

POST

*** NOTICE OF PUBLIC MEETING ***

BOARD OF EXAMINERS

LOCATION: 2nd Floor Chambers
Laxalt Building, 401 N. Carson Street
Carson City, Nevada 89701

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

DATE AND TIME: February 9, 2016 at 10:00 a.m.

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

AGENDA

1. PUBLIC COMMENTS
- *2. FOR POSSIBLE ACTION – APPROVAL OF THE JANUARY 12, 2016 BOARD OF EXAMINERS’ MEETING MINUTES
- *3. FOR POSSIBLE ACTION – REQUEST FOR GENERAL FUND ALLOCATION FROM THE INTERIM FINANCE COMMITTEE CONTINGENCY ACCOUNT
 - A. Department of Public Safety – Nevada Highway Patrol – Dignitary Protection - \$109,432

Pursuant to NRS 353.268, the Nevada Highway Patrol requests an allocation of \$109,432 from the Interim Finance Committee Contingency Account to fund visiting dignitary protection services relating to the 2016 presidential campaign.

***4. FOR POSSIBLE ACTION – APPROVAL FOR STATE VEHICLE PURCHASES**

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration –Enterprise IT Services	2	\$78,811
Department of Agriculture – Registration/Enforcement	1	\$37,981
Department of Wildlife – Law Enforcement	1	\$30,005
Department of Public Safety – Nevada Highway Patrol	2	\$68,761
Department of Health and Human Services –Child and Family Services	3	\$81,358
Total	9	\$296,916

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

A. Department of Administration – Purchasing Division

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

B. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with Johnny Alhwayek, a former Staff I Associate Engineer, on the Design Build team for the NEON Design Build contract awarded to Atkins North America, Inc.

C. Department of Education

Pursuant to NRS 333.705, subsection 2, the Department of Education requests authority to continue to contract with Robert Pawley, a former Department of Education, Administrative Services Officer, through a temporary service, to provide technical assistance and training on state and federal grants managed by the Department through March 1, 2016 and on an intermittent basis from March 1, 2016 through September 1, 2016 to assist with the allocation and payment models for the Distributive School Account, Class Size Reduction, Full Day Kindergarten and state grants management.

***6. FOR POSSIBLE ACTION – APPROVAL TO PAY FROM STALE CLAIMS ACCOUNT**

A. Attorney General - \$68,443.49

Pursuant to NRS 353.097, subsection 4, the Office of the Attorney General requests approval to pay \$68,443.49 from the Stale Claims Account, for a 2015 rent invoice that was not paid during that fiscal year.

- *7. FOR POSSIBLE ACTION – LEASES ([Attached as Exhibit 1](#))**
- *8. FOR POSSIBLE ACTION – CONTRACTS ([Attached as Exhibit 2](#))**
- *9. FOR POSSIBLE ACTION – MASTER SERVICE AGREEMENT ([Attached as Exhibit 3](#))**
- *10. CONTRACTS APPROVED BY THE CLERK OF THE BOARD - INFORMATION ITEM ([Attached as Exhibit 4](#))**

Pursuant to NRS 333.700, subsection 7 (a), the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 – \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from December 19, 2015 through January 18, 2016.

11. INFORMATION ITEMS

A. Department of Motor Vehicles – Complete Street Program

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, 2015 and ending December 31, 2015.

B. Complete Street Program Uses

Per the Governor’s request during the November BOE meeting, this report provides details on the types of projects being funded by the Complete Streets Program in the three counties where funds have been collected (Clark County, Washoe County and Carson City Consolidated Municipality) for the period ending December 2015.

C. Department of Veterans Services

This disclosure reports a correction to the contract effective date between the Department of Veterans Services and Dietitians On Demand (CETS #16286). The contract effective date posted on the November 10, 2015, Board of Examiners agenda was January 7, 2015; however, the correct effective date is December 4, 2014.

12. BOARD MEMBERS’ COMMENTS/PUBLIC COMMENTS

- *13. FOR POSSIBLE ACTION – ADJOURNMENT**

Notice of this meeting was posted in the following locations:

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

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

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

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

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

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

Capitolpolice-lasvegas@dps.state.nv.us

Notice of this meeting was posted on the following websites:

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

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

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

LEASES

BOE #	LESSEE			LESSOR	AMOUNT
1.	Department of Employment, Training, and Rehabilitation – Employment Security			Segalove-Priven Associates	\$351,288
	Lease Description:	This is a new lease for existing space to house the agency.			
		Term of Lease:	02/01/2016 – 01/01/2017	Located in Las Vegas	
2.	Department of Transportation			The Shanendoah Co., Business Trust dba Nye Lane Properties	\$204,604
	Lease Description:	This is an addition to current facilities lease to house the agency.			
		Term of Lease:	03/01/2016 - 03/31/2019	Located in Carson City	
3.	Department of Transportation – Construction Crew 908			Wells Propane, Inc.	\$19,800
	Lease Description:	This is a new lease for existing space to house the agency.			
		Term of Lease:	03/01/2016 – 02/28/2017	Located in Wells	

CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	011	GOVERNOR'S OFFICE - STATE ENERGY OFFICE - RENEWABLE ENERGY FUND	LUCID DESIGN GROUP, INC.	OTHER: RENEWABLE ENERGY TAX ABATEMENT PROGRAM	\$717,970	
	Contract Description:	This is a new contract to provide an energy management information application used to assist with the identification and reduction of State of Nevada energy and water consumption.				
2.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE ACCOUNT	BECKER GALLAGHER LEGAL PUBLISHING, INC.	GENERAL 53% OTHER: AG COST ALLOCATION 47%	\$45,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing services to format and file legal proceedings in the Supreme Court of the United States. This amendment increases the maximum amount from \$20,000 to \$65,000 due to increased need for these services.				
3.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	APPRISS, INC.	OTHER: STOP GRANT AND PARTICIPATING AGENCIES	\$194,456	
	Contract Description:	This is the fourth amendment to the original contract which provides ongoing victim notification in the Statewide Automated Victim Information and Notification Program in Nevada (NV SAVIN). This amendment increases the maximum amount from \$1,048,800 to \$1,243,256 to continue providing victim notification services as outlined in NRS 178.				
4.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS- DIVISION OF TOURISM	TIFFANY EAST PR	OTHER: LODGING TAX	\$61,500	
	Contract Description:	This is a new contract to provide event planning services for the 2016 Global Tourism Summit to be held in Reno. The vendor will provide logistics and promotion for both the summit as well as a pre-conference familiarization tour for international buyers and Nevada suppliers. Services will include: working with the Division to develop and execute an event plan; acting as liaison with the venue and all subcontractors on event logistics; managing event sponsorship; managing speaker logistics; managing exhibitor onsite presence; and managing onsite ground transportation.				
5.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS' HOME ACCOUNT	DIETITIANS ON DEMAND	OTHER: PRIVATE/CLARK COUNTY 35% FEDERAL 65%	\$111,721	
	Contract Description:	This is the third amendment to the original contract, which provides registered dietician services. This amendment increases the maximum amount from \$99,000 to \$211,720 due to the continued need for these services.				
6.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS' HOME ACCOUNT	MEDICAID SERVICES OF CLARK COUNTY, LLC	OTHER: PRIVATE/CLARK COUNTY 35% FEDERAL 65%	\$36,850	
	Contract Description:	This is the first amendment to the original contract, which provides Medicaid application assistance services. This amendment increases the maximum amount from \$49,999 to \$86,849 due to the increasing need for these services.				

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	240	OFFICE OF VETERANS SERVICES - VETERANS' HOME ACCOUNT	PROGRESSIVE INDUSTRIES, INC.	OTHER: PRIVATE/CLARK COUNTY 35% FEDERAL 65%	\$15,000	
	Contract Description:	The clerk improperly approved the original contract for \$60,000 to provide small oxygen tank delivery services. This first amendment to that contract increases the maximum amount from \$60,000 to \$75,000 due to an increased need for these services. The amendment is being submitted for approval because the original contract was not approved by the board.				
	Term of Contract:	03/05/2014 - 03/31/2016		Contract # 15359		
8.	300	DEPARTMENT OF EDUCATION - DATA SYSTEMS MANAGEMENT	CAVEON, LLC	GENERAL	\$486,225	
	Contract Description:	This is a new contract to provide consulting and design services on test integrity and testing security services statewide.				
	Term of Contract:	02/09/2016 - 02/10/2018		Contract # 17338		
9.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - ADMINISTRATION	WASHOE COUNTY	FEDERAL	\$2,007,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Medicaid and Nevada Check Up targeted case management and other administrative services to children in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
	Term of Contract:	07/01/2015 - 06/30/2019		Contract # 16866		
10.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX	CLARK COUNTY SOCIAL SERVICES	OTHER: COUNTY PROVIDES NON-FEDERAL SHARE	\$35,754,638	Exempt
	Contract Description:	This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs when the indigent is Medicaid eligible.				
	Term of Contract:	07/01/2015 - 06/30/2017		Contract # 16410		
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING & POLICY - NEVADA MEDICAID, TITLE XIX	HP ENTERPRISE SERVICES, LLC	GENERAL 10% FEDERAL 90%	\$45,000,000	Sole Source
	Contract Description:	This is the fifteenth amendment to the original contract which provides takeover and operations of the Medicaid Management Information System (MMIS) and to serve as fiscal agent to the division. This amendment extends the termination date from June 30, 2016 to January 1, 2019 and increases the maximum amount from \$187,947,076 to \$232,947,076 due to the modernization of the MMIS systems core.				
	Term of Contract:	01/11/2011 - 01/01/2019		Contract # 11760		
12.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	WASHOE COUNTY	OTHER: COUNTY PROVIDES NON-FEDERAL SHARE	\$7,730,430	Exempt
	Contract Description:	This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs when the indigent is Medicaid eligible.				
	Term of Contract:	07/01/2015 - 06/30/2017		Contract # 17367		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	CENTRAL RECOVERY TREATMENT, LLC	FEDERAL	\$826,000	
	Contract Description:	This is a new contract that continues ongoing housing services at an off-site apartment style housing complex to create a community environment and to conduct training in daily living skills and provide outpatient treatment and supervision of adults diagnosed with serious mental illness and substance abuse.				
	Term of Contract:	10/01/2015 - 09/30/2017		Contract # 17345		
14.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	QUALITY MEDICAL IMAGING OF NEVADA, LLC	GENERAL	\$200,000	
	Contract Description:	This is a new contract that continues ongoing portable x-ray services for patients who have tested positive to the skin test for tuberculosis and for any patient emergencies or injuries requiring x-ray services while in inpatient or forensic hospitals.				
	Term of Contract:	10/01/2015 - 09/30/2017		Contract # 17344		
15.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	BOARD OF REGENTS- UNIVERSITY OF NEVADA SCHOOL OF MEDICINE	GENERAL	\$600,000	
	Contract Description:	This is new contract that continues ongoing psychiatric services outside regular operating hours. This contract provides a valuable training program for residents and enables services such as on-call, Rapid Stabilization Unit, high risk rounds and psychiatric evaluations to be performed on a 24 hour basis.				
	Term of Contract:	07/01/2015 - 06/30/2017		Contract # 17348		
16.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	PUBLIC CONSULTING GROUP, INC.	FEDERAL	(\$56,308)	
	Contract Description:	This is the second amendment to the original contract which provides cost allocation development, maintenance, support and reporting services for the division. This amendment decreases the maximum amount from \$311,250 to \$254,942 due to the reduced need for these services.				
	Term of Contract:	06/11/2013 - 06/30/2017		Contract # 14329		
17.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD HEALTH SERVICES	SUNRISE CHILDREN'S FOUNDATION	FEDERAL	\$292,581	
	Contract Description:	This is the second amendment to the original contract which provides evidence-based home visiting services into rural at-risk communities based on the Nurse Family Partnership Model Overview, which targets low income families with pregnant women and children up to two years old, to promote maternal, infant and early childhood health and safety as well as develop strong parent-child relationships. This amendment increases the maximum amount from \$955,695 to \$1,248,276 due to the addition of 25 enrollees in Nye County.				
	Term of Contract:	06/12/2014 - 09/30/2017		Contract # 15618		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	440	DEPARTMENT OF CORRECTIONS - OFFENDERS' STORE FUND	CENTURYLINK PUBLIC COMMUNICATIONS, INC.	OTHER: REVENUE CONTRACT	(\$3,000,000)	
	Contract Description:	This is the first amendment to the original contract which continues ongoing telephone services for incarcerated offenders. This amendment decreases the maximum amount from \$16,000,000 to \$13,000,000 to comply with the Federal Communications Commission order for rate caps.				
	Term of Contract:	08/01/2014 - 07/31/2018		Contract # 15707		
19.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND FEDERAL FACILITIES	WINDSOR SOLUTIONS, INC.	OTHER: WATER POLLUTION PERMIT FEES	\$364,398	
	Contract Description:	This is the fourth amendment to the original contract which provides technical support for the National Environmental Exchange Network and improvements to the overall stability and user experience of the existing database. This amendment extends the termination date from September 30, 2016 to December 31, 2016 and increases the maximum amount from \$1,012,000 to \$1,376,398 due to the continued need for these services.				
	Term of Contract:	10/11/2011 - 12/30/2016		Contract # 12639		
20.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	SIERRA NEVADA JOURNEYS	FEDERAL	\$73,660	
	Contract Description:	This is a new contract to provide environmental education programs to 2,500 students and 92 educators in Northern Nevada with emphasis on natural resources stewardship and water quality protection. Students will explore their local watersheds, learn about preventing non-point source pollution, erosion control, riparian habitats and conduct water quality monitoring through a combination of indoor classes and outdoor field experiences.				
	Term of Contract:	Upon Approval - 12/30/2016		Contract # 17303		
21.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER REGULATORY PROGRAM	CALIFORNIA NEVADA SECTION, AMERICAN WATER WORKS ASSOC.	FEDERAL	\$80,000	
	Contract Description:	This is a new contract that continues ongoing services to assist the division with proctoring operator certification exams statewide. Operators of certain water systems are required to be certified by state law.				
	Term of Contract:	Upon Approval - 06/30/2019		Contract # 17334		
22.	810	DEPARTMENT OF MOTOR VEHICLES - FIELD SERVICES	QLESS, INC.	HIGHWAY	\$287,144	
	Contract Description:	This is the first amendment to the original contract which provides a customer queue system for twelve department field offices in the State of Nevada. This amendment increases the maximum amount from \$520,348 to \$807,492 due to the need for additional services required to accommodate our customers and the ongoing costs associated with these services.				
	Term of Contract:	01/14/2014 - 12/31/2018		Contract # 15215		

