services under the Mott framework and in partnership with afterschool programs.			

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
	<i>Term Start and End Dates</i>	<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFO, Waiver)</i>	

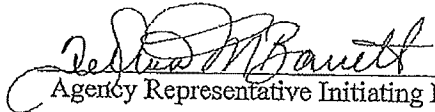
	10/1/14	9/30/15	\$ 20,000	NAN Assistance	Waiver
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7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	Federal program requirements include providing of technical assistance and professional development opportunities for sub-grantees. This partnership will increase the state's ability to provide these opportunities, increase access to additional statewide partnerships and potential funding sources for afterschool programs in efforts to improve program sustainability. The building of sustainable programs is also a federal requirement of the 21 st Century Community Learning Centers program.

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	Research was conducted on state networks and Mott's network partnerships. The associated cost is aligned with the needs of Nevada's afterschool programs and the estimated national cost of providing programs.

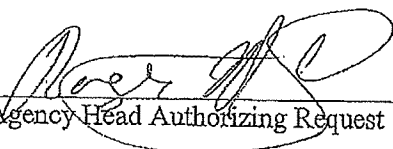
9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	The partnership is ongoing with contractual renewals to provide technical assistance, annual trainings and resources for afterschool programs, throughout the state as needed.				

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

TeQuia Barrett
Print Name of Agency Representative Initiating Request

7/8/16
Date


Signature of Agency Head Authorizing Request

Steve Canavero
Print Name of Agency Head Authorizing Request

7/8/16
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

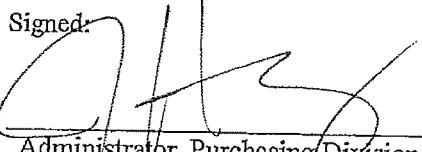
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:


Administrator, Purchasing Division or Designee

8-15-2016
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17623**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Solution Tree
Agency Code: 300	Contractor Name: Solution Tree
Appropriation Unit: 2712-04	Address: 555 N. Morton St.
Is budget authority available?: Yes	City/State/Zip: Bloomington, IN 47404
If "No" please explain: Not Applicable	Contact/Phone: Shannon R. Rits 800-733-6786
	Vendor No.: T81035076
	NV Business ID: TBD

To what State Fiscal Year(s) will the contract be charged? **2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2016**

Anticipated BOE meeting date **04/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2016**

Contract term: **86 days**

4. Type of contract: **Contract**

Contract description: **Training**

5. Purpose of contract:

This is a new contract to provide Professional Learning Communities at Work training as part of Nevada's turnaround strategy and process for underperforming schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,500.00**

Payment for services will be made at the rate of \$6,500.00 per day for 3 days

Other basis for payment: upon receipt of detailed invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The work of the Office of Student and School Supports (OSSS) is to monitor the effectiveness and programs grants give direct technical assistance to districts, schools, and charter schools to promote student achievement, and to partner with school leaders to affect change through the Department of Education's Theory of Action, which lists Item 3 as Professional Learning Communities (PLC). To provide this support to Nevada's Underperforming Schools, the OSSS staff must understand the culture of a true PLC campus, have shared language with districts/schools and gain knowledge around strategies to assist underperforming schools for future growth.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no employees within the state that know the PLC process as it is unique to the Solution Tree.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160303

Approval Date: 03/16/2016

c. Why was this contractor chosen in preference to other?

They are a sole source provider for Professional Learning Communities/Richard DuFour trainings.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

LLC

The vendor is applying for a business license with the Secretary of State's office.

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

The vendor is applying for a business license with the Secretary of State's office.

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

The vendor is applying for a business license with the Secretary of State's office.

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	03/30/2016 06:34:50 AM
Division Approval	amccalla	03/30/2016 06:34:58 AM
Department Approval	amccalla	03/30/2016 06:35:06 AM
Contract Manager Approval	ablackwe	03/30/2016 06:51:38 AM
Budget Analyst Approval	kperondi	04/05/2016 16:32:00 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: 14460	Amendment Number: 2
Agency Name: DEPARTMENT OF EDUCATION	Legal Entity Name: University of Wisconsin WIDA
Agency Code: 300	Contractor Name: University of Wisconsin WIDA
Appropriation Unit: 2712-04	Address: 1025 W. Johnson St., MD# 23
Is budget authority available?: Yes	City/State/Zip: Madiison, WI 53703
If "No" please explain: Not Applicable	Contact/Phone: Becki Kohl 608-890-2550
	Vendor No.: T80997479 E
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2013**
 Anticipated BOE meeting date **09/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/20/2015**

Contract term: **4 years and 52 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **EL Assessment**

5. Purpose of contract:

This is the second amendment to the original contract with the WIDA Consortium, a multi-state coalition of state departments of education that acts in collaboration to research, design and implement a standards-based educational system that promotes equitable educational opportunities for English language learners in pre-kindergarten through grade twelve. This amendment increases the maximum from \$426,308 to \$473,322 and extends the contract term from 6-30-15 to 6-30-17 due to the continued need for technical assistance, resources to develop and pilot an observation language protocol, create and implement a professional development action plan for supporting, instructing, and assessing young dual language learners. School Districts and State Public Charter School Authority will purchase and administer this assessment to meet No Child Left behind (NCLB) Act Title I and Title III requirements through the Douglas County School District participating addendum.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$0.01	\$0.01	\$0.01	No
a. Amendment 1:	\$426,307.99	\$426,308.00	\$426,308.00	Yes - Action
2. Amount of current amendment (#2):	\$47,014.00	\$47,014.00	\$47,014.00	Yes - Info
3. New maximum contract amount:	\$473,322.00			
and/or the termination date of the original contract has changed to:	06/30/2017			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statute 389.011 requires an assessment of proficiency in the English language for pupils who are limited English proficient to measure oral language skills, comprehensive skills, reading skills and writing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees within the Nevada Department of Education have responsibilities that support the English language proficiency programs but certain tasks exceed their expertise.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

WIDA was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mburto1	08/05/2014 09:34:25 AM
Division Approval	mburto1	08/05/2014 09:34:31 AM
Department Approval	lyoun7	08/05/2014 13:18:04 PM
Contract Manager Approval	mburto1	08/05/2014 13:25:14 PM
Budget Analyst Approval	sbrown	10/13/2015 11:42:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17369**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Peppermill Resort Spa Casino
Agency Code: 300	Contractor Name: Peppermill Resort Spa Casino
Appropriation Unit: 2713-52	Address: 2717 S. Virginia Street
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Danielle Vessie 775-689-7140
	Vendor No.: T81011029
	NV Business ID: SM00350410

To what State Fiscal Year(s) will the contract be charged? **2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2016**

Anticipated BOE meeting date **02/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/16/2016**

Contract term: **2 days**

4. Type of contract: **Contract**

Contract description: **Striving Readers**

5. Purpose of contract:

This is a new contract to hold the Striving Readers Comprehensive Literacy Summer Institute at the Peppermill Resort Spa Casino. The Peppermill Resort Spa Casino will provide meeting space and lodging for the participants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,420.00**

Other basis for payment: conference invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Education's Striving Readers' Comprehensive Literacy Initiative (federal grant) is mandated by the U.S. Department of Education to provide an annual Summer Institute for all of its awarded districts. It is estimated that over 200+ participants will attend. It is necessary to conduct this institute in a setting this large (particularly because so many participants are traveling from our largest district in Las Vegas, NV).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Department of Education is not equipped for lodging, food, and facilities of this size.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Harvey's Lake Tahoe (Stateline, NV)
Peppermill Resort Spa Casino (Reno, NV)
Atlantis Casino Resort Spa (Reno, NV)

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Peppermill Casino provided the lowest bid and the best facilities for our needs.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other **Service Mark**

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the 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	mburto1	02/05/2016 10:31:48 AM
Division Approval	mburto1	02/05/2016 10:31:55 AM
Department Approval	mburto1	02/05/2016 10:32:02 AM
Contract Manager Approval	ablackwe	02/05/2016 10:33:45 AM
Budget Analyst Approval	kperondi	02/23/2016 17:13:04 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: **17299**

Agency Name: DTCA - MUSEUMS AND HISTORY DIVISION	Legal Entity Name: WHITE PINE HISTORICAL RAILROAD FOUNDATION, INC.
Agency Code: 331	Contractor Name: WHITE PINE HISTORICAL RAILROAD FOUNDATION, INC.
Appropriation Unit: 4216-00	Address: NORTHERN NEVADA RAILWAY FOUND. PO BOX 150040
Is budget authority available?: Yes	City/State/Zip: ELY, NV 89315-0400
If "No" please explain: Not Applicable	Contact/Phone: 775/289-2085
	Vendor No.:
	NV Business ID: NV19841015448
To what State Fiscal Year(s) will the contract be charged?	2016-2018

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Admission Fees

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/18/2015**

Anticipated BOE meeting date 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **2 years and 194 days**

4. Type of contract: **Revenue Contract**

Contract description: **NSRMEE Revenue**

5. Purpose of contract:

This is a new revenue contract that is ongoing to share revenue earned for general admission fees at the Northern Nevada Railway Historical Railroad Museum and the East Ely Railroad Depot Museum.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: \$2.00 per adult ticket retained and submitted by the State to WPHRF

II. JUSTIFICATION

7. What conditions require that this work be done?

The combining of State and White Pine Historical Railroad Foundation (WPHRF) is a partnership which benefits both the State Railroad Museum and WPHRF and enhances the success of both programs. This revenue share agreement will require only one general admission fee and will ensure that NSRMEE will receive a guaranteed admission fee per each adult visitor that visits the Northern Nevada Railway.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are participating in this partnership but the WPHRF will contribute additional resources above what the State contributes.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cedlefse	12/03/2015 11:01:09 AM
Division Approval	cedlefse	12/03/2015 11:01:14 AM
Department Approval	dpeters3	12/03/2015 11:32:59 AM
Contract Manager Approval	cedlefse	12/10/2015 16:09:31 PM
Budget Analyst Approval	myoun3	12/18/2015 15:13:57 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17308**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	UNITED AMERICAN INSURANCE COMPANY
Agency Code:	402	Contractor Name:	UNITED AMERICAN INSURANCE COMPANY
Appropriation Unit:	3156-16	Address:	PO BOX 8080
Is budget authority available?:	Yes	City/State/Zip:	MCKINNEY, TX 75070-8080
If "No" please explain:	Not Applicable	Contact/Phone:	972/529-5085
		Vendor No.:	T27016572A
		NV Business ID:	NV20121088990

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Tobacco Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2015**

Anticipated BOE meeting date 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/09/2019**

Contract term: **3 years and 79 days**

4. Type of contract: **Contract**

Contract description: **United American Ins**

5. Purpose of contract:

This is a new contract that continues the two-part State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, to subsidize the monthly premium on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,300.00**

Other basis for payment: 100% of the low income benchmark for Nevada, as provided by the Centers for Medicare and Medicaid Services (CMS) plus a monthly administrative fee.

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not authorized to perform the needed services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Previous contract or provider agreement with Aging and Disability Services: Satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	12/07/2015 09:45:03 AM
Division Approval	dbowma1	12/07/2015 09:45:49 AM
Department Approval	ecreceli	12/10/2015 09:42:10 AM
Contract Manager Approval	jpruneau	12/14/2015 10:11:13 AM
Budget Analyst Approval	knielsen	12/21/2015 15:28:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17065**

Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: CARSON CITY CONSOLIDATED
Agency Code: 402	Contractor Name: CARSON CITY CONSOLIDATED
Appropriation Unit: 3167-00	Address: MUNICIPALITY
Is budget authority available?: Yes	201 N CARSON ST STE 2
If "No" please explain: Not Applicable	City/State/Zip: CARSON CITY, NV 89701-4264
	Contact/Phone: 7758872340
	Vendor No.: T80967544
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 11/2015

Retroactive? **Yes**

If "Yes", please explain

Due to pending legislation that may affect the provision of children's intellectual disability services, the counties required significantly more time than was expected to approve and process this agreement.