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23.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	PARATRANSIT, INC., DBA DESTINATIONS MOBILITY	GENERAL 21.3% FEDERAL: 78.7%	\$225,000	
	Contract Description:	This is a new contract that provides ongoing services of modifying and converting new and used vehicles for Vocational Rehabilitation clients. Modifications/conversions include: structural vehicle modifications; installation of mobility equipment and devices including customized and advanced adaptive driving equipment and controls; installation of high tech driving systems; adjustments to fit required equipment to specific needs; and equipment repair services as needed.				
	Term of Contract:	Upon Approval - 08/31/2018		Contract # 17312		
24.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	BOARD OF REGENTS-SYSTEM ADMINISTRATION	OTHER: CAREER ENHANCEMENT PROGRAM	\$75,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide the required matching funds for the administration of the Robert Wood Johnson Foundation grant awarded to the Nevada System of Higher Education to implement a nurse residency program in Nevada. This initiative will focus on increasing the number of nurses with a baccalaureate degree.				
	Term of Contract:	Upon Approval - 06/30/2016		Contract # 17364		

MASTER SERVICE AGREEMENT

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
MSA 1.	MSA	VARIOUS STATE AGENCIES	INYO NETWORKS	OTHER: VARIOUS	\$15,000,000	
	Contract Description:	This is a new contract that continues ongoing telecommunication services, including voice and data transport systems for state agencies in southern Nevada.				
	Term of Contract:		03/01/2016 - 02/29/2020	Contract # 17372		

INFORMATION CONTRACTS

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CASHMAN EQUIPMENT COMPANY	FEE: BUILDINGS AND GROUNDS RENTAL INCOME FEES	\$46,108	
	Contract Description:	This is a new miscellaneous services agreement contract to replace and test a 20 hour UPS for the Nevada Highway Patrol Office in Reno.				
		Term of Contract:	12/29/2015 - 06/30/2016	Contract # 17336		
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	HARTMAN, CRAIG A.	FEE: BUILDING AND GROUNDS RENTAL INCOME FEES	\$5,000	
	Contract Description:	This is the first amendment to the original new contract which provides window tinting, light reduction, heat reduction film, and removal of film for various State buildings and historic preservation properties in the Northern Nevada area. This amendment increases the maximum amount from \$9,500 to \$14,500 due to the continued need for these services.				
		Term of Contract:	05/07/2013 - 04/30/2017	Contract # 14294		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MCNEIL'S CLEANING SERVICE, INC.	FEE: BUILDINGS AND GROUNDS RENTAL INCOME FEES	\$27,818	
	Contract Description:	This is a new emergency contract that continues ongoing janitorial services for the Stewart Facility in Carson City. The previous vendor was terminated due to security issues; therefore, this contract is initiated to provide ongoing janitorial services until a new Request for Proposal process can be completed.				
		Term of Contract:	01/13/2016 - 07/31/2016	Contract # 17347		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	SCHNEIDER ELECTRIC	FEE: BUILDINGS AND GROUNDS BUILDING RENTAL FEES	\$45,000	
	Contract Description:	This is a new contract that continues ongoing repairs to heating, ventilation and air conditioning equipment throughout southern Nevada as needed and at the request of a designated Buildings & Grounds representative.				
		Term of Contract:	01/13/2016 - 12/01/2019	Contract # 17309		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	WESTERN STATES DOOR CONTROLS, INC.	FEE: BUILDINGS AND GROUNDS BUILDING RENT INCOME	\$35,000	
	Contract Description:	This is a new contract that continues ongoing repairs of automatic and manual door controls and related hardware for various state buildings in the Las Vegas area.				
		Term of Contract:	04/01/2016 - 03/31/2020	Contract # 17329		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	FEE: BUILDINGS AND GROUNDS BUILDING RENTAL INCOME FEE	\$27,450	
	Contract Description:	This is a new contract that continues ongoing janitorial services for the Welfare and Supportive Services in Henderson due to the continued need for these services.				
		Term of Contract:	12/28/2015 - 08/30/2016	Contract # 17328		

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7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	ETCHEMENDY ENGINEERING, INC.	BONDS	\$23,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the heating, ventilation and air conditioning renovation project for Building No. 2 at the Reno Northern Nevada Adult Mental Health Services facility in Sparks: CIP Project No. 15-M19; SPWD Contract No. 109952.				
	Term of Contract:	12/28/2015 - 06/30/2019		Contract # 17354		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	TJ KROB CONSULTING ENGINEERS, INC.	BONDS	\$28,710	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services to replace the door locks at the Florence McClure Women's Correctional Center: CIP Project No. 15-M07; SPWD Contract No. 109867.				
	Term of Contract:	12/28/2015 - 06/30/2019		Contract # 17353		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	DG KOCH ASSOCIATES, LLC	BONDS	\$24,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the heating, ventilation and air conditioning systems replacement for the Department of Wildlife: CIP Project No. 15-M37; SPWD Contract No. 109879.				
	Term of Contract:	12/18/2015 - 06/30/2019		Contract # 17339		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts	CURTAIN WALL DESIGN &	OTHER: AGENCY FUNDED CIP	\$30,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the sealing building envelope at the Nevada State Veterans Home: CIP Project No. 16-A011; SPWD Contract No. 109905.				
	Term of Contract:	12/18/2015 - 06/30/2019		Contract # 17340		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts	GARY GUY WILSON ARCHITECTS	OTHER: AGENCY FUNDED CIP	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the doors and windows replacement at Henderson Armory: CIP Project No. 16-A015; SPWD Contract No. 109962.				
	Term of Contract:	01/15/2016 - 06/30/2020		Contract # 17396		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts	JBA CONSULTING ENGINEERS, INC.	OTHER: AGENCY FUNDED CIP	\$21,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the boiler and water heater replacement project at the Nevada State Veterans Home in Boulder City: CIP Project No. 16-A016; SPWD Contract No. 109786.				
	Term of Contract:	12/29/2015 - 06/30/2020		Contract # 17356		

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13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts	PUGSLEY SIMPSON COULTER ARCHITECTS	FEDERAL	\$33,950	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Call For Fire Trainer Building at the Floyd Edsall Training Center Facility in North Las Vegas: CIP Project No. 16-A010; SPWD Contract No. 109949.				
		Term of Contract:	01/14/2016 - 06/30/2020	Contract # 17392		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION All Budget Accounts	PUGSLEY SIMPSON COULTER ARCHITECTS	FEDERAL	\$35,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Close Combat Tactical Trainer Pad project at the Floyd Edsall Training Center in North Las Vegas: CIP Project No. 16-A009; SPWD Contract No. 109948.				
		Term of Contract:	01/14/2016 - 06/30/2020	Contract # 17393		
15.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS SERVICES	UTAH DEPARTMENT OF VETERANS AND MILITARY AFFAIRS	FEDERAL	\$38,400	
	Contract Description:	This is a new interlocal revenue agreement to allow the department to receive funds to develop a multi-state database containing veterans' benefits information.				
		Term of Contract:	12/24/2015 - 06/30/2017	Contract # 17193		
16.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	ROBERT F. NYCEK	OTHER: PRIVATE/ CLARK COUNTY 35% FEDERAL 65%	\$22,000	Professional Service
	Contract Description:	This is the third amendment to the original contract which continues ongoing chaplain services to the residents of the Nevada State Veterans Home. This amendment increases the maximum amount from \$83,000 to \$105,000 due to an increased need for these services.				
		Term of Contract:	07/19/2012 - 07/31/2016	Contract # 13626		
17.	240	DEPARTMENT OF VETERANS SERVICES - VETERANS HOME ACCOUNT	Z AND Z PODIATRY, LTD	OTHER: PRIVATE/ CLARK COUNTY 35% FEDERAL 65%	\$20,000	
	Contract Description:	This is a new contract to provide podiatry services to the residents of the Nevada State Veterans Home.				
		Term of Contract:	01/12/2016 - 10/31/2019	Contract # 17207		
18.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	LEITNER, DAVID DBA PACIFIC RESEARCH ASSOCIATES	FEDERAL	\$49,300	
	Contract Description:	This is a new contract that continues ongoing services to collect the required data for the Federal Comprehensive State Performance Report for applicable Title I and Title III programs as well as evaluate the 21st Century Community Learning Center Programs.				
		Term of Contract:	12/01/2015 - 11/30/2016	Contract # 17349		
19.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	NEVADA PIGEON CONTROL	GENERAL	\$32,000	
	Contract Description:	This is a new contract that continues ongoing pigeon abatement and clean up services to the Southern Nevada Adult Mental Health Services campuses.				
		Term of Contract:	01/07/2016 - 12/31/2019	Contract # 17346		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	HUMBOLDT COUNTY	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	(\$27,507)	
	Contract Description:	This is the first amendment to the original interlocal agreement which provides hearing master and court services for the purpose of enforcing support obligations owed by non-custodial parents to their children, locating non-custodial parents, establishing paternity, obtaining financial and medical support, and adjusting support orders. This amendment decreases the maximum amount from \$238,781 to \$211,274 due to the reorganization of Judicial District Courts.				
	Term of Contract:	07/01/2014 - 06/30/2018		Contract # 15395		
21.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	MINERAL COUNTY	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	(\$36,974)	
	Contract Description:	This is the first amendment to the original interlocal agreement which provides hearing master and court services for the purpose of enforcing support obligations owed by non-custodial parents to their children, locating non-custodial parents, establishing paternity, obtaining financial and medical support, and adjusting support orders. This amendment decreases the maximum amount from \$170,033 to \$133,059 due to the reorganization of Judicial District Courts.				
	Term of Contract:	07/01/2014 - 06/30/2018		Contract # 15393		
22.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	SIGNAL FIRE, INC.	GENERAL 23.4% OTHER: RENTAL INCOME 39.2% FEDERAL 37.4%	\$29,040	
	Contract Description:	This is a new contract that continues ongoing monthly fire alarm monitoring including removing the existing fire alarm transmitters and furnishing and installing new communicators per the facility condition analysis report.				
	Term of Contract:	01/12/2016 - 01/31/2020		Contract # 17342		
23.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	VIRGEN, INC.	OTHER: FUNDS FOR HEALTHY NEVADA	\$49,850	
	Contract Description:	This is a new contract to provide public awareness of the Children's Mobile Crisis Response Teams across Nevada. This contract will utilize digital/social media and traditional media (radio, print ad, billboards, etc.) to create a campaign that increases general awareness of children's mental issues and the services provided by the mobile crisis response teams in Reno and Las Vegas.				
	Term of Contract:	01/12/2016 - 06/30/2016		Contract # 17263		
24.	440	DEPARTMENT OF CORRECTIONS - SOUTHERN DESERT CORRECTIONAL CENTER	THE TIBERTI COMPANY	GENERAL	\$10,400	
	Contract Description:	This is a new contract to provide replacement of the existing Sally Port gates at Southern Desert Correctional Center.				
	Term of Contract:	01/08/2016 - 06/30/2016		Contract # 17368		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	440	DEPARTMENT OF CORRECTIONS - LOVELOCK CORRECTIONAL CENTER	SIERRA CONTROLS, LLC	GENERAL	\$33,410	
	Contract Description:	This is a new contract to provide installation and calibration of the monitor and control remote terminal units located at Lovelock Correctional Center used to control the water tank level and sewer flow.				
		Term of Contract:	01/08/2016 - 06/30/2016	Contract # 17264		
26.	650	DEPARTMENT OF PUBLIC SAFETY - TRAINING	LIQUIVISION TECHNOLOGY, INC.	OTHER: REVENUE RECEIVED FROM THE LEAD RECLAMATION	\$20,000	
	Contract Description:	This is a new revenue contract to provide ongoing lead/brass collection and recycling services for the bullet trap and associated area at the Nevada Department of Public Safety (DPS) Training Division Firing Range in Carson City. The contractor will conduct lead and brass collection on a quarterly, or as needed, basis. DPS will receive 85% of the current market value of the materials reclaimed.				
		Term of Contract:	07/01/2015 - 06/30/2019	Contract # 17260		
27.	702	DEPARTMENT OF WILDLIFE - WILDLIFE TRUST FUND NON-EXEC	CLS AMERICA, INC.	OTHER: HERITAGE WILDLIFE TRUST 50% FEDERAL 50%	\$16,440	
	Contract Description:	This is the first amendment to the original contract which provides tracking services for big game animals and sage grouse. This amendment extends the termination date from June 30, 2016 to June 30, 2018 and increases the maximum amount from \$19,785 to \$36,225 due to the continued need for this service, and the addition of tracking for ravens and eagles.				
		Term of Contract:	04/01/2014 - 06/30/2018	Contract # 15819		
28.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	BOARD OF REGENTS- UNR	FEE: AIR QUALITY MANAGEMENT FEES 84% OTHER: SUPPLEMENTAL ENVIRONMENTAL PROJECT FUNDS 16%	\$49,000	
	Contract Description:	This is the second amendment to the original contract which provides for an interlocal agreement to develop, implement and monitor a Wood Stove Change-Out Program for the division's Bureau of Air Quality Planning. It is expected that removal and replacement of old non-Environmental Protection Agency (EPA) compliant wood burning stoves with EPA-compliant and certified biofuel stoves will effectively reduce unnecessary emissions of fine particles into the air and result in improved air quality for the region. This amendment increases the maximum amount from \$250,000 to \$299,000 to allow for more stove replacements.				
		Term of Contract:	09/10/2013 - 09/30/2017	Contract # 14805		
29.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	NEVADA RURAL HOUSING AUTHORITY	OTHER: SUPPLEMENTAL ENVIRONMENTAL PROJECTS FUNDS	(\$49,000)	
	Contract Description:	This is the first amendment to the original contract which provides for an interlocal agreement to provide for replacement of non EPA-compliant wood stoves in Carson City and Douglas County for low income families. This amendment decreases the maximum amount from \$69,000 to \$20,000 due to the loss of a staff member that administers the program and a loss in funding, causing a decrease in woodstoves that can be replaced during the term of the contract.				
		Term of Contract:	10/13/2015 - 06/30/2017	Contract # 17049		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	TAHOE FUND	FEDERAL	\$12,000	
	Contract Description:	This is a new contract to develop urban runoff and phosphorus-free fertilizer messaging by collaborating with the Public Utility and General Improvement Districts in the Tahoe Basin to provide the greatest visibility for these messages. Through these partnerships, the messaging will be inserted in billing and informational packets sent out to the 12,000 parcels located within the Nevada Tahoe Conservation District. There will be additional collaboration to place phosphorus-free signs with hardware stores and landscaping businesses.				
	Term of Contract:	12/22/2015 - 12/31/2016	Contract # 17274			
31.	902	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION - EMPLOYMENT SECURITY	WORKFORCE CONNECTIONS	FEDERAL	(\$11,480)	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which continues ongoing employment and training services to Adults in southern Nevada as required by the Workforce Innovation and Opportunity Act (WIOA) of 2014. This amendment decreases the maximum amount from \$7,375,010 to \$7,363,530 due to Department of Labor decreasing WIOA fund allocations.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16785			
32.	902	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION - EMPLOYMENT SECURITY	WORKFORCE CONNECTIONS	FEDERAL	(\$10,557)	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which continues ongoing employment and training services to Dislocated Workers in southern Nevada as required by the Workforce Innovation and Opportunity Act (WIOA) of 2014. This amendment decreases the maximum amount from \$4,448,425 to \$4,437,868 due to Department of Labor decreasing WIOA fund allocations.				
	Term of Contract:	07/01/2015 - 06/30/2017	Contract # 16789			

DETAILED AGENDA

February 9, 2016

1. PUBLIC COMMENTS

Comments:

*2. FOR POSSIBLE ACTION – APPROVAL OF THE JANUARY 12, 1016 BOARD OF EXAMINERS’ MEETING MINUTES

Clerk’s Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

A. Department of Public Safety – Nevada Highway Patrol – Dignitary Protection - \$109,432

Pursuant to NRS 353.268, the Nevada Highway Patrol requests an allocation of \$109,432 from the Interim Finance Committee Contingency Account to fund visiting dignitary protection services relating to the 2016 presidential campaign.

Clerk’s Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

4. FOR POSSIBLE ACTION – STATE VEHICLE PURCHASES

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration –Enterprise IT Services	2	\$78,811
Department of Agriculture – Registration/Enforcement	1	\$37,981
Department of Wildlife – Law Enforcement	1	\$30,005
Department of Public Safety – Nevada Highway Patrol	2	\$68,761
Department of Health and Human Services –Child and Family Services	3	\$81,358
Total	9	\$296,916

Clerk’s Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

A. Department of Administration – Purchasing Division

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

Clerk's Recommendation: I recommend approval.

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

Comments:

B. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with Johnny Alhwayek, a former Staff I Associate Engineer, on the Design Build team for the NEON Design Build contract awarded to Atkins North America, Inc.

Clerk's Recommendation: I recommend approval.

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

Comments:

C. Department of Education

Pursuant to NRS 333.705, subsection 2, the Department of Education requests authority to continue to contract with Robert Pawley, a former Department of Education, Administrative Services Officer, through a temporary service, to provide technical assistance and training on state and federal grants managed by the Department through March 1, 2016 and on an intermittent basis from March 1, 2016 through September 1, 2016 to assist with the allocation and payment models for the Distributive School Account, Class Size Reduction, Full Day Kindergarten and state grants management.

Clerk's Recommendation: I recommend approval.

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

Comments:

***6. FOR POSSIBLE ACTION – APPROVAL TO PAY FROM STALE CLAIMS ACCOUNT**

A. Attorney General - \$68,443.49

Pursuant to NRS 353.097, subsection 4, the Office of the Attorney General requests approval to pay \$68,443.49 from the Stale Claims Account, for a 2015 rent invoice that was not paid during that fiscal year.

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

***7. FOR POSSIBLE ACTION – LEASES**

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

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

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

One independent contract was submitted to the Board for review and approval.

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:

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

Pursuant to NRS 333.700 subsection 7 (a), the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 – \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from November 16, 2015 through December 18, 2015.

Thirty-one contracts were submitted for the boards review

Comments:

11. INFORMATION ITEMS

A. Department of Motor Vehicles – Complete Street Program

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, 2015 and ending December 31, 2015.

B. Complete Street Program Uses

Per the Governor's request during the November BOE meeting, this report provides details on the types of projects being funded by the Complete Streets Program in the three counties where funds have been collected (Clark County, Washoe County and Carson City Consolidated Municipality) for the period ending December 2015.

C. Department of Veterans Services

This disclosure reports a correction to the contract effective date between the Department of Veterans Services and Dietitians On Demand (CETS #16286). The contract effective date posted on the November 10, 2015, Board of Examiners agenda was January 7, 2015; however, the correct effective date is December 4, 2014.

14. BOARD MEMBERS' COMMENTS/PUBLIC COMMENTS

Comments:

*15. FOR POSSIBLE ACTION – ADJOURNMENT

Clerk's Recommendation: I recommend approval.

Motion By:

Seconded By:

Vote:

Comments:



**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: January 11, 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 Nevada Highway Patrol requests an allocation of \$109,432 from the Interim Finance Committee Contingency Account to fund visiting dignitary protection services relating to the 2016 presidential campaign.