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Revenue Contract**

Contract description: **Carson County**

5. Purpose of contract:

This is a new interlocal revenue agreement that continues ongoing service to children with intellectual disabilities and provides structure for county reimbursement of the non-federal share of funding as payment for services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Other basis for payment: Revenue Contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020 Division of Aging and Disability Services (ADSD) is obligated to provide services to children with intellectual disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Not applicable. State employees are providing the services for the County.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Not applicable. State employees are providing the services for the County.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2013-2015, ADSD, 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	dbowma1	10/02/2015 14:29:22 PM
Division Approval	dbowma1	10/02/2015 14:29:25 PM
Department Approval	ecreceli	10/08/2015 10:49:15 AM
Contract Manager Approval	jpruneau	10/09/2015 08:59:57 AM
Budget Analyst Approval	knielsen	10/14/2015 15:14:46 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17712**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: NEVADA CONTRACT CARPET, INC.
Agency Code: 406	Contractor Name: NEVADA CONTRACT CARPET, INC.
Appropriation Unit: 3161-07	Address: 6840 W. Patrick Lane
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: Bill Bozoian 7023623033
	Vendor No.: T80928907
	NV Business ID: NV19871038330

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C15435**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/27/2016**

Anticipated BOE meeting date **06/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2020**

Contract term: **3 years and 278 days**

4. Type of contract: **Contract**

Contract description: **Flooring Service**

5. Purpose of contract:

This is a new contract that continues ongoing flooring installation and repair services to all buildings including carpeting, sheet vinyl, vinyl composition tile, tile repair and replacement as needed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 331.080 authorizes expenditures for maintenance and repair and to meet Joint Commission life safety and environment of care standards it is necessary to keep flooring surfaces in good repair and condition for the safety and well being of staff, clients and visitors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Currently there are not available FTE employees with the necessary training, knowledge or equipment necessary to perform these functions.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

JW Floor Covering
Affordable Flooring & More
Nevada Contract Carpets, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as the lowest responsible vendor bidding for the service.

d. Last bid date: 02/01/2016 Anticipated re-bid date: 02/01/2020

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:

Vendor contracted with Southern Nevada Adult Mental Health Services November 2013 through November 2015 and provided satisfactory service.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	06/15/2016 14:09:40 PM
Division Approval	chadwic1	06/15/2016 14:09:42 PM
Department Approval	jkolenut	06/17/2016 10:33:32 AM
Contract Manager Approval	rfine	06/17/2016 13:08:44 PM
Budget Analyst Approval	nhovden	06/27/2016 17:17:48 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17982**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Masterpiece Barber School LLC
Agency Code: 409	Contractor Name: Masterpiece Barber School LLC
Appropriation Unit: 3148-04	Address: 3510 Bonanza Road
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89110-6402
If "No" please explain: Not Applicable	Contact/Phone: Marcus Allen 702-219-9485
	Vendor No.: T27039883
	NV Business ID: NV20151489411

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2016**
Anticipated BOE meeting date **07/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**
Contract term: **3 years and 292 days**

4. Type of contract: **Contract**
Contract description: **Barber Services**

5. Purpose of contract:
This is a new contract to provide youth at Summit View Youth Center routine barber services by a licensed professional to maintain appropriate grooming standards.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,560.00**
Payment for services will be made at the rate of \$15.00 per Haircut

II. JUSTIFICATION

7. What conditions require that this work be done?

To maintain proper health and hygiene standards for all youth at Summit View Youth Centers, as this is a 24/7 facility with most youths averaging a 6 month residency.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These services must be provided by a state licensed barber or cosmetologist and there are none on staff.

9. Were quotes or proposals solicited? **Yes**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Posare Lalons Las Vegas
Masterpiece Barber School LLC
Sports Cuts Salon
Ballin Fades Barber Shop

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen as they offered the most reasonable price and were willing to work in the correctional facility.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	07/18/2016 10:39:57 AM
Division Approval	aroukie	08/31/2016 14:25:09 PM
Department Approval	ecreceli	09/08/2016 10:38:29 AM
Contract Manager Approval	sknigge	09/08/2016 14:22:09 PM
Budget Analyst Approval	laaron	09/12/2016 15:43:54 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17061** Amendment Number: **1**

Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD** Legal Entity Name: **MCGINLEY & ASSOCIATES, INC.**

Agency Code: **431** Contractor Name: **MCGINLEY & ASSOCIATES, INC.**

Appropriation Unit: **3650-16** Address: **815 MAESTRO DR**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511-2387**

If "No" please explain: **Not Applicable** Contact/Phone: **702-829-2245**

Vendor No.: **T81202459**

NV Business ID: **20021218343**

To what State Fiscal Year(s) will the contract be charged? **2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2015**

Anticipated BOE meeting date: **11/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **03/30/2016**

Termination Date:

Contract term: **199 days**

4. Type of contract: **Contract**

Contract description: **Groundwater sampling**

5. Purpose of contract:

This is the first amendment to the original contract which provides direct push groundwater sampling services, in accordance with the Washoe County Health District and State of Nevada guidelines, regulations and environmental laws, at the Army Aviation Support Facility (AASF). Testing will be performed to test for quantities of perchloroethylene in surrounding groundwater. This amendment increases the maximum amount from \$27,039.60 to 46,639.60 due to additional hours of coordination and requirements with necessary regulatory entities.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$27,039.60	\$27,039.60	\$27,039.60	Yes - Info
2. Amount of current amendment (#1):	\$19,600.00	\$19,600.00	\$46,639.60	Yes - Info
3. New maximum contract amount:	\$46,639.60			

II. JUSTIFICATION

7. What conditions require that this work be done?

Groundwater sampling and testing is required due to soil contamination found in a previous study and required in accordance with Washoe County and the State of Nevada guidelines.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency personnel do not possess the requisite skills and certifications to perform direct push groundwater samplings.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

McGinley & Associates
Legacy Team Environmental Consultants
GC Environmental, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was chosen as the best qualified and was the lowest bidder for this testing.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Office of the Military has contracted with this vendor in the past and found services to be satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vradford	11/04/2015 09:30:20 AM
Division Approval	ctyle1	11/04/2015 09:48:16 AM
Department Approval	ctyle1	11/04/2015 09:48:18 AM
Contract Manager Approval	vradford	11/04/2015 10:08:14 AM
Budget Analyst Approval	jrodrig9	11/05/2015 17:43:24 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17464**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: NVIS COMMUNICATIONS, LLC
Agency Code: 431	Contractor Name: NVIS COMMUNICATIONS, LLC
Appropriation Unit: 3650-14	Address: 30130 KNIGHT CT
Is budget authority available?: Yes	City/State/Zip: TEHACHAPI, CA 93561
If "No" please explain: Not Applicable	Contact/Phone: John 408-782-8002
	Vendor No.: PUR0005769
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NMD# 005-16-S**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/22/2016**

Anticipated BOE meeting date **04/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2016**

Contract term: **190 days**

4. Type of contract: **Contract**

Contract description: **Comm Equip Install**

5. Purpose of contract:

This is a new contract to provide installation and programming review services for the installation of radio, antenna, and telephone interconnect equipment at various Nevada National Guard facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,950.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The equipment that was purchased requires installation, review of programming files, and propagation, technical documentation, configuration corrections, and testing prior to installation of equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency personnel do not possess the skills necessary to provide these types of service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the chosen source for the equipment that was purchased and will provide technical source for installation and operation.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

LLC

Per the Secretary of State's Office:

Per NRS 80.015.1.j -Activities not constituting doing business: 1. For the purposes of this chapter, the following activities do not constitute doing business in this State: (j) Isolated transactions completed within 30 days and not part of a series of similar transactions;

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

N/A

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

N/A

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vradford	02/02/2016 16:01:02 PM
Division Approval	ctyle1	02/02/2016 16:34:21 PM
Department Approval	ctyle1	02/02/2016 16:34:23 PM
Contract Manager Approval	vradford	02/19/2016 09:11:45 AM
Budget Analyst Approval	jrodrig9	02/22/2016 17:32:44 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: **17408**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: KOLO TV
Agency Code: 550	Contractor Name: KOLO TV
Appropriation Unit: 2691-23	Address: 4850 Ampere Dr.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Ashley Fritsche 775/351-0251
	Vendor No.: T81077733A
	NV Business ID: NV20041397012
To what State Fiscal Year(s) will the contract be charged? 2016	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 550

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2016**

Anticipated BOE meeting date 03/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2016**

Contract term: **141 days**

4. Type of contract: **Contract**

Contract description: **KOLOTV**

5. Purpose of contract:

This is a new contract to provide TV and digital advertisements promoting the Nevada School Meal participation program. The targeted audience is middle-low incomes families with school aged children in the Washoe and Clark County area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,020.00**

Payment for services will be made at the rate of \$20,020.00 per Once

II. JUSTIFICATION

7. What conditions require that this work be done?

Under direction from the Food and Nutrition Division Administrator and School Nutrition Services Manager, we were tasked with using Meal Pattern grant money from USDA to raise awareness of Nevada School Meals statewide in order to increase participation in the School Breakfast Program and School Lunch Program. This was determined to be the most effective way to reach a specific audience of parents of school-age children in low-income households to increase participation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not own or operate a television or media station large enough to reach the target demographic.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

KOLO
KRNV
KRXI Fox

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: _____ Anticipated re-bid date: _____

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

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:

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mwhitney	01/26/2016 14:22:44 PM
Division Approval	mwhitney	01/26/2016 14:22:46 PM
Department Approval	mwhitney	01/26/2016 14:22:48 PM
Contract Manager Approval	mwhitney	02/04/2016 09:18:22 AM
Budget Analyst Approval	hfield	02/09/2016 15:51:38 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17343**

Agency Name: **DPS-HIGHWAY PATROL**
 Agency Code: **651**
 Appropriation Unit: **4713-04**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **CARDENAS, JIMMEY DBA**
 Contractor Name: **CARDENAS, JIMMEY DBA**
 Address: **CENTRAL NEVADA MAINTENANCE
 PO BOX 1255
 TONOPAH, NV 89049-1255**
 City/State/Zip: **TONOPAH, NV 89049-1255**
 Contact/Phone: **775-482-6851**
 Vendor No.: **T29001539**
 NV Business ID: **NV20101418320**

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	36.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/>	Highway Funds	64.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/10/2016**

Anticipated BOE meeting date 03/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2019**

Contract term: **3 years and 325 days**

4. Type of contract: **Contract**

Contract description: **Janitorial**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the shared Nevada Highway Patrol and Parole and Probation office in Tonopah.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,016.32**

Other basis for payment: as described in the Consideration paragraph of the Contract

II. JUSTIFICATION

7. What conditions require that this work be done?

State offices must be kept clean and sanitary.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees in this location that provide this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Marianne Odman
 Vic Bena
 Cardenas, Jimmey dba Central Nevada Maintenance

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor agreeable to providing services.

d. Last bid date: 11/12/2015 Anticipated re-bid date: 10/25/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided services for the department for several years. Services are satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shoh1	02/05/2016 14:30:52 PM
Division Approval	shoh1	02/05/2016 14:31:13 PM
Department Approval	mcar2	02/05/2016 15:26:17 PM
Contract Manager Approval	mcar2	02/05/2016 15:42:12 PM
Budget Analyst Approval	jrodrig9	02/10/2016 15:16:20 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15881** Amendment Number: **1**

Agency Name: **DPS-HIGHWAY PATROL** Legal Entity Name: **VALLEY ENTERPRISES INC**

Agency Code: **651** Contractor Name: **VALLEY ENTERPRISES INC**

Appropriation Unit: **4713-04** Address: **PO BOX 214**

Is budget authority available?: **Yes** City/State/Zip: **LOGANDALE, NV 89201**

If "No" please explain: Not Applicable Contact/Phone: Dotty Adams 702/398-3666

Vendor No.: T81104717

NV Business ID: NV20001517863

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/11/2014**

Anticipated BOE meeting date 07/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2016**

Contract term: **4 years and 21 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Service**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing janitorial service at Nevada Highway Patrol's Moapa station. This amendment extends the contract termination date from July 31, 2016 to July 31, 2018 and increases the contract maximum amount from \$8,106.00 to \$16,534.00.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,106.00	\$8,106.00	\$8,106.00	No
2. Amount of current amendment (#1):	\$8,428.00	\$16,534.00	\$16,534.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$16,534.00 07/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

State facilities must be cleaned and maintained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees in the area that provide this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided the lowest responsible bid.

d. Last bid date: 04/04/2014 Anticipated re-bid date: 04/04/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is currently under contract with DPS and services have been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmarti8	07/27/2016 14:58:24 PM
Division Approval	jdibasil	07/27/2016 15:02:23 PM
Department Approval	jdibasil	07/27/2016 15:02:40 PM
Contract Manager Approval	mcar2	07/28/2016 08:00:39 AM
Budget Analyst Approval	pnicks	07/28/2016 15:26:35 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16822	Amendment Number: 2	
	Legal Entity Name: EXHIBITONE CORPORTATION	
Agency Name: DPS-EMERGENCY MANAGEMENT	Contractor Name: EXHIBITONE CORPORTATION	
Agency Code: 654	Address: 14601 S. 50TH Street	
Appropriation Unit: 3673-04	Suite 120	
Is budget authority available?: Yes	City/State/Zip: PHOENIX, AZ 85044-6471	
If "No" please explain: Not Applicable	Contact/Phone: 450-763-1002	
	Vendor No.: PUR0003923	
	NV Business ID: NV20051413659	

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	20.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	80.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/29/2015**
 Anticipated BOE meeting date **08/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **1 year and 245 days**