Additional Information:

The Department of Public Safety Nevada Highway Patrol's Dignitary Protection Unit is requesting and allocation from the IFC Contingency Fund to provide protective services for 2016 presidential candidates who are expected to campaign in Nevada. The United States Secret Services had informed the department of their intentions to provide protective services to all party front runners in the 2016 presidential campaign. The request covers the estimated cost for 47 total visits to the state from presidential candidates: 17 Northern visits and 30 Southern visits.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

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

Brian Sandoval
Governor

Nevada Department of
Public Safety

James M. Wright
Director

Colonel Dennis S. Osborn
Chief

Nevada Highway Patrol

555 Wright Way
Carson City, Nevada 89711-0525
Telephone: (775) 687-5300 • Fax: (775) 694-1679

Memorandum

DATE: January 6, 2016

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

THROUGH: Susan Hohn, Budget Analyst 3
Department of Public Safety, Director's Office

FROM: Johnny R. McCuin, Administrative Services Officer 3 *JRM*

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 \$109,432 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 United States Secret Service has recently advised the NHP that they have expanded protective services to all party front runners and expect at least 17 visits by candidates to Northern Nevada and, with that, the NHP anticipates that there will be at least 30 visits by those candidates to Southern Nevada. Work program C34653 will be submitted to the Interim Finance committee should this request be approved.

DPS is requesting this item be placed on the February 9th, 2016 Board of Examiners' agenda.

STATE OF NEVADA
Office of the State Controller

Budget Status Report - Obligations

Fiscal Year: 2016

Fund: 201 HIGHWAY FUND

Agency: 651 HIGHWAY PATROL

Budget Account: 4713 HIGHWAY PATROL Organization: 0000 HIGHWAY PATROL

	YTD Actual	Work Program	Difference
Total Expenditures	37,740,491.20		
Total Encumbrances	1,227,369.04		
Total Pre-encumbrances	4,515.00		
Total Obligations	38,972,375.24	79,292,375.00	40,319,999.76

Category	Description	Expended	Encumbered	Pre-encumbered	Obligated	Work Program	Difference
01	PERSONNEL SERVICES	24,267,221.77	.00	.00	24,267,221.77	50,888,839.00	26,621,617.23
02	OUT OF STATE TRAVEL	7,111.87	.00	.00	7,111.87	7,880.00	768.13
03	IN STATE TRAVEL	24,352.75	.00	.00	24,352.75	75,066.00	50,713.25
04	OPERATING	1,881,826.66	6,101.10	.00	1,887,927.76	4,588,123.00	2,700,195.24
05	EQUIPMENT	6,495.00	.00	.00	6,495.00	6,535.00	40.00
08	LAB SERVICES	9,736.90	.00	.00	9,736.90	45,241.00	35,504.10
09	FORENSIC SERVICES CONTRACTS	221,074.23	.00	.00	221,074.23	431,363.00	210,288.77
10	NHP BODY CAMERAS	3,810.00	.00	.00	3,810.00	785,002.00	781,192.00
12	PRISONER EXTRADITIONS	1,345.45	.00	.00	1,345.45	27,100.00	25,754.55
13	HWY PATROL VEHICLES	303,561.05	.00	.00	303,561.05	718,993.00	415,431.95
15	STAFF PHYSICALS	89,952.76	.00	.00	89,952.76	253,080.00	163,127.24
16	NHP ONE SHOT AB470	2,517,255.74	1,118,079.14	.00	3,635,334.88	7,984,392.00	4,349,057.12
17	SERVICE WEAPON REPLACEMENTS	6,450.00	.00	4,515.00	10,965.00	21,285.00	10,320.00
22	LAB CONTRACTS	278,513.04	.00	.00	278,513.04	557,034.00	278,520.96
23	OTS-DUI SATURATION GRANT	.00	.00	.00	.00	256,938.00	256,938.00
26	INFORMATION SERVICES	255,971.25	28,082.80	.00	284,054.05	646,756.00	362,701.95
29	UNIFORMS & SPECIALTY EQUIP	76,745.14	.00	.00	76,745.14	344,319.00	267,573.86
30	TRAINING	16,633.11	.00	.00	16,633.11	41,743.00	25,109.89
32	DIGNITARY PROTECTION	17,834.00	.00	.00	17,834.00	17,834.00	.00
33	OTS PUBLIC INFORMATION GRANT	11,939.06	.00	.00	11,939.06	45,085.00	33,145.94
34	CRASH FUND	2,636.30	.00	.00	2,636.30	92,377.00	89,740.70
38	JOINING FORCES GRANT	110,655.88	.00	.00	110,655.88	215,000.00	104,344.12
39	WASTE ISOLATION PILOT PROGRAM	4,990.20	.00	.00	4,990.20	14,303.00	9,312.80
43	MOBILE DATA COMPUTERS	415,545.21	74,003.50	.00	489,548.71	665,954.00	176,405.29
45	HIDTA TASK FORCE	31,265.78	.00	.00	31,265.78	124,087.00	92,821.22
46	US MARSHAL JLEO ACTIVITY	2,588.29	.00	.00	2,588.29	14,714.00	12,125.71
47	ATF TASK FORCE	.00	.00	.00	.00	1,326.00	1,326.00
50	RADIO COMMUNICATIONS	278,385.56	1,102.50	.00	279,488.06	487,857.00	208,368.94
51	OTS-TRAINING GRANT	.00	.00	.00	.00	37,686.00	37,686.00
59	UTILITIES	20,496.40	.00	.00	20,496.40	47,537.00	27,040.60
61	DPS GENERAL SERVICE CST ALLCTN	4,588,843.50	.00	.00	4,588,843.50	6,118,458.00	1,529,614.50
82	INTRA-AGENCY COST ALLOCATION	1,804,794.55	.00	.00	1,804,794.55	2,534,832.00	730,037.45
84	REVERSION TO HIGHWAY FUND	.00	.00	.00	.00	5,820.00	5,820.00
87	PURCHASING ASSESSMENT	24,042.00	.00	.00	24,042.00	24,042.00	.00
88	STATE COST PLAN RECOVERY	124,469.25	.00	.00	124,469.25	497,877.00	373,407.75
89	AG COST ALLOCATION PLAN	333,948.50	.00	.00	333,948.50	667,897.00	333,948.50
90	FEDERAL GRANT RESERVE	.00	.00	.00	.00	.00	.00

Department of Public Safety
 Nevada Highway Patrol
 Dignitary Protection - CAT 32
 FY16 Cost Estimate

Event	City	Dates		Cost		
				Regular Time	Overtime	Total
President Obama	Las Vegas	8/24/15	8/24/15	\$578.93	\$15,384.63	\$15,963.56
H. Clinton	Reno	11/23/15	11/23/15	1,714.83	2,819.06	\$4,533.89
Ben Carson	Carson City	12/16/15	12/16/15	1,747.67	476.66	\$2,224.33
Donald Trump	Carson City ^[1]	1/10/16	1/10/16	1,747.67	476.66	\$2,224.33
Northern Nevada	Anticipated ^[2]			27,962.74	7,626.57	\$35,589.30
Southern Nevada	Anticipated ^[3]			52,430.13	14,299.81	\$66,729.94
						\$127,265.35
Current CAT 32 Authority						\$17,834.00
Work Program and General Fund Contingency Request						\$109,431.35

Notes:

- [1] Donald Trump Carson City visit were calculated as same as Ben Carson.
- [2] Northern visits are calculated as the Ben Carson visit times 16
- [3] Southern visits are calculated as the Ben Carson visit times 30

During the Ben Carson Carson City visit, the U.S. Secret Service advised the NHP that they are expecting at least 17 visits to the Northern area before the election as such, the NHP anticipates nearly twice as many visits to the South.

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: December 24, 2015

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

From: Scott J. Ewart, 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 – DIVISION OF ENTERPRISE IT SERVICES

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Administration, Division of Enterprise IT Services, requests approval to purchase two new vehicles in FY 2016 in the amount of \$78,811.

Additional Information:

The department seeks approval to purchase two new vehicles that will be used to access mountain top communication sites for repair and preventative maintenance of the equipment and other improvements at these sites. The vehicle purchase was legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: JEM
ACTION ITEM: _____



**DEPARTMENT OF ADMINISTRATION
ADMINISTRATIVE SERVICES DIVISION**

**209 E. Musser Street, Room 304
Carson City, Nevada 89701-4204
(775) 684-0273
Fax (775) 684-0275**

MEMORANDUM

December 16, 2015

TO: Scott Ewart
Budget Analyst

FROM: Sue Sands, Program Officer

RE: EITS Vehicle Purchase

This is a request for purchase two trucks for EITS NTS for February BOE.

RECEIVED

DEC 16 2015


**GOVERNOR'S OFFICE
BUDGET DIVISION**

Vehicle # 1

RECEIVED

DEC 23 2015

**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>\$ 48,962.25</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: 2008 Dodge Ram 3500 Odometer Reading: 92,000 Type of Vehicle: Service Truck Vehicle #2 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes, 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
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between;"> <div>  Agency Appointing Authority </div> <div> CTO Title </div> <div> 12/15/15 Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <div style="display: flex; justify-content: space-between;"> <div>_____ Board of Examiners</div> <div>_____ Date</div> </div>	

Revised 7/13/10

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
① BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 35,600.00	\$ 35,600.00
SPECIFY OPTIONS: (description)			\$ 13333.00
2 Engine Block Heater	1	\$ 77.00	
3 Four Wheel Drive	1	\$ 2,795.00	
4 Radio: AM/FM Stereo, CD	1	\$ 166.00	
5 Spare Tire Full Size	1	\$ 298.00	
6 Skid Plate 4x4	1	\$ 43.00	
7 Integrated Trailer Brake	1	\$ 238.00	
8 LT 235/80R17E BSW All Terrain Tires	1	\$ 213.00	
9 Heavy Duty Alternator	1	\$ 128.00	
10 Single Rear Wheel	1	\$ -340.00	
A 9' Single Rear Service Body With Top opening Lids	1	\$ 6,225.00	
B 9' Raised Enclosure	1	\$ 1,850.00	
C Master Lock System	1	\$ 795.00	
D Back up Alarm	1	\$ 195.00	
E Class IV Hitch with wiring	1	\$ 650.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$

Total purchase price with options			48,933.00 \$ 48,993.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 48,962.25

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

**Department of Administration
Administrative Services Division
Purchase Order Requisition**

Requested by:	Ken Ballew	Date:	12/22/2015
Requesting Agency Number and Name: 180 - Enterprise I.T. Services - Network Transport Services			
Vendor/Supplier:		Ship To: State of Nevada	
Name: Carson Dodge Chrysler Jeep		Address: 12 Industrial Parkway	
Address:		Address:	
Address:		City, State, Zip: Moundhouse, NV 89706	
City, State, Zip: Carson City, NV 89701		Attention: Ken Ballew	
Vendor Contact Person: Joel Cryer			
Vendor Phone No.:			
Vendor E-Mail:			
Vendor Fax No.:			

[illegible]

Note: Materials purchased by the State of Nevada are exempt from sales tax (per Nevada Revised Statutes Section 372.325).						
Purchase is Pursuant to Good-Of-The-State Contract.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Good-Of-The-State Contract Number		
Vendor/Supplier Quote Attached:		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
Approved Purchase in Agency Budget		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Other Justification (specify):		This vehicle is needed to replace a 2008 Ram Service truck with 92,00 miles, EX56248, Vin 3D6WH46A48G190087. This is beyond its useful life and is experiencing mechanical issues. The vehicle is used for maintaining remote mountaintop communications sites and maintaining public safety infrastructure. This includes the service body.				
Budget Account	1388	E716	Category	5 GL	8280 Org	8890 Function
Requestor Signature: <i>[Signature]</i>					Date: 12/22/2015	
Division Supervisor: <i>[Signature]</i>					Date: 12/23/15	
Division Deputy Chief: <i>[Signature]</i>					Date: 12/23/15	
NPAS Obligation Number (ASD use only):						
State Purchasing RXQ No (ASD use only):					Date:	

STANDARD PAGE/COST MATRIX ~ FLEET

(Use separate page for each package)

DEALER NAME: Carson Dodge

Specify State's Vehicle Item Number: 3.4A Dodge Ram 3500 Regular Cab Chassis Cab 4x2-4x4 Diesel		
<small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ram 3500 C/C, 2016, DD3L63	① \$35,600.00	\$35,900.00
State vehicle miles per gallon (MPG): Diesel N/R		
State manufactures warranty: 3/36,000 COMP AND 5/100,000 POWERTRAIN		
Specify engine size and emission rating: 6.7L CUMMINS DIESEL; 50 STATE; UREA		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Black, Black Forest Green, Blue Streak, Silver, White, Brilliant Black, Delmonico Red, Flame Red, Granite Crystal, Max Steel, True Blue		
Seats, Cloth: List available colors:		
Med Slate Gray		
GVW: 13,500 #	WHEELBASE: 143.5-167.5	
<small>(When Applicable)</small>	<small>(When Applicable)</small>	

OPTION PACKAGE PAGE ~ FLEET

(Use separate page for each package)

DEALER NAME: Carson Dodge

Specify State's Vehicle Item Number: 3.4A Dodge Ram 3500 Regular Cab Chassis 4x2-4x4 Diesel	
<small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>	
Option Package Name/Code:	Chrome Apperance Group (AED)
	\$506.00
List Equipment Features Below:	
Chrome Front Bumper, Chrome Grille and Steel Chrome Clad Wheels	
Power Accessory Group (AJW) \$531.00	
Power Windows, Power Door Locks, Power Trailer Tow Mirrors	

ITEMIZED OPTION PAGE ~ FLEET

(Use separate page for each package)

DEALER NAME: Carson Dodge (

		DEDUCT AMOUNT
	ABS Brake System	STD \$-
	Air Conditioning	STD \$-
	Cruise Control	STD \$-
	Diesel Engine	STD \$-
2	Engine Block Heater	\$77.00 \$-
3	Four Wheel Drive (4x4)	\$2,795.00 \$-
9	Heavy Duty Alternator	\$128.00 220 AMP \$-
	Hitch Receiver	N/A \$-
7	Integrated Trailer Brake	\$238.00 \$-
	Keyless Entry w/Fob (must have power door locks)	\$201.00 \$-
	Limited Slip Differential	STD \$-
	Paint, Metallic	SEE PAINTS \$-
	Power Mirrors	SEE GROUP \$-
	Power Locks	SEE GROUP \$-
	Power Seats	N/A \$-
	Power Windows	SEE GROUP \$-
	Radio; AM/FM Stereo, Cassette Player	AM/FM STD \$-
4	Radio; AM/FM Stereo, Cassette Player, CD	CD \$166.00 \$-
	Rear Window Wiper	N/A \$-
	Seats, Vinyl	<\$166.00>
	Vinyl Colors: Med. Slate Gray	
6	Skid Plate 4x4 Only	\$43.00 \$-
	Tilt Steering	STD \$-
5	Tire, Spare, Full Size	\$298.00 \$-
	Trailer Tow Mirrors	STD \$-
	Trailer Tow Package	N/A \$-
	Daytime Running Lamps	\$43.00
	Cargo Lamp	\$64.00
	Fog Lamps (SLT Only)	\$119.00
	Ambulance Prep Group	\$378.00
10	Single Rear Wheel 60" CA	<\$340.00>
	Rear Sliding Window	\$119.00
	Power Take Off Prep	\$251.00
	DOT Roadside Emergency Kit	\$128.00
	Voltage Mont. System Idle	\$128.00
	Engine Shutdown Timer	\$213.00

84" Cab to Axle	\$168.00	
Dual Alternators	\$336.00	
Parkview Rear Back Up Camera	\$336.00	
Uconnect Handsfree Communication	\$561.00	
Elect Mont Module	\$166.00	
(2) Extra Base Keys	\$106.00	
Elect Transfer Case	\$208.00	
Max Tow Package	\$336.00	
LT 235/80R17E BSW All Terrain Tires (4x4)	\$213.00	\$-
Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$300.00 Per Unit.		

3.1-3.7 TRUCK BODIES FOR CAB CHASSIS

STATE OF NEVADA RFP # 8255

CARSON DODGE CHRYSLER, INC.

8 FT SINGLE REAR WHEEL SERVICE BODY WITH TOP OPENING LIDS
\$5,850.00

8 FT DUAL REAR WHEEL SERVICE BODY WITH TOP OPENING LIDS
\$6,275.00

OPTIONS:

HEAVY DUTY TAPPERED FORKLIFT LOADABLE RACK \$995.00

3 PIECE BED ENCLOSURE \$995.00

C MASTER LOCK SYSTEM \$795.00

D BACK UP ALARM \$195.00

E CLASS IV HITCH WITH WIRING \$650.00

A 9 FT SINGLE REAR WHEEL SERVICE BODY WITH TOP OPENING LIDS
\$6,225.00

9 FT DUAL REAR WHEEL SERVICE BODY WITH TOP OPENING LIDS
\$6,470.00

OPTIONS:

HEAVY DUTY TAPPERED FORKLIFT LOADABLE RACK \$1,150.00

3 PIECE BED ENCLOSURE \$1,025.00

MASTER LOCK SYSTEM \$795.00

BACK UP ALARM \$195.00

CLASS IV HITCH WITH WIRING \$650.00

11 FT SERVICE BODY WITH TOP OPENING LIDS
\$7,720.00

OPTIONS:

HEAVY DUTY TAPPERED FORKLIFT LOADABLE RACK \$1,395.00

3 PIECE BED ENCLOSURE \$1,295.00

MASTER LOCK SYSTEM \$795.00

BACK UP ALARM \$195.00

CLASS IV HITCH WITH WIRING \$650.00

Ken Ballew

From: joel.cryer@carsondodge.com
Sent: Tuesday, December 22, 2015 12:32 PM
To: Ken Ballew
Subject: 3 piece bed enclosure

Hi Ken,
The price for a Harbor 3 piece raised bed enclosure is \$1,850.00. ^B
The raised version is higher in price than the regular due to the fact that it comes up to cab height.
Please let me know if you need anything else.
Regards,
Joel

State of Nevada
Equipment Schedule

Budget Period: 2015-2017 Biennium (FY16-17)
 Budget Account: 1388 ADMINISTRATION - IT - NETWORK TRANSPORT SERVICES
 Version: L01 LEGISLATIVELY APPROVED
 Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
E710	26	8371	HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	21	4	1,258.00	5,032	0	1,258.00	0
E710	26	8371	HARDWARE-LAPTOP PC WITH OPERATING SYSTEM	20	1	1,575.00	1,575	3	1,575.00	4,725
B000	04	7460	THREE YEAR AVERAGE	22	1	1,713.00	1,713	1	1,713.00	1,713
B000	06	7460	THREE YEAR AVERAGE	23	1	205.00	205	1	205.00	205
B000	08	7460	THREE YEAR AVERAGE	24	1	16,971.00	16,971	1	16,971.00	16,971
B000	26	7460	THREE YEAR AVERAGE	25	1	180.00	180	1	180.00	180
E227	08	8270	CISCO CATALYST 3850 AND HARDWARE	5	3	7,827.00	23,481	0	0.00	0
E711	08	8270	ETHERNET TEST SETS	3	3	12,366.00	37,098	0	0.00	0
E712	28	8230	MICROWAVE REPLACEMENT	1	1	0.00	0	1	0.00	0
E713	06	8270	GENERATOR	2	0	0.00	0	3	22,500.00	67,500
E714	08	8271	48 VDC BATTERY PLANT REPLACEMENT	4	32	14,059.00	449,888	29	14,059.00	407,711
E715	05	8280	RAM 2500 TRUCK	5	2	34,681.00	69,362	2	34,681.00	69,362
E715	05	8280	UTILITY SHELL	6	2	3,055.00	6,110	2	3,055.00	6,110
E716	05	8280	RAM 3500 HEAVY DUTY TRUCK	7	1	39,671.00	39,671	1	39,671.00	39,671
E716	05	8280	SERVICE BODY	8	1	13,125.00	13,125	1	13,125.00	13,125
E717	08	7770	CCURE	9	1	9,486.00	9,486	0	0.00	0

Total 52,796

Equipment Schedule

Date: 10/23/15 4:26 PM

Budget Period: 2015-2017 Biennium (FY16-17)

Budget Account: 1388 ADMINISTRATION - IT - NETWORK TRANSPORT SERVICES

Version: L01 LEGISLATIVELY APPROVED

Schedule: EQUIPMENT

State Fiscal Year 2016

DU	Catg	GL	Equipment Type	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Purchase Transaction Date	PV #	Purchase Price	BOE Date
E715	05	8280	RAM 2500 TRUCK	1	34,681.00	34,681			\$37,153	11/10/15
E715	05	8280	RAM 2500 TRUCK	1	34,681.00	34,681			\$29,849	02/09/16
E715	05	8280	UTILITY SHELL	2	3,055.00	6,110				
E716	05	8280	RAM 3500 HEAVY DUTY TRU	1	39,671.00	39,671			\$39,247	02/09/16
E716	05	8280	SERVICE BODY	1	13,125.00	13,125			\$9,715	02/09/16
Total						128,268.00			115,965	


State Fiscal Year 2017

Yr 2 Count	Yr 2 Rate	Yr 2 Total	Purchase Transaction Date	RXQ #	PV #	Purchase Price	BOE Date
2	34,681.00	69,362					
2	3,055.00	6,110					
1	39,671.00	39,671					
1	13,125.00	13,125					
Total						128,268.00	

\$0

vehicle #2

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>\$29,849.25</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: E715 If no, please explain how the vehicles will be funded? <div style="text-align: right; font-weight: bold; font-size: 1.2em;">REC</div>	
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: 2010 Dodge Ram 25500 Odometer Reading: 111,000 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 If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A	
Please attach an additional sheet if necessary			
APPOINTING AUTHORITY APPROVAL:			
 Agency Appointing Authority		Title <u>CTO</u> Date <u>12/15/10</u>	
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

2.12 A 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.:	2.14 Ram 2500 Crew Cab 4x2 Diesel		
Dealer Name:	Carson Dodge Chrysler Jeep		
Delivery Location:	Carson City, NV		
Vehicle Colors:	Exterior: White	Interior: Dark Slate Gray	x Cloth Vinyl
	Quantity	Unit Cost	Total Cost
① BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 25,000.00	\$ 25,000.00
SPECIFY OPTIONS: (description)			\$ 4,820.00
② 4 Wheel Drive 4x4	1	\$ 2,450.00	
③ Integrated Traller Brake	1	\$ 238.00	
④ Limited slip Differential	1	\$ 315.00	
⑤ Skid Plate	1	\$ 85.00	
⑥ Trailer Tow Mirrors	1	\$ 153.00	
⑦ LT 275/70R18E On Off Road Tires	1	\$ 191.00	
⑧ Heavy Duty Alternator	1	\$ 72.00	
⑨ 6.4 Hemi V-8 Gas Engine	1	\$ 1,150.00	
⑩ AM/FM Stereo CD	1	\$ 166.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 29,820.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 29,849.25