4. Type of contract: **Contract**

Contract description: **repair/maintenance**

5. Purpose of contract:

This is the second amendment to the contract which provides ongoing maintenance and repair services for the audiovisual system located in the State Emergency Operations Center in Carson City. This amendment increases the contract amount from \$15,000 to \$48,841.81 due to a continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$15,000.00	No
2. Amount of current amendment (#2):	\$33,841.81	\$33,841.81	\$48,841.81	Yes - Info
3. New maximum contract amount:	\$48,841.81			
and/or the termination date of the original contract has changed to:	06/30/2017			

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Emergency Operations Center (SEOC) was created as a central location for Division of Emergency Management staff and state department representative to co-locate during large scale incidents or emergencies in support of local jurisdictions. The audiovisual system is a critical component of the SEOC for information sharing. Repair and maintenance of the system is essential to ensuring functionality at all times.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to support and repair all components of the audiovisual system.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

ExhibitOne was the original installer of the audiovisual system and the only vendor willing to enter into a contract for ongoing repair and maintenance.

d. Last bid date: 05/20/2015 Anticipated re-bid date: 05/31/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor was previously under contract with the Department of Public Safety, Division of Emergency Management and services have been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlun1	07/06/2016 11:25:55 AM
Division Approval	dmunns	07/08/2016 11:00:30 AM
Department Approval	mcar2	07/08/2016 11:01:25 AM
Contract Manager Approval	mcar2	07/08/2016 11:01:28 AM
Budget Analyst Approval	jrodrig9	07/14/2016 22:42:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17013**

Agency Name: DPS-FIRE MARSHAL	Legal Entity Name: GL Suite, LLC
Agency Code: 656	Contractor Name: GL Suite, LLC
Appropriation Unit: 3816-26	Address: PO BOX 591
Is budget authority available?: Yes	City/State/Zip: BEND, OR 97709-0591
If "No" please explain: Not Applicable	Contact/Phone: 541/312-3662
	Vendor No.:
	NV Business ID: NV20101523765
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.	
X General Funds 13.00 %	X Fees 87.00 % Licenses, Certificates, Plan Reviews, SERC, NDEP
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**
 Anticipated BOE meeting date **10/2015**

Retroactive? **Yes**

If "Yes", please explain

This contract continues ongoing software maintenance and licensing and should have been executed prior to the expiration of the previous contract; however, due to short-staffing issues within the department, there was not sufficient time to complete all the steps for execution until now. This should not be an issue again for this contract.

3. Termination Date: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Database Software**

5. Purpose of contract:

This is a new contract that continues ongoing software maintenance and licensing for the Fire Marshal Division's web-hosted licensing and certification database.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,320.00**

Payment for services will be made at the rate of \$11,160.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 477, the State Fire Marshal Division is responsible for licensing companies and individuals who sell, install, inspect and maintain fire protection systems and equipment as well as others who perform commercial firework displays, interior design and certify fire safe cigarettes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The software application package provided by the vendor requires the software to be hosted on their server located in Bend, Oregon.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contract provides for ongoing software support and maintenance which was contemplated in the original procurement.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor currently provides service to the Fire Marshal and services have been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbauer	10/06/2015 17:54:03 PM
Division Approval	jbauer	10/06/2015 17:54:05 PM
Department Approval	jbauer	10/06/2015 17:54:06 PM
Contract Manager Approval	jbauer	10/06/2015 17:54:22 PM
DoIT Approval	csweeney	10/09/2015 08:20:10 AM
Budget Analyst Approval	sbarkdul	10/09/2015 14:58:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18096**

Agency Name: **DEPARTMENT OF WILDLIFE**
 Agency Code: **702**
 Appropriation Unit: **1511-91**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **CONVERSE CONSULTANTS**
 Contractor Name: **CONVERSE CONSULTANTS**
 Address: **4840 MILL ST STE 5**
 City/State/Zip: **RENO, NV 89502**
 Contact/Phone: **Kathi Brandmueller 702/269-8336**
 Vendor No.: **T80721610A**
 NV Business ID: **NV19971267942**
 To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	50.00 % Sportsmans
Federal Funds	0.00 %	X	Bonds	50.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 17-11

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2020**

Contract term: **4 years and 9 days**

4. Type of contract: **Contract**

Contract description: **State Engineering**

5. Purpose of contract:

This is a new contract to provide as-needed professional engineering and consulting services in the eastern, southern and western regions of the state. Services may include, but not limited to civil engineering services (geotechnical), soils and materials testing and inspection services, environmental services (asbestos analyses and testing), water resource management services and occupational and environmental health and safety services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Various projects requiring engineering and environmental needs in the southern, eastern and western regions of the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Requires specialized knowledge and equipment.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has worked with NDOW previously and demonstrated satisfactory work.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

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	dwendell	09/01/2016 09:25:57 AM
Division Approval	Igleason	09/01/2016 10:51:18 AM
Department Approval	eobrien	09/14/2016 15:02:06 PM
Contract Manager Approval	dwendell	09/14/2016 15:19:41 PM
Budget Analyst Approval	laaron	09/22/2016 14:18:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16169	Amendment Number: 1
Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: FROMMER, JOHN
Agency Code: 702	Contractor Name: FROMMER, JOHN
Appropriation Unit: 4462-15	Address: JOHN MULL'S ROAD KILL GRILL 3730 THOM BLVD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89130
If "No" please explain: Not Applicable	Contact/Phone: JOHN FROMMER 702/645-1200
	Vendor No.: T29009492A
	NV Business ID: NV20101579694

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	15-10		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2015**
Anticipated BOE meeting date **08/2016**

Retroactive? **Yes**

If "Yes", please explain

Contract monitor was unaware of the balance of the remaining contract as we used the vendor for the 2016 Outdoor Education Academy as well as 2015.

3. Previously Approved Termination Date: **01/30/2017**

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Volunteer Dinner**

5. Purpose of contract:

This is the first amendment to the original contract which provides catering for the Hunter Education Volunteer Instructor Academy. This amendment Extends the termination date from January 30, 2017 to January 30, 2019 and increases the maximum amount from \$19,370 to \$37,170 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$19,370.00	\$19,370.00	\$19,370.00	Yes - Info
2. Amount of current amendment (#1):	\$17,800.00	\$17,800.00	\$37,170.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$37,170.00 01/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

Annual training event for volunteer Hunter and Outdoor Education Instructors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized equipment, certificates, and permits needed.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Famous Daves
Renaissance Catering
John Mulls Road Kill Grill

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Remote location for activity limited contractor, other contractors were cost prohibited, or unable to accommodate the needed service for this contract.

d. Last bid date: 10/06/2014 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is currently under contract with NDOW and has satisfactory service.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	06/20/2016 12:40:00 PM
Division Approval	lgleason	06/20/2016 13:00:38 PM
Department Approval	eobrien	06/22/2016 11:16:10 AM
Contract Manager Approval	dwendell	06/22/2016 12:28:33 PM
Budget Analyst Approval	cpalme2	07/05/2016 14:17:51 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18144**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: MDK, LLC
Agency Code: 702	Contractor Name: MDK, LLC
Appropriation Unit: 4467-12	Address: 475 E GREG ST STE 119
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-8517
If "No" please explain: Not Applicable	Contact/Phone: 775/355-0202
	Vendor No.: T81201715
	NV Business ID: NV20151665199
To what State Fiscal Year(s) will the contract be charged?	2017-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 17-21

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/26/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/15/2018**

Contract term: **2 years and 19 days**

4. Type of contract: **Contract**

Contract description: **MVWMA Water**

5. Purpose of contract:

This is a new contract to provide analysis services for the Mason Valley Wildlife Management Area in order to file a permit to allow the discharge of water through that area. The permit requires testing at the site for pollutants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$2,445.00 per site sample

II. JUSTIFICATION

7. What conditions require that this work be done?

In order to get a permit through the Nevada Division of Environmental Protection Services this laboratory water testing for pollutants needs to be done.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State personnel does not have the testing expertise or equipment.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Silver State Labs
Nevada State Health Lab
MDK, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was the only one to submit a proposal.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has worked with NDOW before and had satisfactory work.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	09/20/2016 11:13:51 AM
Division Approval	Igleason	09/20/2016 11:49:50 AM
Department Approval	eobrien	09/20/2016 16:10:17 PM
Contract Manager Approval	dwendell	09/26/2016 14:37:36 PM
Budget Analyst Approval	laaron	09/26/2016 14:42:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18102**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: USDA FOREST SERVICE
Agency Code: 702	Contractor Name: USDA FOREST SERVICE
Appropriation Unit: 4467-14	Address: Rocky Mtn Research Station 240 West Prospect
Is budget authority available?: Yes	City/State/Zip: Ft. Collins, CO 80526-2002
If "No" please explain: Not Applicable	Contact/Phone: 970-498-1172
	Vendor No.:
	NV Business ID: N/A
To what State Fiscal Year(s) will the contract be charged?	2017-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Habitat Conservation Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 17-16

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2016**

Anticipated BOE meeting date 11/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2018**

Contract term: **2 years and 100 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Rocky Mountain**

5. Purpose of contract:

This is a new contract to develop a strategic, multi-scale framework for assessing resource values and threats to Great Basin riparian and meadow ecosystems using resilience science.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To develop science-based methods and models for restoration and conservation of Great Basin wet meadows and riparian ecosystems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Scientific expertise and management capacity is unique to the Rocky Mountain Research Station.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is another governmental agency.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Forest Service Rocky Mountain Research Station, Great Basin Ecology Lab has collaborated with UNR on research activities. The quality and timeliness of complete products has been exceptional.

13. Is the contractor currently involved in litigation with the State 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	dwendell	09/02/2016 09:53:59 AM
Division Approval	Igleason	09/02/2016 10:55:45 AM
Department Approval	eobrien	09/14/2016 15:02:20 PM
Contract Manager Approval	dwendell	09/14/2016 15:19:56 PM
Budget Analyst Approval	laaron	09/22/2016 14:29:20 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17281**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-30**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **CASA BLANCA RESORTS CASINO**
Contractor Name: **CASA BLANCA RESORTS CASINO**
Address: **950 W MESQUITE BL**
City/State/Zip: **MESQUITE, NV 89027**
Contact/Phone: **Darryn Heath 7023467529**
Vendor No.: **T81031611**
NV Business ID: **NV20011014246**

To what State Fiscal Year(s) will the contract be charged? **2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	80.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	20.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/23/2015**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2016**

Contract term: **69 days**

4. Type of contract: **Contract**

Contract description: **Park Academy 2016**

5. Purpose of contract:

This is a new contract that provides facility services (accommodations, banquet and meeting rooms) for the State Parks Training Academy held every other year.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,589.08**

II. JUSTIFICATION

7. What conditions require that this work be done?

Legislature approved training for park staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No facility centrally located to host such a training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

They are the only facility to accommodate our group in this area.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	11/18/2015 14:09:58 PM
Division Approval	sdecrona	11/18/2015 14:10:00 PM
Department Approval	sdecrona	11/19/2015 08:31:22 AM
Contract Manager Approval	sdecrona	11/19/2015 08:31:26 AM
Budget Analyst Approval	tgreenam	11/23/2015 11:50:45 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14943	Amendment Number: 2	
Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: California Generator Service Nevada	
Agency Code: 706	Contractor Name: California Generator Service Nevada	
Appropriation Unit: 4195-07	Address: 2900 Vassar Street, #C-6	
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502	
If "No" please explain: Not Applicable	Contact/Phone: 866-643-6738	
	Vendor No.: T29032625A	
	NV Business ID: NV20111454803	

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF14-005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2014**
 Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2016**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Generator Service**

5. Purpose of contract:

This is the second amendment to the original contract, which provides ongoing service to the division's emergency backup generators at various locations throughout the state. This amendment extends the termination date from December 31, 2015 to December 31, 2017 and increases the maximum amount from \$20,000 to \$40,000 due to unanticipated high cost repairs to the generator.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,000.00	\$9,000.00	\$9,000.00	No
a. Amendment 1:	\$11,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#2):	\$20,000.00	\$20,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$40,000.00			
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?

The Nevada Division of Forestry (NDF) operates facilities on a 24-hour basis, primarily two 24-hour dispatch centers. The emergency backup generators ensure that these facilities do not experience any disruption to service and it is of utmost importance that these generators receive regular maintenance and repairs when necessary to ensure the continual operation of these facilities and provide for the safety of the citizens of Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the technical expertise needed to maintain and/or repair these generators.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

California Generator Service Nevada
Energy Systems
Commins Rocky Mountain

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the bid with the lowest rate.

d. Last bid date: 08/20/2013 Anticipated re-bid date: 07/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This is an amendment to a current contract with the Nevada Division of Forestry.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkidd	11/02/2015 12:02:16 PM
Division Approval	dprather	11/03/2015 06:01:04 AM
Department Approval	dprather	11/03/2015 06:01:08 AM
Contract Manager Approval	ldunn	11/03/2015 12:51:01 PM
Budget Analyst Approval	sbarkdul	11/05/2015 08:25:32 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15245**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: NATURE CONSERVANCY, THE
Agency Code: 709	Contractor Name: NATURE CONSERVANCY, THE
Appropriation Unit: 3193-09	Address: 4245 N FAIRFAX DR STE 100
Is budget authority available?: Yes	City/State/Zip: ARLINGTON, VA 22203-1637
If "No" please explain: Not Applicable	Contact/Phone: 540/752-5094
	Vendor No.: T81085675
	NV Business ID: NV19621000306

To what State Fiscal Year(s) will the contract be charged? **2014-2016**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 13-024**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **01/2014**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2015**

Contract term: **-300 days**

4. Type of contract: **Contract**

Contract description: **Community Outreach**

5. Purpose of contract:

This is a new contract for the Nature Conservancy, a non-profit organization, to develop, implement and assess educational workshops and special events that promote awareness of watershed concerns and non-point source pollution issues at the Whit Hall Interpretive Center located at River Fork Ranch in Douglas County, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,126.46**

Other basis for payment: **Quarterly, based on work completed**

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Environmental Protection Agency provides federal Clean Water Act Section 319 funds to the State of Nevada, Division of Environmental Protection for the specific purpose of addressing nonpoint source pollution through watershed restoration and environmental education projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Division of Environmental Protection, Nonpoint Source Pollution Management Program issues an annual request for proposals (RFP) for the distribution of federal Clean Water Act Section 319 funds for the implementation of environmental restoration and education projects to control nonpoint source pollution. The local match funds generated through the projects fulfill the State's non-federal match obligation for the federal funds.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Nature Conservancy
Sierra Nevada Journeys
Humboldt Watershed Cooperative Weed Management Area

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 09/01/2013 Anticipated re-bid date: 09/01/2014

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

2011 to present, Division of Environmental Protection, Bureau of Water Quality Planning. Work has been satisfactory.

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	randrews	01/07/2014 11:09:31 AM
Division Approval	ksertic	01/14/2014 08:27:44 AM
Department Approval	ksertic	01/14/2014 08:27:48 AM
Contract Manager Approval	sneudaue	01/24/2014 06:40:02 AM
Budget Analyst Approval	jrodrig9	02/05/2014 16:23:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17954**

Agency Name: B&I - TRANSPORTATION AUTHORITY	Legal Entity Name: Eduloka
Agency Code: 751	Contractor Name: Eduloka
Appropriation Unit: 3922-17	Address: dba inLumon
Is budget authority available?: Yes	9645 Gateway Drive, Suite A
If "No" please explain: Not Applicable	Reno, NV 89521
	Contact/Phone: Luke Hermann 775-223-3030
	Vendor No.: T29034911
	NV Business ID: NV20101126878

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Driver Permits fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **Driver's Permit Db**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/23/2016**

Anticipated BOE meeting date **07/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2016**

Contract term: **191 days**

4. Type of contract: **Contract**

Contract description: **Driver's Permit Db**

5. Purpose of contract:

This is a new contract to provide a database to store application data and to print a permit for the agency's Driver's Permit program in accordance with NRS 706.462.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,500.00**

Payment for services will be made at the rate of \$0.00 per N/A

Other basis for payment: Payment will be made as a lump sum based upon verification of completion of requirements by June 30, 2016.

II. JUSTIFICATION

7. What conditions require that this work be done?

SB210 was approved on June 3, 2013 (codified as NRS 706.462) and requires the Nevada Transportation Authority (NTA) to facilitate and issue driver's permits for charter bus drivers within the meaning of NRS 706.462(6), taxi drivers, limousine drivers, and any other drivers of motor vehicles of fully regulated carriers of passengers, not including transportation network companies (TNCs).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This work requires the development and maintenance of a dependable database, the work for which is not within the scope or expertise of the NTA or other State agencies at a comparable budget.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

DocuSign
Seamless Docs
Salesforce
EduLoka

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor's solicitation response was the most complete and contained the most attention to detail, and the vendor's quote included maintenance and support at no additional cost to the State.

d. Last bid date: 05/20/2016 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Massage Therapy: Currently contracted. The quality of service has been verified as satisfactory.
State Board of Engineers and Land Surveyors: Currently contracted. The quality of service has been verified as satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	avance	06/21/2016 10:23:10 AM
Division Approval	avance	06/21/2016 10:54:17 AM
Department Approval	knielsen	06/22/2016 07:54:09 AM
Contract Manager Approval	rdelgado	06/22/2016 07:58:53 AM
DoIT Approval	bbohm	06/23/2016 14:12:39 PM
Budget Analyst Approval	cschon1	06/23/2016 14:45:54 PM

RE: NTA – Request for Waiver on Bond or Crime Insurance

Christopher

Ok to waive crime requirement as scope does not involve financial accounts.


Please advise if you need anything further from me.

Maureen E. Martinez, ARM-P | Insurance and Loss Prevention Specialist

Nevada Department of Administration | Risk Management Division

T: (775)687-3193 | F: (775)687-3195 | E: memartinez@admin.nv.gov

www.risk.nv.gov

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From: Christopher A. Schneider

Sent: Tuesday, June 21, 2016 7:52 AM

To: Ana M. Andrews <amandrews@admin.nv.gov>; Ann Wilkinson <awilkinson@nta.nv.gov>

Cc: Alan Vance <avance@business.nv.gov>; Maureen Martinez <memartinez@admin.nv.gov>

Subject: RE: NTA - Please review Insurance Certificate for Cyber Insurance

Hello Ana and Maureen,

I am entering this small contract (\$23,500) into CETS, and it appears that I need to request a waiver on the Bond or Crime Insurance. This contract does NOT involve financial accounts or data, and my read on this was that if it did then we contacted Risk Management for the bond amount. Please forgive my ignorance on this part of the contract process. May the NTA please have a waiver on the Bond or Crime Insurance? Please see the attached Insurance certificates (2016 & 2016) – we have all other insurance covered, including E&O and Network Security and Privacy insurance.

Thank you very much in advance for your consideration of this matter.

~ Chris

Christopher Schneider

Deputy Commissioner

(775) 688-2800 Ext. 222



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From: Ana M. Andrews
Sent: Monday, June 20, 2016 2:44 PM
To: Ann Wilkinson <awilkinson@nta.nv.gov>
Cc: Christopher A. Schneider <cschneider@nta.nv.gov>; Alan Vance <avance@business.nv.gov>;
Maureen Martinez <memartinez@admin.nv.gov>
Subject: RE: NTA - Please review Insurance Certificate for Cyber Insurance

Hello Ann:

This certificate of insurance satisfies the requirements therefore your office may proceed with finalizing the contract.

Sincerely,

Ana M. Andrews, ARM | Administrator
Nevada Department of Administration | Risk Management Division
T: (775)687-3192 | F: (775)687-3195 | E: amandrews@admin.nv.gov
www.risk.nv.gov

From: Ann Wilkinson
Sent: Monday, June 20, 2016 2:34 PM
To: Ana M. Andrews <amandrews@admin.nv.gov>
Cc: Christopher A. Schneider <cschneider@nta.nv.gov>; Alan Vance <avance@business.nv.gov>
Subject: FW: NTA - Please review Insurance Certificate for Cyber Insurance

We have received the attached and forwarded it to Maureen for review. Assuming it satisfies the coverage requirement, we will be able to move forward with finalizing the contract.

From: Christopher A. Schneider
Sent: Monday, June 20, 2016 2:27 PM
To: Maureen Martinez <memartinez@admin.nv.gov>
Cc: Ann Wilkinson <awilkinson@nta.nv.gov>
Subject: NTA - Please review Insurance Certificate for Cyber Insurance

Hi Maureen,

As I think you know we have been working with a small vendor regarding Cyber insurance. At your earliest convenience, please take a minute to review the attached insurance certificate. As you can see from the "Description of Operations . . ." section near the bottom of the page, it reads that Cyber Insurance is included in the E & O policy. Is this paragraph in the certificate indicating that Cyber Insurance is included in the E&O policy acceptable to you?

Please let me know.

Thanks,
Chris

Christopher Schneider
Deputy Commissioner
(775) 688-2800 Ext. 222



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CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17059**

Agency Name: B&I - ATTORNEY FOR INJURED WORKERS	Legal Entity Name: JFG SYSTEMS INC
Agency Code: 753	Contractor Name: JFG SYSTEMS INC
Appropriation Unit: 1013-26	Address: 310 S NEVADA ST
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89703-4289
If "No" please explain: Not Applicable	Contact/Phone: Ron Baker 775/882-5743
	Vendor No.: PUR0002693
	NV Business ID: NV20011522418

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % TRANSFER FROM INDUSTRIAL RELATIONS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/21/2015**

Anticipated BOE meeting date null/null

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/01/2017**

Contract term: **2 years and 11 days**

4. Type of contract: **Contract**

Contract description: **Server Backup Storag**

5. Purpose of contract:

This is a new contract to provide system backup storage solutions for the Nevada Attorney for Injured Workers Thin Client System. The agency's tape drives have failed and they are in need of a new backup solution for their virtual servers in both the Las Vegas and Carson City office locations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,378.62**

Payment for services will be made at the rate of \$125.00 per hour

Other basis for payment: \$10,724.62 payable in year one; \$7,654.00 payable year two.

II. JUSTIFICATION

7. What conditions require that this work be done?

The virtual servers located in each office (North and South) have failed and a backup storage solution is required.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Thin Client system installed at the agency locations requires specific solutions which are not able to be met by State Agencies. The awarded contractor installed the current system and will be able to meet the needs for backup storage.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada IT Solutions
Network Heroes
Kortek
Geeks of Nevada

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor submitted the only proposal - the proposal met all the requirements outlined in the scope of work and met budget requirements as well.

d. Last bid date: Anticipated re-bid date: 07/01/2017

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor installed the Thin Client System for the agency and continues to provide maintenance support for the system. Service is satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbel1	09/04/2015 12:36:13 PM
Division Approval	vmilazz1	09/11/2015 08:58:21 AM
Department Approval	vmilazz1	09/11/2015 08:58:24 AM
Contract Manager Approval	bbel1	09/11/2015 09:05:42 AM
DoIT Approval	bbohm	09/17/2015 07:43:08 AM
Budget Analyst Approval	amccalla	09/21/2015 07:09:02 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18026**

Agency Name: DEPARTMENT OF MOTOR VEHICLES	Legal Entity Name: GARTNER INC
Agency Code: 810	Contractor Name: GARTNER INC
Appropriation Unit: 4715-04	Address: PO BOX 911319
Is budget authority available?: Yes	City/State/Zip: DALLAS, TX 75391-1319
If "No" please explain: Not Applicable	Contact/Phone: 239/561-4815
	Vendor No.: PUR0005339A
	NV Business ID: NV19941112701

To what State Fiscal Year(s) will the contract be charged? **2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/22/2016**

Anticipated BOE meeting date 08/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **343 days**

4. Type of contract: **Other (include description): Joinder per NRS 332.195**

Contract description: **SubscriptionResearch**

5. Purpose of contract:

This is a new contract that continues the ongoing subscription-based research and related services for the Motor Vehicle Information Technology Division's professional's staff of the Department of Motor Vehicles. This includes but not limited to, providing information about best practices related to cloud services, mobile application development, network design, system strategy, modernizing computer application solutions. Pursuant to NRS 332.195, the vendor has authorized the DMV to join or use the City of Las Vegas' contract with Gartner Corporation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,250.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Changes in the technology sector occur very rapidly. When the Department has to make IT related decisions and provide technical information, it is limited by the realm of the department's current IT infrastructure. It is becoming more important for MVIT to have access to current trends and research related to the ever changing information technology environment. Gartner has been identified as a source for expertise in IT research in both the government and private sectors. The Department will have access to technology experts and related information that will assist in the section of the best possible solution for modernization and its success.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 332.195 which allows the State of Nevada to join or utilize contracts of local governments located within or outside the State with the authorization of the contracting vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Administration, Enterprise IT Services Division (EITS) entered into an agreement upon the approval of Gartner joining the Master Client Agreement (MCA) between Gartner and the City of Las Vegas pursuant to NRS 332.195. Service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmacke1	07/20/2016 10:17:51 AM
Division Approval	bmacke1	07/20/2016 10:17:54 AM
Department Approval	cmunoz	07/20/2016 11:29:22 AM
Contract Manager Approval	hazevedo	07/21/2016 08:36:45 AM
Budget Analyst Approval	pnicks	07/22/2016 09:14:26 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15907** Amendment Number: **2**

Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Legal Entity Name: **KUHN, SCOTT CHRISTOPHER DBA**