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

(Use separate page for each package)

Specify State's Vehicle Item Number: 2.14 Dodge Ram 2500 Crew Cab LWB 4x2-4x4 Gas

(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)

OPTION PACKAGE PAGE ~ FLEET

(Use separate page for each package)

Specify State's Vehicle Item Number: 2.14 Dodge Ram 2500 Crew Cab LWB 4x2-4x4 Gas

(i.e. 1.1 Sedan: Full size: 4 door: 6 passenger)

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ITEMIZED OPTION PAGE ~ FLEET

(Use separate page for each package)

DEALER NAME: Carson Dodge C

		DEDUCT AMOUNT
	ABS Brake System	STD \$-
	Air Conditioning	STD \$-
	Cruise Control	STD \$-
	Diesel Engine	See 2.14A \$-
	Engine Block Heater	N/A \$-
2	Four Wheel Drive (4x4)	\$2,450.00 \$-
8	Heavy Duty Alternator	\$72.00 180 AMP \$-
	Hitch Receiver	STD \$-
3	Integrated Trailer Brake (3/4 ton only)	\$238.00 \$-
	Keyless Entry w/Fob (must have power door locks)	STD \$-
4	Limited Slip Differential	\$315.00 \$-
	Paint, Metallic	SEE PAINTS \$-
	Power Mirrors	STD \$-
	Power Locks	STD \$-
	Power Seats	N/A \$-
	Power Windows	STD \$-
	Radio; AM/FM Stereo, Cassette Player	AM/FM STD \$-
10	Radio; AM/FM Stereo, Cassette Player, CD	CD \$166.00 \$-
	Rear Window Wiper	N/A \$-
	Seats, Vinyl	(-\$425.00)
	Vinyl Colors: SLATE GRAY	
5	Skid Plate W/ Tow Hooks 4x4	\$85.00 \$-
	Tilt Steering	STD \$-
	Tire, Spare, Full Size-	STD \$-
6	Trailer Tow Mirrors	\$153.00 \$-
	Trailer Tow Package	STD \$-
	Daytime Running Lamps	\$34.00
7	LT 275/70R18E ON OFF ROAD TIRES	\$191.00
	Rear Sliding Window	N/A
	Mopar Chrome Tube Steps	\$446.00
	HD Snow Plow Prep 4x4	\$115.00
	Uconnect Handsfree Communication	\$646.00
	Park Assist System	\$213.00
	Park View Rear Backup Camera	\$170.00
	Aux Switches I/P Mounted	\$111.00
9	6.4 Hemi V-8 Gas Engine	\$1,150.00
	Electronic Transfer Case	\$208.00
	LED Bed Lighting	\$85.00
	Upfitter VISM Module	\$276.00
	Spray In Liner	\$404.00 \$-

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$300.00 per unit.

Published on *ASD Business Site* (<http://adminsvs-ads1.admin-ad.state.nv.us>)

[Home](#) > [Printer-friendly](#) > [Printer-friendly](#)

Dodge Ram 2500 Crew Cab

Tue, 12/15/2015 - 1:15pm — [aalfrey](#) ^[1]

Vendor: Carson Dodge Chrysler Jeep

PO Manager: Sue Sands

Agency: 180 Enterprise IT Services

Vendor Selection: >= \$5,000, RXQ required

Budget Account: 1388 EITS Network Trans Services

Account Coding: B/A 1388 Cat 05 GL 8280 Org OHGN Amount 29,849.25

Amount: \$29,849.25

Budget Approval: Approved

Status: RXQ

Attachment(s):  [1388-792 Carson Dodge 2500.pdf](#) ^[2]

Budget Approval Date:

Tuesday, December 15, 2015 - 1:30pm

Approving Analyst:

Darlene Baughn

Source URL: <http://adminsvs-ads1.admin-ad.state.nv.us/node/2075932>

Links:

[1] <http://adminsvs-ads1.admin-ad.state.nv.us/user/276>

[2] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/1388-792%20Carson%20Dodge%202500.pdf>

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Department of Administration Administrative Services Division Purchase Order Requisition

Requested by: Ken Ballew		Date: 12/11/2015
Requesting Agency Number and Name: 180 - Enterprise I.T. Services - Network Transport Services		
Vendor/Supplier:		Ship To: State of Nevada
Name: Carson Dodge Chrysler Jeep	Address: 12 Industrial Parkway	
Address:	Address:	
Address:	City, State, Zip: Moundhouse, NV 89706	
City, State, Zip: Carson City, NV 89701	Attention: Ken Ballew	
Vendor Contact Person: Joel Cryer		
Vendor Phone No.:		
Vendor E-Mail:		
Vendor Fax No.:		

QTY	DESCRIPTION	UNIT COST	AMOUNT
1	2.14 Ram 3500 Crew Cab 4x2-4x4	\$29,849.25	\$29,849.25
	Please see the attach worksheet	\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Subtotal:			\$29,849.25
Shipping and Handling:			\$0.00
TOTAL:			\$29,849.25

Note: Materials purchased by the State of Nevada are exempt from sales tax (per Nevada Revised Statutes Section 372.325).			
Purchase is Pursuant to Good-Of-The-State Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Good-Of-The-State Contract Number	
Vendor/Supplier Quote Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Approved Purchase in Agency Budget <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Other Justification (specify): This vehicle is needed to replace a 2009 Ram 3500 pickup truck with 132,386 miles. EX59732, Vin 3D7LT2ET5AG151454. This is beyond its usefull life. The vehicle is used for maintaining remote mountaintop communications sites and maintaining public safety infrastructure.			
Budget Account	1388	E714	Category 5 GL 8280 Org 8890 Function
Requestor Signature:	<i>Ken Ballew</i>		Date: 12/11/15
Division Supervisor:	<i>Detrick Shuman</i>		Date: 12/14/15
Division Deputy Chief:	<i>[Signature]</i>		Date: 12/14/15
NPAS Obligation Number.(ASD use only):			
State Purchasing RXQ No.(ASD use only):			Date:

State of Nevada
Equipment Schedule

Budget Period: 2015-2017 Biennium (FY16-17)
 Budget Account: 1388 ADMINISTRATION - IT - NETWORK TRANSPORT SERVICES
 Version: L01 LEGISLATIVELY APPROVED
 Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
E710	26	8371	HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	21	4	1,258.00	5,032	0	1,258.00	0
E710	26	8371	HARDWARE-LAPTOP PC WITH OPERATING SYSTEM	20	1	1,575.00	1,575	3	1,575.00	4,725
B000	04	7460	THREE YEAR AVERAGE	22	1	1,713.00	1,713	1	1,713.00	1,713
B000	06	7460	THREE YEAR AVERAGE	23	1	205.00	205	1	205.00	205
B000	08	7460	THREE YEAR AVERAGE	24	1	16,971.00	16,971	1	16,971.00	16,971
B000	26	7460	THREE YEAR AVERAGE	25	1	180.00	180	1	180.00	180
E227	08	8270	CISCO CATALYST 3850 AND HARDWARE	5	3	7,827.00	23,481	0	0.00	0
E711	08	8270	ETHERNET TEST SETS	3	3	12,366.00	37,098	0	0.00	0
E712	28	8230	MICROWAVE REPLACEMENT	1	1	0.00	0	1	0.00	0
E713	06	8270	GENERATOR	2	0	0.00	0	3	22,500.00	67,500
E714	08	8271	48 VDC BATTERY PLANT REPLACEMENT	4	32	14,059.00	449,888	29	14,059.00	407,711
E715	05	8280	RAM 2500 TRUCK	5	2	34,681.00	69,362	2	34,681.00	69,362
E715	05	8280	UTILITY SHELL	6	2	3,055.00	6,110	2	3,055.00	6,110
E716	05	8280	RAM 3500 HEAVY DUTY TRUCK	7	1	39,671.00	39,671	1	39,671.00	39,671
E716	05	8280	SERVICE BODY	8	1	13,125.00	13,125	1	13,125.00	13,125
E717	08	7770	CCURE	9	1	9,486.00	9,486	0	0.00	0

Equipment Schedule

Date: 10/23/15 4:26 PM

Budget Period: 2015-2017 Biennium (FY16-17)

Budget Account: 1388 ADMINISTRATION - IT - NETWORK TRANSPORT SERVICES

Version: L01 LEGISLATIVELY APPROVED

Schedule: EQUIPMENT

		State Fiscal Year 2016										State Fiscal Year 2017									
DU	Catg	GL	Equipment Type	Yr 1				Purchase				Yr 2				Purchase				Purchase Price	BOE Date
				Count	Yr 1 Rate	Yr 1 Total	Transaction Date	Purchase Price	PV #	RXQ #	BOE Date	Count	Yr 2 Rate	Yr 2 Total	Transaction Date	Purchase Price	PV #	RXQ #	BOE Date		
E715	05	8280	RAM 2500 TRUCK	1	34,681.00	34,681		\$37,153			11/10/15	2	34,681.00	69,362							
E715	05	8280	RAM 2500 TRUCK	1	34,681.00	34,681		\$29,849			02/09/16										
E715	05	8280	UTILITY SHELL	2	3,055.00	6,110						2	3,055.00	6,110							
E716	05	8280	RAM 3500 HEAVY DUTY TR	1	39,671.00	39,671						1	39,671.00	39,671							
E716	05	8280	SERVICE BODY	1	13,125.00	13,125						1	13,125.00	13,125							
Total						128,268.00		67,002.50						128,268.00							\$0

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: January 8, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Heather Field, 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 AGRICULTURE – REGISTRATION/ENFORCEMENT DIVISION

Agenda Item Write-up:

New Vehicle Request: Pursuant to NRS 334.010 the Department of Agriculture, Registration/Enforcement Division, requests approval to replace one vehicle not to exceed \$37,980.25 to be used for travel such as transportation of equipment, staff and supplies statewide for surveys, pesticide compliant and misuse investigations, groundwater sampling, well drilling, training, outreach and education events.

Additional Information:

The department original vehicle request for a Jeep Cherokee model is funded in the legislatively approved budget (SFY16 E710) and was previously approved by the Board of Examiners on August 11, 2015 for an amount not to exceed \$24,572. During the vehicle purchase process the agency found the vehicle needs were underestimated and will not meet current program needs. The new vehicle request change is for a larger sport utility vehicle with the appropriate secure loading capacity to transport specialized, heavy duty ground and surface water sampling equipment. Funding for this request is supported by the EPA Pesticide Enforcement grant.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

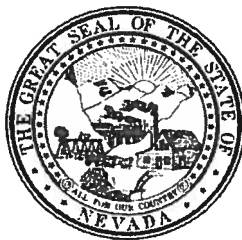
REVIEWED: JS
ACTION ITEM: _____

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>

MEMORANDUM

Date: December 17, 2015

To: Heather Field, Budget Analyst,
Governor's Finance Office

From: J. Dale Hansen, Fiscal Administrator,
Nevada Department of Agriculture

RE: Request for Additional Authority to Purchase Leg. Approved NDA Vehicles

The Nevada Department of Agriculture (NDA) is requesting BOE approval for two vehicles that have already been approved by BOE and in the current Legislatively Approved budget. We are asking for this approval because there was a miscommunication between fiscal staff and program staff when the budget for these vehicles were put together for SFY 2016 and the vehicles that were BOE approved where either not the correct vehicle or did not include vehicle specs that would meet program needs.