Agency Code: **810** Contractor Name: **KUHN, SCOTT CHRISTOPHER DBA**

Appropriation Unit: **4735-04** Address: **D&JS CLEANING SERVICE
740 SUNSET DR**

Is budget authority available?: **Yes** City/State/Zip: **FALLON, NV 89406-3681**

If "No" please explain: **Not Applicable** Contact/Phone: **Scott Kuhn 775/423-5792**

Vendor No.: **T27025981**

NV Business ID: **NV20101369782**

To what State Fiscal Year(s) will the contract be charged? **2015-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/17/2014**

Anticipated BOE meeting date 07/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2016**

Termination Date:

Contract term: **3 years and 349 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Service**

5. Purpose of contract:

This is the second amendment to the original contract which provides for the janitorial services required at the DMV office located at 973 W. Williams Street, Fallon, Nevada. This amendment extends the termination date from June 30, 2016 to June 30, 2018 and increases the maximum amount from \$21,480 to \$42,960 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$10,740.00	\$10,740.00	\$10,740.00	Yes - Info
a. Amendment 1:	\$10,740.00	\$10,740.00	\$21,480.00	Yes - Info
2. Amount of current amendment (#2):	\$21,480.00	\$21,480.00	\$42,960.00	Yes - Info
3. New maximum contract amount:	\$42,960.00			
and/or the termination date of the original contract has changed to:	06/30/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

State Office must be kept clean.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees in the area to provide this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only one other responding bidder and D&J's Cleaning Service came in cheaper.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Previously contracted with DMV in FY11,12,13,14,15, and 16. Service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvezina	06/17/2016 12:47:24 PM
Division Approval	bvezina	06/17/2016 12:47:27 PM
Department Approval	cmunoz	06/17/2016 12:53:53 PM
Contract Manager Approval	hazevedo	06/17/2016 15:50:29 PM
Budget Analyst Approval	pnicks	06/24/2016 16:49:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17537	Amendment Number: 1
Agency Name: DEPARTMENT OF MOTOR VEHICLES	Legal Entity Name: MOMENTUM CONSULTING INC DBA
Agency Code: 810	Contractor Name: MOMENTUM CONSULTING INC DBA
Appropriation Unit: 4745-04	Address: FASTSIGNS OF RENO & CARSON CI 2300 S CARSON ST STE 2
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701-4528
If "No" please explain: Not Applicable	Contact/Phone: JOHN NOELLERT 775-885-8899
	Vendor No.: PUR0005461
	NV Business ID: NV20001501555

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2016**

Anticipated BOE meeting date 06/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2016**

Termination Date:

Contract term: **304 days**

4. Type of contract: **Contract**

Contract description: **Signage Installation**

5. Purpose of contract:

This is the first amendment to the original contract for the installation of DMV signage to be placed at various DMV facilities. The signage is in the process of being procured through State Purchasing this contract is for the installation services only. This amendment extends the termination date from June 30, 2016 to December 30, 2016 and increases the maximum amount from \$8,033.00 to \$26,330.50 due to the need for additional signage required at various DMV offices not included in the original contract.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,033.00	\$8,033.00	\$8,033.00	No
2. Amount of current amendment (#1):	\$18,297.50	\$26,330.50	\$26,330.50	Yes - Info
3. New maximum contract amount:	\$26,330.50			
and/or the termination date of the original contract has changed to:	12/30/2016			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for the installation of signage that was procured through State Purchasing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees available to provide this service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The signage was purchased through State Purchasing which included the required installation costs, so these costs were deducted from the original estimates and placed on a State Contract form.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmacke1	05/10/2016 15:01:38 PM
Division Approval	bmacke1	05/10/2016 15:01:42 PM
Department Approval	cmunoz	05/10/2016 15:04:03 PM
Contract Manager Approval	hazevedo	05/11/2016 08:31:17 AM
Budget Analyst Approval	pnicks	05/11/2016 15:52:19 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17277**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: ANYTIME PLUMBING INC DBA ABES
Agency Code: 901	Contractor Name: ANYTIME PLUMBING INC DBA ABES
Appropriation Unit: 3253-10	Address: PLUMBING AIR REPAIR FAST WATER 4690 W POST RD STE 130
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-4345
If "No" please explain: Not Applicable	Contact/Phone: Keith Jester 702/362-9300
	Vendor No.: PUR0005090
	NV Business ID: NV19991205584
To what State Fiscal Year(s) will the contract be charged? 2016-2018	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: 2040-18-BEN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/02/2015**

Anticipated BOE meeting date 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2017**

Contract term: **2 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Anytime Plumbing**

5. Purpose of contract:

This is a new contract to continue ongoing regular and emergency plumbing services for the various Business Enterprise of Nevada food service locations in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: 24 Hour Flat rate: \$84.95/hr. The cost of parts/materials used during the service will be paid at the rate of cost + 20%. Contractor shall itemize parts/materials on each invoice and BEN reserves the right to request original invoices for verification. A \$30.00 trip charge shall be added to each service call to sites located at the Hoover Dam. Costs for parking at the Hoover Dam will be reimbursed upon receipt and approval of an original parking receipt. Work will be performed on a work order basis, as needed; invoices will be paid upon acceptance of the work performed by authorized BEN personal with the total contract amount not to exceed \$20,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

The BEN program has on going needs for plumbing services at various program sites. These services are essential to the health and safety of staff and the public and are mandated by the health codes and regulations of various cities, counties and the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency employees are not trained and licensed for this type of work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

AA Cassaro Plumbing
Anytime Plumbing
Pure Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost qualified vendor

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with DETR since March 2012 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:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmcentee	11/20/2015 07:50:07 AM
Division Approval	shendren	11/20/2015 16:39:11 PM
Department Approval	mcost1	11/25/2015 08:33:54 AM
Contract Manager Approval	kwynands	11/25/2015 12:20:31 PM
Budget Analyst Approval	tgreenam	12/02/2015 09:52:11 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16297** Amendment Number: **1**

Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **Building Solutions, Inc.**

Agency Code: **901** Contractor Name: **Building Solutions, Inc.**

Appropriation Unit: **3253-10** Address: **490 US Highway 395 N Unit A**

Is budget authority available?: **Yes** City/State/Zip: **Washoe Valley, NV 89401-9506**

If "No" please explain: **Not Applicable** Contact/Phone: **775.323.7242**

Vendor No.: **T81102544**

NV Business ID: **NV20001051967**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set Aside

Agency Reference #: **#1953-18-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2015**

Anticipated BOE meeting date **08/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2017**

Contract term: **3 years and 183 days**

4. Type of contract: **Contract**

Contract description: **Handyman - North**

5. Purpose of contract:

This is the first amendment to the original contract which provides handyman/janitorial services for Business Enterprise of Nevada locations in northern Nevada. This amendment extends the termination date from September 30, 2017 to September 30, 2018 and increases the maximum amount from \$20,000 to \$48,536 due to the continued and increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$28,536.00	\$28,536.00	\$48,536.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$48,536.00 09/30/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program sites have ongoing needs of janitorial and general-purpose construction services and repairs in order to maintain the sites without interruptions of services to the public and building staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the expertise or licensing required to provide general-purpose construction services and repairs.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Building Solutions
Handyman Connection
Frank Lepori Constructions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only qualified, responsive submittal

d. Last bid date: 10/07/2014 Anticipated re-bid date: 08/31/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been performing satisfactory services for various state agencies since 2002 and with DETR-Rehabilitation since 2015.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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	mgassawa	08/23/2016 14:56:22 PM
Division Approval	shendren	08/23/2016 16:26:27 PM
Department Approval	jmcentee	09/02/2016 11:14:04 AM
Contract Manager Approval	kwynands	09/02/2016 11:18:19 AM
Budget Analyst Approval	dstoddar	09/12/2016 13:13:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17425**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: E. H. Manley & Associates
Agency Code: 901	Contractor Name: E. H. Manley & Associates
Appropriation Unit: 3253-10	Address: 2609 Surfwood Drive
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89128
If "No" please explain: Not Applicable	Contact/Phone: Ed Manley 702-292-7988
	Vendor No.: T27012004
	NV Business ID: NV20031457317
To what State Fiscal Year(s) will the contract be charged?	2016-2018

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **2054-18-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/14/2016**

Anticipated BOE meeting date **03/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2017**

Contract term: **1 year and 292 days**

4. Type of contract: **Contract**

Contract description: **BEN Consultant - S**

5. Purpose of contract:

This is a new contract to provide food service management skills thru training and on-site support to new program operators who are visually impaired as they transition into running a small business or as they transition into a larger operation in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,245.00**

Other basis for payment: Food Safety/Customer Service Training: \$80/hr.; Facilities Design: \$80/hr.; Food Safety Issue Resolution: \$55/hr.; Menu Development: \$80/hr.; Operational Training: \$80/hr.; Business Plan Development: \$80/hr.; Advertising: \$80/hr.; Crisis Management Consulting: \$80/hr.; Concept Performance Assessments: \$55/hr. and Interim Business Management: \$40/hr. Work will be performed on a work order basis, as needed, invoices will be paid upon acceptance of the work performed by authorized BEN personal with the total contract amount not to exceed \$49,245.

II. JUSTIFICATION

7. What conditions require that this work be done?

The BEN program is charged to provide its licensed operators with the training to be successful as a licensed operator. Food Service consultants would ensure that service is consistent, provide menu planning for the location, advise on the back office portion of food service as well as how to successfully hire employees. In addition, the consultants would be able to provide crisis management support to the operators as well as the BEN program it self

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 skills, training or time to undertake this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Ed Manley & Assoc.
Jemwest
Sierra Foodservice Sanitation
VSAG
Creative Culinary Consultants

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only qualified vendor to submit a proposal.

d. Last bid date: 11/23/2015 Anticipated re-bid date: 08/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

EH Manley & Associates provided satisfactory work for the Department of Employment, Training and Rehabilitation 2010 thru 2013.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	02/09/2016 11:32:23 AM
Division Approval	shendren	02/22/2016 09:15:12 AM
Department Approval	jmcentee	02/29/2016 13:50:33 PM
Contract Manager Approval	kwynands	03/03/2016 13:42:32 PM
Budget Analyst Approval	tgreenam	03/14/2016 14:06:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14532** Amendment Number: **2**

Agency Name: **REHABILITATION DIVISION** Legal Entity Name: **Proffiti Sign Company**

Agency Code: **901** Contractor Name: **Proffiti Sign Company**

Appropriation Unit: **3253-10** Address: **948 Empire Mesa Way**

Is budget authority available?: **Yes** City/State/Zip: **Henderson, NV 89011**

If "No" please explain: **Not Applicable** Contact/Phone: **Cary Chrovian 702.564.8087**

Vendor No.: **T29033075**

NV Business ID: **NV20121416359**

To what State Fiscal Year(s) will the contract be charged? **2014-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprises Set Aside

Agency Reference #: **#1826-15-BEN**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/26/2013**
 Anticipated BOE meeting date **07/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**
 Contract term: **3 years and 340 days**

4. Type of contract: **Contract**
 Contract description: **Signs and Displays**

5. Purpose of contract:
This is the second amendment to the original contract which provides new commercial signs, banners and displays for current and new Business Enterprise of Nevada (BEN) sites in southern Nevada. This amendment increases the maximum amount from \$9,500 to \$17,980 due to continued need for these services and an increase in the number of BEN sites in southern Nevada.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,500.00	\$9,500.00	\$9,500.00	No
a. Amendment 1:	\$0.00	\$9,500.00	\$9,500.00	No
2. Amount of current amendment (#2):	\$8,480.00	\$17,980.00	\$17,980.00	Yes - Info
3. New maximum contract amount:	\$17,980.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
Signs, banners and displays are required for proper business identification.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Bureau of Reclamation has their own requirements and Proffiti Sign is their preferred vendor and on contract.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per State Purchasing, Solicitation Waiver not required because Bureau of Reclamation (BOR) has strict requirements that must be met on Hoover Dam properties and vendor is on contract with them. State Purchasing was provided a copy of the BOR contract for approval.

d. Last bid date: 03/01/2013 Anticipated re-bid date: 03/31/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has been under contract with BEN since May 2013 and their service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	06/01/2016 08:18:02 AM
Division Approval	shendren	06/03/2016 14:51:30 PM
Department Approval	jmcentee	06/15/2016 11:16:15 AM
Contract Manager Approval	kwynands	06/15/2016 11:40:21 AM
Budget Analyst Approval	tgreenam	06/22/2016 07:30:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17228**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Pure Electric Company LLC
Agency Code: 901	Contractor Name: Pure Electric Company LLC
Appropriation Unit: 3253-10	Address: 6851 Unicorn St.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89131-2739
If "No" please explain: Not Applicable	Contact/Phone: Melissa Royce 702-219-3002
	Vendor No.: T29036825
	NV Business ID: NV20131173031
To what State Fiscal Year(s) will the contract be charged? 2016-2018	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **2036-18-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/30/2015**

Anticipated BOE meeting date **01/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2018**

Contract term: **2 years and 63 days**

4. Type of contract: **Contract**

Contract description: **LV Electrical**

5. Purpose of contract:

This is a new contract that continues ongoing regular and emergency electrical system repairs, installations and maintenance for the various Business Enterprise of Nevada food service locations located in southern Nevada and the Hoover Dam.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: \$55.00/hr. M-F 7:00am thru 4:30pm; \$82.50/hr. M-F 4:30pm thru 7:00am; \$82.50/hr. Weekends and Holidays. The cost of parts/materials used during the service will be paid at the rate of cost + 20%. Contractor shall itemize parts/materials on each invoice and BEN reserves the right to request original invoices for verification. A \$30.00 trip charge shall be added to each service call to sites located at the Hoover Dam. Costs for parking at the Hoover Dam will be reimbursed upon receipt and approval of an original parking receipt. Work will be performed on a work order basis, as needed; invoices will be paid upon acceptance of the work performed by authorized BEN personal with the total contract amount not to exceed \$40,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

The BEN program has continuing needs for electrical service at various program sites. These services are essential to the health and safety of staff and the public and many of the repairs are required by health codes and regulations of the city, county and state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency personnel are not trained nor have the equipment to perform the job functions.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Pure Electric
24/7 Electrical
Silver Sabre
Spears Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost of qualified vendors.

d. Last bid date: 09/24/2015 Anticipated re-bid date: 05/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmcentee	11/12/2015 15:08:20 PM
Division Approval	mmason	11/13/2015 09:03:26 AM
Department Approval	mcost1	11/20/2015 08:22:04 AM
Contract Manager Approval	kwynands	11/20/2015 09:08:16 AM
Budget Analyst Approval	tgreenam	11/30/2015 09:04:16 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16611** Amendment Number: **1**

Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **BOARD OF REGENTS-CSN**

Agency Code: **901** Contractor Name: **BOARD OF REGENTS-CSN**

Appropriation Unit: **3265-09** Address: **CSN CONTROLLERS OFFICE**

Is budget authority available?: **Yes** City/State/Zip: **NORTH LAS VEGAS, NV 89030**

If "No" please explain: **Not Applicable** Contact/Phone: **702/651-4344**

Vendor No.: **D35000800**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **1974-16-BVR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/08/2015**

Anticipated BOE meeting date **06/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2016**

Contract term: **2 years and 23 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **CSN-NWDC**

5. Purpose of contract:

This is a first amendment to the original interlocal agreement which provides site specific classroom training programs. College of Southern Nevada works with eligible clients, who require additional services and support, to fulfill their interest in retail and or distribution employment. The classroom training will operate during the first four (4) weeks of a six (6) week "Work Readiness Program" that has been jointly developed by Vocational Rehabilitation and Office Max/Office Depot. This amendment extends the termination date from June 30, 2016 to June 30, 2017 and increase the maximum amount from \$15,840.00 to \$26,400.00 due to the continued needs for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$15,840.00	\$15,840.00	\$15,840.00	Yes - Info
2. Amount of current amendment (#1):	\$10,560.00	\$10,560.00	\$26,400.00	Yes - Info
3. New maximum contract amount:	\$26,400.00			
and/or the termination date of the original contract has changed to:	06/30/2017			

II. JUSTIFICATION

7. What conditions require that this work be done?

The contract will provide clients of the Bureau of Vocational Rehabilitation with on-site training by skilled instructors for a concurrent six (6) week internship sponsored by the Office Max/Office Depot Distribution Center of Las Vegas. In addition, successful clients will receive a Completion Certificate that is highly valued by many companies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Employees are not qualified to teach the skills that are required.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal - College of Southern Nevada

There is no indirect rates associated with this contract.

d. Last bid date: 04/01/2015 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DETR - Bureau of Vocational Rehabilitation : (Board of Regents-CSN has been providing satisfactory service since 2003.)

13. Is the contractor currently involved in litigation with the State 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	mgassawa	04/14/2016 16:40:46 PM
Division Approval	shendren	05/02/2016 12:32:38 PM
Department Approval	jmcentee	05/11/2016 14:30:28 PM
Contract Manager Approval	kwynands	05/11/2016 15:36:30 PM
Budget Analyst Approval	tgreenam	05/23/2016 09:01:39 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17280**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: SAN DIEGO STATE UNIV FNDTN
Agency Code: 901	Contractor Name: SAN DIEGO STATE UNIV FNDTN
Appropriation Unit: 3265-17	Address: DBA INTERWORK INSTITUTE
Is budget authority available?: Yes	5250 CAMPANILE DR
If "No" please explain: Not Applicable	City/State/Zip: SAN DIEGO, CA 92182-1901
	Contact/Phone: Sandra M. Nordahl 619-594-4172
	Vendor No.: T81037053
	NV Business ID: NV20161368948
To what State Fiscal Year(s) will the contract be charged?	2017

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	21.30 %	Fees	0.00 %
X Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **2038-17-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/11/2016**

Anticipated BOE meeting date **06/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2017**

Contract term: **323 days**

4. Type of contract: **Contract**

Contract description: **SDSU Needs Assessmnt**

5. Purpose of contract:

This is a new contract to provide assistance to complete the Comprehensive Statewide Needs Assessment according to the guidelines published in the Federal Rehabilitation Services Administration's Vocational Rehabilitation Needs Assessment Guide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,686.00**

Other basis for payment: Personnel and Fringe-\$33,986.00, Travel-\$4,890.00 and Operating Expense-\$2,500.00; Total Indirect Cost-\$3,310.00. Payment will be made upon approval of invoice(s) submitted. Total contract payments shall not exceed \$44,686.00 for the term of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per 34 CFR 361.29, the State plan is required to include results of a comprehensive, statewide assessment every 3 years describing the rehabilitation needs of individuals with disabilities residing within the State.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

San Diego State University/Interwork Institute is considered to be the expert on Federal Needs Assessment reporting. State employees do not have the skill set or the tools to perform this task.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160301

Approval Date: 08/02/2016

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date: 09/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with BEN since 2005 and has been providing satisfactory service for the entire time.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. Not Applicable

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	08/02/2016 16:51:50 PM
Division Approval	mmason	08/04/2016 15:00:44 PM
Department Approval	jmcentee	08/06/2016 18:59:29 PM
Contract Manager Approval	kwynands	08/08/2016 07:59:27 AM
Budget Analyst Approval	tgreenam	08/11/2016 08:54:04 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18092**

Agency Name:	DETR - EMPLOYMENT SECURITY DIVISION	Legal Entity Name:	SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
Agency Code:	902	Contractor Name:	SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY
Appropriation Unit:	4770-12	Address:	340 North 11th Street
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89101-3125
If "No" please explain:	Not Applicable	Contact/Phone:	Bonita Fahy 702 477-3186
		Vendor No.:	
		NV Business ID:	GOVERNMENT ENTITY

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Career Enhancement Program

Agency Reference #: **#2078-18-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/26/2016**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2017**

Contract term: **308 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Training**

5. Purpose of contract:

This is a new Intrastate Interlocal Contract that continues ongoing training courses for qualifying students to acquire training and earn certificates in the high demand career fields of: IT Certification; HV/AC; Construction; and Medical trainings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

Other basis for payment: Monthly billing per Attachment AA.

II. JUSTIFICATION

7. What conditions require that this work be done?

Without these training opportunities, job seeking Nevadans will not have the opportunity to gain valuable training in a career path to success.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the skills to provide these training opportunities.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Vendor services qualify for this funding.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	09/01/2016 14:47:09 PM
Division Approval	rolso1	09/20/2016 13:30:33 PM
Department Approval	jmcentee	09/22/2016 11:21:35 AM
Contract Manager Approval	jmcentee	09/22/2016 11:21:37 AM
Budget Analyst Approval	dstoddar	09/26/2016 13:42:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14483** Amendment Number: **5**
 Agency Name: **EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **EMCOR SERVICES DBA**
 Agency Code: **902** Contractor Name: **EMCOR SERVICES DBA**
 Appropriation Unit: **4771-07** Address: **MESA ENERGY SYSTEMS**
6255 MCLEOD DR STE 8
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89120-4404**
 If "No" please explain: Not Applicable Contact/Phone: Philip D. Robinson 702/597-0314
 Vendor No.: T27027115A
 NV Business ID: NV20071267110

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	1.90 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	69.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	29.10 % BEN, ESD Special Fund and Career Enhancement Program

Agency Reference #: 1837-15-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2013**
 Anticipated BOE meeting date 09/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/04/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **HVAC LAS VEGAS**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides HVAC service works for agency facilities in Las Vegas, Nevada on an as needed basis. This amendment increases the maximum amount of \$84,500 to \$94,500 due to the continued need for this service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,500.00	\$9,500.00	\$9,500.00	No
a. Amendment 1:	\$40,000.00	\$49,500.00	\$49,500.00	Yes - Info
b. Amendment 2:	\$20,000.00	\$20,000.00	\$69,500.00	Yes - Action
c. Amendment 3:	\$10,000.00	\$10,000.00	\$10,000.00	Yes - Info
d. Amendment 4:	\$5,000.00	\$5,000.00	\$15,000.00	No
2. Amount of current amendment (#5):	\$10,000.00	\$15,000.00	\$25,000.00	Yes - Info
3. New maximum contract amount:	\$94,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC mechanical systems need to be maintained for longevity and effective operation of equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Johnson Controls
Emcor Services
Carrier Corp.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

One in a vendor pool.

d. Last bid date: 04/22/2013 Anticipated re-bid date: 04/22/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

EMCOR Services dba MESA Energy Systems has been under contract with DETR since 2013 and has been providing satisfactory service.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	08/18/2016 15:46:54 PM
Division Approval	jmcentee	09/02/2016 11:12:49 AM
Department Approval	jmcentee	09/02/2016 11:12:53 AM
Contract Manager Approval	btaylo7	09/02/2016 11:50:12 AM
Budget Analyst Approval	dstoddar	09/09/2016 14:05:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 15128	Amendment Number: 1
Agency Name: DETR - EMPLOYMENT SECURITY DIVISION	Legal Entity Name: GREENSCAPES OF NEVADA LLC
Agency Code: 902	Contractor Name: GREENSCAPES OF NEVADA LLC
Appropriation Unit: 4771-07	Address: 5965 CHIEFTAIN ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89149-2363
If "No" please explain: Not Applicable	Contact/Phone: Bryan Vellinga 702/533-2428
	Vendor No.: T27033446
	NV Business ID: NV20131448439

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ESD Special Fund

Agency Reference #: 1870-16-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2014**
Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2015**

Contract term: **3 years and 349 days**

4. Type of contract: **Contract**

Contract description: **Landscaping**

5. Purpose of contract:

This is the first amendment to the original contract which continues ongoing landscape services for the facility located at 2800 E. St. Louis Avenue. This amendment extends the termination date from December 31, 2015 to December 15, 2017 and increases the maximum amount from \$22,800 to \$45,600 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$22,800.00	\$22,800.00	\$22,800.00	Yes - Info
2. Amount of current amendment (#1):	\$22,800.00	\$22,800.00	\$45,600.00	Yes - Info
3. New maximum contract amount:	\$45,600.00			
and/or the termination date of the original contract has changed to:	12/15/2017			

II. JUSTIFICATION

7. What conditions require that this work be done?

Landscape maintenance is required to keep property aesthetically pleasing, free of trash and irrigation systems operational.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Garden Pro/Greenscapes of Nevada, LLC
Gothic Landscaping
MLS Landscaping

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest price.

d. Last bid date: 08/23/2013 Anticipated re-bid date: 09/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	11/30/2015 10:27:10 AM
Division Approval	rolso1	12/01/2015 18:29:13 PM
Department Approval	mcost1	12/03/2015 08:38:00 AM
Contract Manager Approval	kwynands	12/07/2015 09:23:52 AM
Budget Analyst Approval	tgreenam	12/14/2015 11:43:58 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15214** Amendment Number: **1**

Agency Name: **DETR - EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **Southwest Power Solutions**

Agency Code: **902** Contractor Name: **Southwest Power Solutions**

Appropriation Unit: **4771-07** Address: **996 Buffalo River Ave**

Is budget authority available?: **Yes** City/State/Zip: **Henderson , NV 89002**

If "No" please explain: **Not Applicable** Contact/Phone: **Tim Sadler 702-302-7067**

Vendor No.:
NV Business ID: **NV20091331243**

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ESD Special Fund

Agency Reference #: **1883-15-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/27/2013**

Anticipated BOE meeting date **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **11/30/2015**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **UPS Module**