The Department had a long-standing tradition of not including program staff in the budget building process. This changed for the FY 2016-2017 biennial budget process. However, this process was not perfect and there were miscommunications and not all key program staff were included in the budget building process. As a result, the appropriate vehicle or the correct vehicle specs to carry out certain programs were not included in the legislatively approved budgets for two of the SFY 2016 Plant Division program budgets.

For our Environmental Services program a sport utility vehicle was requested and approved in Budget Account 4545 at the price of \$24,572, but the program actually needs a large SUV to haul specialized testing equipment. The cost of Chevy Tahoe is \$37,951. In this case, the Plant Division had identified which vehicle was to be replaced (Jeep Cherokee) but did not identify what type of vehicle it was to be replaced with and the program staff actually needing the vehicle were not consulted when the budget was being put together. Therefore fiscal staff budgeted for a Sport Utility Vehicle and this mistake was not noticed by program staff until early this fiscal year.

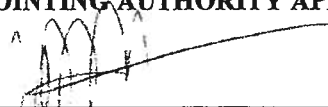
The vehicle being replaced is over 23 years old and due to age and the size of the vehicle has not been used much over the past several years. Program staff have been using the vehicles from other programs when they become available. Purchasing the Chevy Tahoe with federal EPA

funds will assure that program staff has vehicle that is the appropriate size and has the appropriate secured loading capacity to transport specialized, heavy duty ground and surface water sampling equipment. The following is a list of equipment used on a regular basis test ground and surface water:

Equipment Name	Approximate Size	Approximate Weight (lbs.)
Honda EU 2000i Generator;	2'x2'x1'	50
Redi-Flo Variable Frequency Drive Grundfos pump (including case)	2'x2'1'	30
Aluminum reel including 150' of one inch hose for the Grundfos pump	3'x3'x2'	60
Geopump Peristaltic Pump	2'x2'1'	30
Approximately 800' of ½ Peristaltic tubing (including plastic tubs for transport)	3'x2'x3'	80
Geotech ET Water Level Meter	1'x1'x1'	5
YSI 3074 Professional water parameter meter (including carrying case)	2'x2'1'	20
Grundfos Decontamination supplies	6', 2" pvc	20
Grundfos Decontamination supplies cont'd	3' dia	
Geotech Groundwater Sampling Bailer	4'x2" dia	10
Geotech Groundwater Sampling Bailer	4'x2" dia	10
Tool box (including numerous miscellaneous tools for accessing well-heads and fixing equipment in the field)	3'x1'x1'	50
Ice chest for the transport of sampling jars	3'x2'x2'	30
Chest and hip waiters for surface water sampling	3'x2'x2'	25
Geotech Portable Reel System	2'x2'	10
Metal T-Posts for staking down portable reel	5' long	20
Shovel	5' long	5
4, five gallon Nalgene containers for hauling dissolved ionized water	5'x2'x3'	100
3, five gallon buckets	1' diameter and 2.5' tall	5

The second vehicle in question is for the Mormon Cricket/Grasshopper program. The purpose for requesting BOE approval for additional authority to purchase this vehicle is that this vehicle needs to be a four-wheel drive vehicle with a hitch, which is an additional cost of \$3,525, in order to do survey, management and eradication work in remote rural areas.

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

Agency Name: Department of Agriculture	Budget Account #: 4545
Contact Name: Dale Hansen	Telephone Number: 775-353-3741
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$37,951</u> 1</p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: SUV</p> <p>Mission of the requested vehicle(s): Surveys, Pesticide Compliant and Misuse Investigations, Groundwater Sampling, Well drilling, training and outreach events, and hauling equipment associated with these activities.</p>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> ^{and} Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: <u>6710</u> If no, please explain how the vehicles will be funded? <small>Up to \$24,572 was approved. However, there was a miscommunication between program staff and vehicle staff and the originally requested vehicle does not meet the needs of this program. Work program request have been submitted.</small>
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. 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: 1992 Odometer Reading: 108699 Type of Vehicle: Jeep Cherokee Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. Yes <hr/> 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: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%; text-align: center;">  _____ Agency Appointing Authority </div> <div style="width: 30%; text-align: center;"> <u>Asst. Admin. Sec.</u> _____ Title </div> <div style="width: 30%; text-align: center;"> <u>1/8/10</u> _____ Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> _____ Board of Examiners </div> <div style="width: 40%;"> _____ Date </div> </div>	

Revised 7/13/10

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.:	2016 Chevrolet Tahoe – CK15706		
Dealer Name:	Champion Chevrolet		
Delivery Location:	Reno/Carson City		
Vehicle Colors:	Exterior:	Interior: Jet Black	Cloth Vinyl
	Quantity	Unit Cost	Total Cost
① BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 37,951.00	\$37,951.00
SPECIFY OPTIONS: (description)			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$37,951.00
DMV Title and DRS Fee's		\$29.25	\$29.25
GRAND TOTAL:			\$37,980.25

Registered Owner:	Agency Name & Address: Department of Agriculture 405 South 21 st Street Sparks, NV 89431-5557
Legal Owner:	Agency Name & Address: Same
County Vehicle Based In:	Sparks, NV
Name & Phone of Person to contact when vehicle is ready for delivery:	Dale Hansen 775 353-3601

ITEMIZED OPTION PAGE ~ BID 8255 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*Vehicle Item Number: *5.3 - Sport Utility Vehicle; 1/2 Ton; 4X4 ; 4 Door ; 5-6 Passengers*

ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Bluetooth for Phone	\$75.00	\$- N/A
Cruise Control	\$ STD	\$- N/A
Carpeted Floor w/Mats	\$190.00	\$- N/A
Deep Tint Glass	\$260.00	\$- N/A
Engine Block Heater	\$66.00	\$- N/A
Keyless Entry w/Fob	\$ STD	\$- N/A
Limited Slip Differential	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors	\$ STD	\$- N/A
Power Locks (Includes Keyless Entry)	\$ STD	\$- N/A
Power Seat(Driver)	\$ STD	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio, AM/FM Stereo, CD Player	\$ STD	\$- N/A
Rear Window Defogger	\$ STD	\$- N/A
Seat, Third Row	\$392.00	\$- N/A
Skid Plate	\$132.00	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Full Size	\$ STD	\$- N/A
Trailer Tow Package	\$ STD	\$- N/A

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

State of Nevada - Budget Division
 Statewide View of BAV Schedules
 2015-2017 Biennium (FY16-17)
 L01 LEGISLATIVELY APPROVED

Schedule Selection G: Equipment Schedule

Budget Account: 4545 AGRI - AGRICULTURE REGISTRATION/ENFORCEMENT
 [See Attachment]

Catg	GL Acct	Description	Priority	Year1 Count	Year2 Count	Year1 Rate	Year2 Rate	Year1 Amt	Year2 Amt
E710		EQUIPMENT REPLACEMENT							
14	8310	VEHICLE-FLEET-RNO/CC-5.2 SPORT UTILITY VEHICLE-4X4-4 DOOR-4-6 PASS	5	1	0	24,572.00	25,309.00	24,572	0
26	8371	HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	10	1	5	1,258.00	1,258.00	1,258	6,290
26	8371	HARDWARE-FLAT PANEL MONITOR 19"	25	0	1	151.00	151.00	0	151
26	8371	HARDWARE-LAPTOP DOCKING STATION	20	0	1	350.00	350.00	0	350
26	8371	HARDWARE-LAPTOP PC WITH OPERATING SYSTEM	15	0	1	1,575.00	1,575.00	0	1,575
26	7771	ADOBE LICENSING RENEWAL	30	35	35	157.00	157.00	5,495	5,495
Total for Decision Unit E710				37	43			31,325	13,861
Total for Budget Account 4545				37	43			31,325	13,861

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: July 07, 2015

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

From: Sherri Barkdull, Budget Analyst *SB*
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

APPROVED BY THE
BOARD OF EXAMINERS
AT
THEIR AUG 11 2015
MEETING *SB*
Initials

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

DEPARTMENT OF AGRICULTURE, REGISTRATION/ENFORCEMENT DIVISION

Agenda Item Write-up:

New Vehicle Request: Pursuant to NRS 334.010 the Department of Agriculture, Registration/Enforcement Division requests approval to purchase 1 vehicle not to exceed \$24,572 to be used for travel such as transportation of equipment, staff and supplies statewide for surveys, pesticide compliant and misuse investigations, groundwater sampling, well drilling, training, outreach and education events.

Additional Information:

This request is funded in the legislatively approved budget (SFY16 E710).

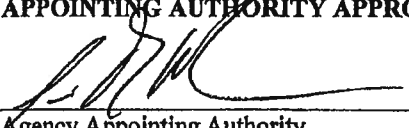
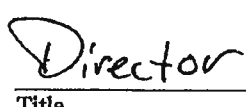

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: *SB*

ACTION ITEM: _____

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

Agency Name: DEPT. OF AGRICULTURE	Budget Account #: 4545
Contact Name: MELANIE WHITNEY	Telephone Number: (775) 353-3828
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>24,672.00</u></p> <p>Is the requested vehicle(s) new or used: <u>NEW</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: SPORT UTILITY VEHICLE</p> <p>Mission of the requested vehicle(s): This vehicle will be use to travel and transport equipment, staff and supplies statewide for the following: SITC market surveys, pesticide complaint and misuse investigations, groundwater sampling, well drilling, RUP and other trainings, outreach and educational events.</p>	
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the decision unit number: E710 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> 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 OF EITHER 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: 1992 Odometer Reading: 108,899 Type of Vehicle: JEEP CHEROKEE Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. YES If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Agency Appointing Authority </div> <div style="text-align: center;">  _____ Title </div> <div style="text-align: center;"> <u>7/7/15</u> _____ Date </div> </div>	
BOARD OF EXAMINERS' APPROVAL: <input checked="" type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Board of Examiners </div> <div style="text-align: center;"> <u>8-11-15</u> _____ Date </div> </div>	

Revised 7/13/10

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: January 06, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Sherri Barkdull, Budget Analyst *SB*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE – LAW ENFORCEMENT DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Wildlife, Law Enforcement Division, requests approval to purchase an additional replacement vehicle in Fiscal Year 2016 in the amount of \$30,005.

Additional Information:

The department seeks approval to purchase an additional replacement vehicle that will be used for law enforcement in wildlife and boating patrol. The vehicle purchase was not legislatively approved in the 2015-17 Biennium's budget, however the agency has shown there are funds available to purchase the additional vehicle due to savings realized in the cost of four previously purchased vehicles that were legislatively approved in E711.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

Sherri Barkdull

From: Liz O'Brien
Sent: Monday, February 01, 2016 4:26 PM
To: Sherri Barkdull
Subject: RE: Additional Vehicle Questions for the Governor for February BOE

Hi Sherri,

Here is a list of the 5 vehicles that will be replaced. Just as an additional note, these are off-road miles and therefore, much more difficult on the vehicle.