5. Purpose of contract:

This is the first amendment to the original contract, which provides maintenance service and repairs to the Uninterrupted Power Supply module for the facility located at 2800 E. St. Louis Ave, Las Vegas. This amendment extends the termination date from November 30, 2015 to December 26, 2017 and increases the maximum amount from \$16,764 to \$35,512 due to continued need for these service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$16,764.00	\$16,764.00	\$16,764.00	Yes - Info
2. Amount of current amendment (#1):	\$17,748.00	\$17,748.00	\$34,512.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$34,512.00 12/26/2017			

II. JUSTIFICATION

7. What conditions require that this work be done?

Uninterrupted Power Supply is needed to ensure power supply for Department's electronic files.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the knowledge to perform these tasks.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Cashmen Equipment Company
Southwest Power Solutions
Jersey Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to respond.

d. Last bid date: 11/22/2013 Anticipated re-bid date: 08/22/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Southwest Power Solutions has provided the Department with satisfactory service since December, 2013.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	11/16/2015 16:04:03 PM
Division Approval	rolso1	11/18/2015 08:35:43 AM
Department Approval	mcost1	11/18/2015 13:22:04 PM
Contract Manager Approval	btaylo7	11/18/2015 13:43:19 PM
Budget Analyst Approval	tgreenam	11/25/2015 12:36:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17178**

Agency Name: DETR - EMPLOYMENT SECURITY DIVISION	Legal Entity Name: JC EHRLICH CO INC
Agency Code: 902	Contractor Name: JC EHRLICH CO INC
Appropriation Unit: All Budget Accounts - Category 04	Address: WESTERN EXTERMINATOR CO 2943 E ALEXANDER RD
Is budget authority available?: Yes	City/State/Zip: N LAS VEGAS, NV 89030-7593
If "No" please explain: Not Applicable	Contact/Phone: Jesse B. Church 702/643-0998
	Vendor No.: PUR0005242B
	NV Business ID: NV20101438952

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	1.90 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	69.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	29.10 % BEN, ESD Special Funds, and Career Enhancement Program

Agency Reference #: 2035-18-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2015**
Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/22/2017**
Contract term: **1 year and 306 days**

4. Type of contract: **Contract**
Contract description: **S. NV Pest Control**

5. Purpose of contract:
This is a new contract that continues ongoing pest control services for the facilities located in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**
Other basis for payment: Contractor will provide the services specified at a cost of \$85.00/month at 2827 Las Vegas Blvd.; \$106.00/month at 2800 E. St. Louis Ave., Las Vegas; \$110.00 / month at 1001 A. Street, Las Vegas; \$115.00 / month at 3405 S. Maryland Pkwy., Las Vegas. Payment will be made upon approval of the submitted invoice as approved by Operations Management Personnel, with the total contract not to exceed \$3,744 in state fiscal year 2016; \$4,992 in state fiscal year 2017 and \$1,264 in state fiscal year 2018 for a total of \$10,000.

II. JUSTIFICATION

7. What conditions require that this work be done?
Need to maintain a pest free environment for the safety and comfort of staff and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
State employees do not have the expertise or materials to perform this service.

9. Were quotes or proposals solicited? **Yes**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Western Exterminator
Rollins HT
Progressive Pest Control
Agent Southern Nevada Pest Control

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to respond

d. Last bid date: 09/14/2015 Anticipated re-bid date: 09/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with Department of Employment, Training and Rehabilitation since 2011 and service has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	11/12/2015 08:30:00 AM
Division Approval	rolso1	11/12/2015 11:42:47 AM
Department Approval	mcost1	11/16/2015 10:18:02 AM
Contract Manager Approval	kwynands	11/16/2015 10:53:25 AM
Budget Analyst Approval	tgreenam	11/20/2015 09:40:57 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14153	Amendment Number: 2
Agency Name: DETR ADMINISTRATIVE SERVICES	Legal Entity Name: LANG, DANIEL G DBA
Agency Code: 908	Contractor Name: LANG, DANIEL G DBA
Appropriation Unit: All Budget Accounts - Category 04	Address: SUN KING WINDOW TINTING 213 SAGE ST STE 10
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706-2249
If "No" please explain: Not Applicable	Contact/Phone: Daniel G. Lang 775/885-7024
	Vendor No.: T80904329
	NV Business ID: NV20101178028

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	1.90 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	69.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	29.10 % BEN, ESD Special Fund, and Career Enhancement Program

Agency Reference #: 1792-15-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2013**
Anticipated BOE meeting date 06/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/27/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Window treatment**

5. Purpose of contract:

This is the second amendment to the original contract which provides window treatment services for facilities in northern and southern Nevada. This amendment increases the maximum amount from \$9,500 to \$14,500 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,500.00	\$9,500.00	\$9,500.00	No
a. Amendment 1:	\$0.00	\$9,500.00	\$9,500.00	No
2. Amount of current amendment (#2):	\$5,000.00	\$14,500.00	\$14,500.00	Yes - Info
3. New maximum contract amount:	\$14,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Window tinting, shades, and treatment services are needed to block the sun and heat/cold to ensure the comfort of both employees and clients.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the time or expertise to perform these tasks.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Don Ho Window Tinting
Sun King Window Tinting
Trimline of Reno dba Sierra Window Fashions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

One in a pool of Vendors.

d. Last bid date: 01/18/2013 Anticipated re-bid date: 01/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Sun King Window Tinting has been providing satisfactory service for the Department of Employment, Training and Rehabilitation since 2013.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is 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	vleigh	04/25/2016 08:58:54 AM
Division Approval	jmcentee	04/28/2016 21:17:20 PM
Department Approval	jmcentee	04/28/2016 21:17:23 PM
Contract Manager Approval	btaylo7	05/12/2016 14:56:11 PM
Budget Analyst Approval	tgreenam	05/13/2016 11:29:15 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18103**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Eduloka Limited
Agency Code: BDC	Contractor Name: inLumon
Appropriation Unit: B019 - All Categories	Address: 9645 Gateway Drive, Suite A
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: Luke Hermann 800-246-0541
	Vendor No.:
	NV Business ID: NV20101126878
To what State Fiscal Year(s) will the contract be charged?	2017-2020
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 % Agency Funds
Agency Reference #: 2016-01	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/26/2016**
Anticipated BOE meeting date **11/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/11/2019**

Contract term: **3 years and 15 days**

4. Type of contract: **Provider Agreement**

Contract description: **Licensing Software**

5. Purpose of contract:

The purpose of this contract is to obtain and set-up a new occupational licensing system for the Nevada State Board of Dispensing Opticians.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Year 1 - \$20,000 / Year 2 - \$14,000 / Year 3 - \$6,000

II. JUSTIFICATION

7. What conditions require that this work be done?

Presently, the Nevada State Board of Dispensing Opticians does not have an occupational licensing system. This contract will allow the Board to set-up and use an established occupational licensing system in use by other similar boards in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of knowledge and expertise.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

TopSpeed

GLSolutions

inLumon

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best combination of price, expertise, and positive reviews from present users

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Professional Engineers and Land Surveyors, Nevada State Board of Massage Therapists, Nevada State Board of Cosmetology, Nevada State Board of Nursing, Nevada State Board of Physical Therapy Examiners. All the boards confirmed that their experience with inLumon has been satisfactory.

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

15. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Company decided to change its trade name while retaining the underlying corporate entity.

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the 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	55443282	09/21/2016 15:21:58 PM
Division Approval	55443282	09/21/2016 15:22:01 PM
Department Approval	55443282	09/21/2016 15:22:03 PM
Contract Manager Approval	55443282	09/21/2016 15:22:06 PM
DoIT Approval	bbohm	09/26/2016 06:23:24 AM
Budget Analyst Approval	dstoddar	09/26/2016 11:56:01 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17038**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Lorylynn Ltd.
Agency Code: BDC	Contractor Name: Lorylynn Ltd.
Appropriation Unit: B030 - All Categories	Address: 1150 Silver Crest Circle
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89523
If "No" please explain: Not Applicable	Contact/Phone: Loretta Ponton 775-829-7375
	Vendor No.:
	NV Business ID: NV20061202027

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: **09/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2019**

Contract term: **2 years and 308 days**

4. Type of contract: **Contract**

Contract description: **Exec Director Svcs**

5. Purpose of contract:

This is a new contract to provide executive director services and board administration for the Board of Registered Environmental Health Specialists.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,800.00**

Payment for services will be made at the rate of \$1,650.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 625.055 provides authority for the Board to employ and fix the compensation of staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board must obtain its own staff.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Lorylynn Ltd.
Posted on Purchasing Website

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has extensive experience in providing Exec Director and similar services and was the only proposer who responded.

d. Last bid date: 07/23/2015 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

12. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board, current; services are verified as satisfactory Board of Occupational Therapy, 9/1/06 - 6/30/14; services verified as satisfactory

13. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

14. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

15. a. Is the Contractor Name the same as the legal Entity Name?

Yes

16. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

17. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lp310000	08/31/2015 12:16:36 PM
Division Approval	lp310000	08/31/2015 12:16:41 PM
Department Approval	lp310000	08/31/2015 12:16:50 PM
Contract Manager Approval	lp310000	08/31/2015 12:16:58 PM
Budget Analyst Approval	amccalla	09/09/2015 12:40:59 PM

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: October 14, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Budget Analyst *PN*
Budget Division
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Pursuant to NRS 482.480, Subsection 11, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report is for the period beginning July 1, 2016 and ending September 30, 2016.

Additional Information:

The department shall deduct and withhold one percent of the contributions collected pursuant to statute to reimburse the department of its expenditures in collecting and distributing the contributions. The department began accepting contributions on December 15, 2014. The last report provided to the August 9, 2016 Board of Examiners was for the period from July 2015 through June 2016.

Statutory Authority: NRS 482.480, Subsection 11

REVIEWED: <i>PN</i>
INFO ITEM: _____

Brian Sandoval
Governor



Terri L. Albertson
Director

555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4368
www.dmvnv.com

October 11, 2016

Board of Examiners

Re: Complete Streets

Attached, please find the monthly report for the voluntary Complete Streets contributions collected pursuant to subsection 11 of NRS 482.480 for each participating county by the Department for the period beginning July 1, 2016 and ending September 30, 2016.

Sincerely,

Cyndie Munoz

Chief of Administration
Department of Motor Vehicles
cmunoz@dmv.nv.gov
775-684-4501

Department of Motor Vehicles
Complete Streets: Monthly Report FY17
Report Date: 10/11/2016
 Reporting Period: September, 2016

County	Contributions											
	July		August		September		Year to Date		FY 16		FY 15	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$ 894.00	3.17%	\$ 988.00	3.35%	\$ 862.00	3.16%	\$ 2,724.00	3.23%	\$ 9,312.00	3.09%	\$ 2,005.00	4.18%
Clark	\$ 21,792.00	77.36%	\$ 22,090.00	76.47%	\$ 21,066.00	77.15%	\$ 64,948.00	76.99%	\$ 240,872.00	79.80%	\$ 33,676.00	70.22%
Douglas	\$ 786.00	2.79%	\$ 902.00	3.12%	\$ 688.00	2.52%	\$ 2,376.00	2.82%	\$ 1,304.00	0.43%	\$ 0.00	0.00%
Washoe	\$ 4,696.00	16.67%	\$ 4,926.00	17.05%	\$ 4,688.00	17.17%	\$ 14,310.00	16.96%	\$ 50,350.00	16.68%	\$ 12,278.00	25.60%
Total	\$28,168.00	100.00%	\$28,886.00	100.00%	\$27,304.00	100.00%	\$ 84,358.00	100%	\$301,838.00	100.00%	\$47,959.00	100.00%

County	DMV Commission (1%)											
	July		August		September		Year to Date		FY 16		FY 15	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$8.94	3.17%	\$9.68	3.35%	\$8.62	3.16%	\$27.24	3.23%	\$93.12	3.09%	\$20.05	4.18%
Clark	\$217.92	77.36%	\$220.90	76.47%	\$210.66	77.15%	\$649.48	76.99%	\$2,408.72	79.80%	\$336.76	70.22%
Douglas	\$7.86	2.79%	\$9.02	3.12%	\$6.88	2.52%	\$23.76	2.82%	\$13.04	0.43%	\$0.00	0.00%
Washoe	\$46.96	16.67%	\$49.26	17.05%	\$46.88	17.17%	\$143.10	16.96%	\$503.50	16.68%	\$122.78	25.60%
Total	\$281.68	100.00%	\$288.86	100.00%	\$273.04	100.00%	\$843.58	100%	\$3,018.38	100.00%	\$479.59	100.00%

County	Distributions											
	July		August		September		Year to Date		FY 16		FY 15	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$885.06	3.17%	\$958.32	3.35%	\$853.38	3.16%	\$2,696.76	3.23%	\$9,218.88	3.09%	\$1,984.95	4.18%
Clark	\$21,574.08	77.36%	\$21,869.10	76.47%	\$20,855.34	77.15%	\$64,298.52	76.99%	\$238,463.28	79.80%	\$33,339.24	70.22%
Douglas	\$778.14	2.79%	\$892.98	3.12%	\$681.12	2.52%	\$2,352.24	2.82%	\$1,290.96	0.43%	\$0.00	0.00%
Washoe	\$4,649.04	16.67%	\$4,876.74	17.05%	\$4,641.12	17.17%	\$14,166.90	16.96%	\$49,846.50	16.68%	\$12,155.22	25.60%
Total	\$27,886.32	100.00%	\$28,597.14	100.00%	\$27,030.96	100.00%	\$ 83,514.42	100%	\$298,819.62	100.00%	\$47,479.41	100.00%

- Note:
1. DMV began accepting contributions on 12/15/14.
 2. DMV began accepting Douglas County contributions on 5/9/16.

**Department of Motor Vehicles
Complete Streets Report: Donations
2017**

County	July	August	September	Year To Date	FY16	FY15
Carson City						
Donations	447	484	431	1,362	4,656	942
Registrations	3,478	3,066	3,374	9,918	36,588	18,438
Percent that Donated	12.85%	15.79%	12.77%	13.73%	12.73%	5.11%
Clark					0	0
Donations	10,896	11,045	10,533	32,474	120,436	15,782
Registrations	73,321	67,277	73,723	214,321	835,131	416,961
Percent that Donated	14.86%	16.42%	14.29%	15.15%	14.42%	3.79%
Douglas					0	0
Donations	393	451	344	1,188	652	0
Registrations	3,844	3,703	3,798	11,345	7,791	0
Percent that Donated	10.22%	12.18%	9.06%	10.47%	8.37%	0.00%
Washoe					0	0
Donations	2,348	2,463	2,344	7,155	25,175	5,753
Registrations	21,476	19,790	20,310	61,576	232,229	119,959
Percent that Donated	10.93%	12.45%	11.54%	11.62%	10.84%	4.80%

Notes

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Kiosk, Web and MyDMV Portal only.
3. DMV began accepting Douglas County contributions on 5/9/16.

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: October 14, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Budget Analyst *[Signature]*
Budget Division
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Per the Governor's request during the November 2015 BOE meeting, a letter was sent to Clark and Washoe counties and Carson City Consolidated Municipality requesting a report on how the Complete Streets Program funds are being utilized. This report is for funds received through September 2016.

Additional Information:

Douglas County started receiving funds in May 2016 and has been added to this report. The four counties will continue to report out on a quarterly basis.

Statutory Authority: NRS 244.2643, NRS 277A.285 and NRS 403.573

REVIEWED: <i>[Signature]</i>
INFO ITEM: _____

REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY

Complete Streets Program Revenue

Account ID	Account Name	Organization ID	Organization Name	Project ID	Project Name	Fiscal Year	Period	Month	Amount
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2015	9	MAR	(3,391.74)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		10	APR	(2,061.18)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		11	MAY	(1,896.84)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		12	JUN	(1,991.88)
Fiscal Year 2015 - Total									(9,341.64)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2016	1	JUL	(2,049.30)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		2	AUG	(4,502.52)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		3	SEP	(4,460.94)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		4	OCT	(4,255.02)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		5	NOV	(3,993.66)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		6	DEC	(3,534.30)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		7	JAN	(3,352.14)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		8	FEB	(3,819.42)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		9	MAR	(3,983.76)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		10	APR	(4,783.68)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		11	MAY	(4,542.12)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		12	JUN	(4,171.86)
Fiscal Year 2016 - Total									(47,446.74)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2017	1	JUL	(4,447.08)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		2	AUG	(4,649.04)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		3	SEP	(4,876.74)
Fiscal Year 2017 - Total									(13,972.86)
PROJECT - LTD Total									(70,763.22)



CARSON CITY NEVADA
Consolidated Municipality and State Capital
PUBLIC WORKS

October 5, 2016

Mr. Paul Nicks
Budget Analyst V
State of Nevada, Governor's Finance Office
209 E. Musser Street, Room 200
Carson City, NV 89701

RE: Complete Streets Program Fund

Dear Mr. Nicks:

In response to a letter received from the Director of the Governor's Finance Office, Carson City is pleased to report on the use of funds received through the Department of Motor Vehicles' (DMV's) Complete Streets Program. As of last quarter, Carson City has not expended any of the funds collected through the program. However, the City is nearing completion on the Downtown Carson Complete Street project between William and Fifth Streets, and will expend all available funds on the project by this year. City staff believes this project meets the intent of the program and will be happy to continue to provide quarterly updates going forward.

Carson City is grateful to be a part of this program and City staff believes this is a very beneficial program that will continue to grow as the public sees more successful projects implemented like the Downtown Carson Complete Street project. Please feel free to contact me at 283-7396 with any questions or concerns. Thank you.

Sincerely,

Patrick Pittenger, AICP, PTP
Transportation Manager
Carson City Public Works

Paul Nicks

From: Chieffo, Caroline <CChieffo@douglasnv.us>
Sent: Monday, October 03, 2016 11:14 AM
To: Paul Nicks
Cc: Moore, Vicki; Vuletich, Christine; Erb, Jon
Subject: Complete Streets Program funding

Hi Paul,

Douglas County received \$1,290.96 for fiscal year 15/16 and \$1,671.12 for 1st quarter FY16/17 for the Complete Streets Program.

Douglas County has used the funds to partially fund our Buckeye Lane Road Reconstruction project which includes the addition of bike lanes.

Please let me know if you need any additional information.

Thank you,

Caroline Chieffo

Senior Accountant
Douglas County Finance Division
1594 Esmeralda Ave
Minden NV 89423
Ph: 775-783-6451 Fax: 775-782-6271



600 S. Grand Central Pkwy. • Las Vegas, Nevada 89106-4512 • 702-676-1500 • FAX: 702-676-1518

Tina Quigley,
General Manager

September 29, 2016

Mr. Paul Nicks, Budget Analyst
State of Nevada – Governor’s Finance Office
209 E. Musser Street, Room 200
Carson City, NV 89701-4298

Dear Mr. Nicks:

I am writing to provide the update for the 3rd Quarter of 2016 on the RTC’s activities on projects funded with the Complete Streets Program funds (CSP funds).

As stated in our Q4 2015 report, in calendar 2015 the RTC received a total of \$130,119.66 in CSP funds from the DMV, which were allocated to the following two projects to be completed during calendar 2016:

1. City of Mesquite “Share the Road” Bike Signage project (\$12,000.00 allocation).

City of Mesquite (COM) completed the installation of all 33 Share the Road bike signs at the locations described in the Q4 2015 report, and the contract is scheduled to be closed at the October 13, 2016 RTC Board Meeting. A copy of the Final Report for Project 191B-CSF is attached.

2. City of Las Vegas Complete Street Improvements projects (\$118,119.66 allocation).

All work on the subject contract, as described in detail in the Q4 2015 report, has been completed by the City of Las Vegas (CLV). The work was inspected by RTC and found to be in accordance with the plans and specifications. A Final Report will be completed upon receipt of a final invoice(s) from CLV and payment by RTC.

Additionally, RTC’s Government Affairs, Media and Marketing department has completed videotaping and is finalizing the Public Service Announcement (PSA) featuring the mayors from

Mr. Paul Nicks, Budget Analyst
September 29, 2016
Page 2

the cities of Las Vegas, North Las Vegas, Henderson, Boulder City, Mesquite and a Clark County Commissioner. The PSA, funded by the RTC, describes the benefits of complete streets and how simple it is for people to contribute to the Complete Streets fund when they register their vehicles at the DMV. The PSA is scheduled to be complete during October 2016 and will be used for social media and website purposes.

Finally, as of September 1, 2016, RTC has received a total of \$163,256.94 (calendar year 2016 to date) in CSP funds from the DMV. These funds will accrue until the end of 2016, at which time the local jurisdictions will meet to allocate the 2016 CSP proceeds to the complete streets project(s) to be constructed during calendar 2017 as described in the Q4 2015 report.

Should you have any questions or require any additional information, please don't hesitate to contact me at (702) 676-1612 or by email to handm@rtcsonv.com.

Sincerely,



Paul M. (Mike) Hand, P.E.
Director of Engineering Services – Streets & Highways

Attachment

cc: (via e-mail)

Tina Quigley, General Manager
Fred Ohene, Deputy General Manager
Aileen Magnera, Advertising & Creative Supervisor
Monika Bertaki, Government Affairs, Media & Marketing
Mike Janssen, Deputy Director/Transportation Manager, City of Las Vegas DPW
Travis Anderson, City Engineer, City of Mesquite

Final Report

Complete Streets Program - City of Mesquite

Clark County
892

191B-CSF

Invoice	Construction	Engineering	Staking	Database	Aquisition	R/W-Other	Amount
TTL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MESQUITE, CITY OF							
6/28/2016 PW 2016-283	10,000.00	2,000.00	0.00	0.00	0.00	0.00	12,000.00
TTL	10,000.00	2,000.00	0.00	0.00	0.00	0.00	12,000.00

	Construction	Engineering	Staking	Database	Aquisition	R/W-Other	Total
Project Totals	10,000.00	2,000.00	0.00	0.00	0.00	0.00	12,000.00
Encumbered	10,000.00	2,000.00	0.00	0.00	0.00	0.00	12,000.00
Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Approval: Bill Thomas 86E8D91A7BE7483... 9/15/2016

DocuSigned by: [Signature] 947573F907CEAA... 9/15/2016



STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: October 13, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Curtis Palmer, Budget Analyst *CP*
Budget Division
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE LANDS

Agenda Item Write-up:

Pursuant to NRS 321.5954, the Department of Conservation and Natural Resources, Division of State Lands is submitting a quarterly report regarding the real property or interests in real property transferred under the Tahoe Basin Act and the Lake Tahoe Mitigation Program.

Additional Information:

The submitted report covers the 4th quarter of fiscal year 2016 and the 1st quarter of fiscal year 2017. A sale of 785 square feet of Class 1a potential land coverage in the Incline Village area was completed on June 7, 2016 and resulted in \$15,503.75 in proceeds for the Nevada Land Bank. Additionally, a sale of 790 square feet of Class 4 restored soft land coverage in the South Stateline area was completed on August 8, 2016 and resulted in \$21,340.00 in proceeds for the Nevada Land Bank.

Statutory Authority:

NRS 321.5954

REVIEWED: *CPM*

ACTION ITEM: _____

KAY SCHERER
Interim Director

Department of Conservation
and Natural Resources

CHARLES DONOHUE
Administrator

BRIAN SANDOVAL
Governor



State Land Office
State Land Use Planning Agency
Nevada Tahoe Resource Team
Conservation Bond Program -Q1

Address Reply to

Division of State Lands
901 S. Stewart St. Suite 5003
Carson City, Nevada 89701-5246
Phone (775) 684-2720
Fax (775) 684-2721
Web www.lands.nv.gov

STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES

Division of State Lands

October 3, 2016

MEMORANDUM

TO: James R. Wells, Clerk
Nevada State Board of Examiners

FROM: Charles Donohue, Administrator
Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT OF THE TAHOE BASIN ACT AND LAKE TAHOE MITIGATION PROGRAM – 4th QUARTER FY 2016 and 1st QUARTER FY 2017 BOARD OF EXAMINERS MEETING DATE OF DECEMBER 3, 2016**

RECEIVED

OCT 10 2016

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred under the Tahoe Basin Act and the Lake Tahoe Mitigation Program shall be reported quarterly to the State Board of Examiners. The enabling legislation is listed below. **There was no activity under the Tahoe Basin Act.**

Lake Tahoe Mitigation Program:

Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, which requires a quarterly report to the Board of Examiners, this memorandum is to report real property or interests in real property transferred under this program during the quarter ending June 30, 2016.

- There were no acquisitions of lands during these quarters. However, during the 4th Quarter of Fiscal Year 2016, one transfer of interest in real property occurred. On June 7, 2016 a transaction was finalized involving the sale of 785 square feet of Class 1a potential land coverage in the Incline Village area of Lake Tahoe. This transaction resulted in \$15,503.75 in proceeds for the Nevada Land Bank.
- During the 1st Quarter of Fiscal Year 2017, one transfer of interest in real property occurred. On August 8, 2016 a transaction was finalized involving the sale of 790 square feet of Class 4 restored soft land coverage in the South Stateline area of Lake Tahoe. This transaction resulted in \$21,340.00 in proceeds for the Nevada Land Bank.

The proceeds from the above transactions were deposited in their respective budget accounts to carry out the intent of the Lake Tahoe Mitigation Program.

In the event you have any questions or would like additional information please call me.

CD/bs

cc: Kay Scherer, Interim Director, Department of Conservation and Natural Resources