EX 49347 – (Las Vegas) – 158,398; 2006 Ford

EX 53048 – (Fallon) – 125,230; 2007 Ford; this one is parked due to needed repairs estimated at \$7,000

EX 53023 – (Battle Mountain) – 155,710; 2007 Ford

EX 58119 – (Eureka) – 161,670; 2009 Ford

EX 54783 – (Winnemucca) – 147,257; 2008 Ford

Please let me know if you need anything additional. Thank you,

Liz O'Brien
Deputy Director
Nevada Department of Wildlife
6980 Sierra Center Parkway, Suite 120
Reno, Nevada 89511
Phone - 775.688.1982

"This message is intended only for the named recipient. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited."

From: Sherri Barkdull
Sent: Monday, February 01, 2016 6:19 AM
To: Liz O'Brien
Subject: RE: Additional Vehicle Questions for the Governor for February BOE

Hi Liz,

Can you please provide me a list of the 5 vehicles being replaced?

Please note new email address: sbarkdull@finance.nv.gov

Sherri Barkdull, CPM
Budget Analyst IV
Governor's Finance Office
Budget Division
Phone: 775-684-0231
Email: sbarkdull@finance.nv.gov

Communications regarding the budget must be shared among the agencies, Executive Budget Office, and the Legislative Counsel Bureau. Please ensure all parties are included in all communications about the budget so we are able to provide the most beneficial testimony for the legislature.

From: Liz O'Brien
Sent: Thursday, January 28, 2016 5:01 PM

To: Sherri Barkdull
Subject: Fwd: Additional Vehicle Questions for the Governor for February BOE

Sherri,
Please see below
If you need anything additional let me know.
Thank you, Liz

Sent from my iPhone

Begin forwarded message:

From: Tyler Turnipseed <tturnipseed@ndow.org>
Date: January 28, 2016 at 3:35:24 PM PST
To: Liz O'Brien <lobrien@ndow.org>, Tony Wasley <twasley@ndow.org>
Subject: RE: Additional Vehicle Questions for the Governor for February BOE

Sure, see below. Let me know if you have any further questions.

Thanks,
Tyler

Tyler Turnipseed
Chief Game Warden
Nevada Department of Wildlife – Law Enforcement



6980 Sierra Center Pkwy., Ste 120
Reno, NV 89511
Ph: 775-688-1540
Fax: 775-688-1551
Email: tturnipseed@ndow.org

This message is intended only for the named recipient. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited

From: Liz O'Brien
Sent: Thursday, January 28, 2016 2:55 PM
To: Tyler Turnipseed; Tony Wasley
Subject: Fwd: Additional Vehicle Questions for the Governor for February BOE

Tyler
Below are the questions we must respond back.
Please send your response back to Tony and me as soon as possible. Thanks, Liz

Sent from my iPhone

Begin forwarded message:

From: Sherri Barkdull <sbarkdull@finance.nv.gov>
Date: January 28, 2016 at 1:12:32 PM PST
To: Liz O'Brien <lobrien@ndow.org>
Subject: Additional Vehicle Questions for the Governor for February BOE

Hi Liz,

Below are questions I need addressed for the Governor prior to the February BOE meeting.

- The Law Enforcement Division was approved \$150,550 for 4 Dodge Ram 2500 Crew Cab Gas Base Model vehicles at \$37,625 each. Will you please provide me with the type of vehicles that were purchased in lieu of what was approved and the final cost of each?

Instead of purchasing four Dodge Power Wagon trucks that were higher priced with all of their factory options, we elected to purchase five less expensive trucks. The GMC's were priced such that we could get five of them in lieu of four Dodge Power Wagons. These trucks come out to \$30,004.25 each with the chosen factory options, or \$150,001.25 for all five.

- Who will this vehicle be for?

These five trucks are for field level game wardens; PCN numbers 0416, 0052, 0075, 0059, and 0209.

- Is this a new addition to the fleet or is this a replacement of an existing vehicle? If this is an addition to the fleet, what is the need to increase the fleet?

These are all replacements of existing vehicles. The trucks being replaced are worn out patrol trucks with high mileage and/or major mechanical problems.

Please provide your response to me by end of business tomorrow, Friday January 29, 2015.

Thank you

Please note new email address: sbarkdull@finance.nv.gov

*Sherri Barkdull, CPM
Budget Analyst IV
Governor's Finance Office
Budget Division
Phone: 775-684-0231
Email: sbarkdull@finance.nv.gov*

Communications regarding the budget must be shared among the agencies, Executive Budget Office, and the Legislative Counsel Bureau. Please ensure all parties are included in all communications about the budget so we are able to provide the most beneficial testimony for the legislature.

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

Agency Name: Nevada Department of Wildlife	Budget Account #: 4463
Contact Name: Liz O'Brien	Telephone Number: 775-688-1982
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>1</u> Amount of the request: <u>\$30,005.00</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</p> <p>Pick up truck</p> <p>Mission of the requested vehicle(s):</p> <p>Law Enforcement Vehicle for wildlife and boating patrol</p>	
<p>Were funds legislatively approved for the request?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number:</p> <p>If no, please explain how the vehicles will be funded?</p> <p><small>Cost savings within category 5. The four approved vehicles will cost \$30,005 each for a total of \$120,020 leaving a balance of \$30,480 to purchase a fifth patrol vehicle</small></p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input checked="" type="checkbox"/> <u> </u> Addition(s) <input type="checkbox"/> <u> </u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>YES</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><u>Current Vehicle Information:</u> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p>Yes</p> <p>-----</p> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> _____ Agency Appointing Authority </div> <div style="text-align: center;"> _____ Title </div> <div style="text-align: center;"> <u>1-5-16</u> _____ Date </div> </div>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> _____ Board of Examiners </div> <div style="text-align: center;"> _____ Date </div> </div>	

Revised 7/13/10

From: Tony Wasley
Sent: Tuesday, January 05, 2016 1:40 PM
To: Tyler Turnipseed
Cc: Liz O'Brien; Carolyn Montgomery
Subject: RE: New Truck Order

It certainly seems prudent to me as well. Assuming there is no overall increase in expended amount, I support the change and only ask that you schedule the BOE meeting on your calendar in order to present your case to the Governor in the event it is questioned.
Thanks!



Tony Wasley, Director
Nevada Department of Wildlife
6980 Sierra Center Parkway
Reno, Nevada 89511
(775) 688-1590
(775) 688-1207-Fax
twasley@ndow.org

Support Nevada's Wildlife...Buy a Hunting and Fishing License

From: Tyler Turnipseed
Sent: Tuesday, January 05, 2016 1:37 PM
To: Tony Wasley
Cc: Liz O'Brien; Carolyn Montgomery
Subject: New Truck Order

Tony,

For our FY16 truck order, we had budgeted for four game warden trucks. These four were budgeted at the price of Dodge Power Wagons. Because of the high price of the Power Wagons, we can opt for five GMC trucks instead of four of the Power Wagons. This option seems more fiscally prudent and would provide a bigger overall benefit to the Law Enforcement Division. As I understand it, the fifth truck would still need to be approved by BOE, but we first need your approval of this change.

Tyler

Tyler Turnipseed
Chief Game Warden
Nevada Department of Wildlife – Law Enforcement



6980 Sierra Center Pkwy., Ste 120
Reno, NV 89511
Ph: 775-688-1540
Fax: 775-688-1551
Email: tturnipseed@ndow.org

State of Nevada
Equipment Schedule

7/14/15 2:22 PM

Budget Period: 2015-2017 Biennium (FY16-17)
Budget Account: 4463 WILDLIFE - LAW ENFORCEMENT
Version: L01 LEGISLATIVELY APPROVED
Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
B000	11	7460	EQUIPMENT PURCHASES < \$1,000	200	1	23,704.00	23,704	1	23,704.00	23,704
B000	12	7460	EQUIPMENT PURCHASES < \$1,000	195	1	16,679.00	16,679	1	16,679.00	16,679
B000	14	7460	EQUIPMENT PURCHASES < \$1,000	190	1	13,782.00	13,782	1	13,782.00	13,782
B000	15	7460	EQUIPMENT PURCHASES < \$1,000	185	1	1,440.00	1,440	1	1,440.00	1,440
B000	31	7460	EQUIPMENT PURCHASES < \$1,000	170	1	1,042.00	1,042	1	1,042.00	1,042
B000	35	7460	EQUIPMENT PURCHASES < \$1,000	165	1	1,633.00	1,633	1	1,633.00	1,633
E350	22	7465	EQUIPMENT PURCHASE- \$1,000 BUT LESS THAN \$5,000	135	1	2,192.00	2,192	0	0.00	0
E350	22	7460	EQUIPMENT PURCHASE- LESS THAN \$1,000	140	1	605.00	605	0	0.00	0
E710	05	8270	UNINTERRUPTABLE POWER SUPPLY (UPS)	10	1	15,000.00	15,000	0	0.00	0
E710	05	8270	MOUNTAINTOP REPEATERS W/ DUPLEXERS	5	2	19,179.00	38,358	2	19,179.00	38,358
E710	05	8270	AEROFLEX 3550R RADIO TEST SET	4	1	23,478.00	23,478	0	0.00	0
E710	05	8270	MOTOROLA APX7500 MOBILE RADIOS	3	6	5,421.00	32,526	6	5,421.00	32,526
E710	05	8270	EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	15	2	14,660.00	29,320	0	0.00	0
E710	05	8270	EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	25	0	0.00	0	2	14,660.00	29,320
E710	05	8270	EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	30	0	0.00	0	1	14,660.00	14,660
E710	05	7465	LIGHTBAR REPLACEMENT FOR NV 3557 EX PATROL BOAT	35	1	1,836.00	1,836	0	0.00	0
E710	05	8270	SAFEBOAT COLLAR REPLACEMENT FOR SAFEBOAT	40	1	30,499.00	30,499	0	0.00	0
E710	05	8270	SAFEBOAT COLLAR REPLACEMENT FOR SAFEBOAT	45	0	0.00	0	1	19,865.00	19,865
E710	05	8270	MOTOROLA XTL2500 MOBILE RADIO	55	1	3,109.00	3,109	4	3,109.00	12,436
E710	05	8270	EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	20	0	0.00	0	1	14,660.00	14,660
E711	05	7460	RAM BOX CARGO MANAGEMENT SYSTEM	60	4	1,100.00	4,400	8	1,100.00	6,600
E711	05	7460	GRAPHICS FOR LAW ENFORCEMENT VEHICLES	65	4	450.00	1,800	6	450.00	2,700
E711	05	7460	HEADLIGHT WIG WAGS	75	4	54.00	216	6	54.00	324
E711	05	7460	WHELEN/MOTOROLA SIREN	80	4	640.00	2,560	6	640.00	3,840
E711	05	7460	SPOTLIGHTS	85	4	364.00	1,456	6	364.00	2,184
E711	05	7465	AUXILIARY GAS TANK	90	4	1,890.00	7,560	6	1,890.00	11,340
E711	05	7460	SPARE TIRE MOUNT	100	4	303.00	1,212	6	303.00	1,818
E711	05	7460	WINDSHIELD EMERGENCY LIGHTS	105	4	448.00	1,784	6	448.00	2,676
E711	05	7465	BRUSH GUARD WITH EMERGENCY LIGHTS - DODGE	110	4	1,292.00	5,168	6	1,292.00	7,752
E711	05	8310	FORD F-250 CREW CAB SHORT BED DIESEL	1	1	39,605.00	39,605	0	0.00	0
E711	05	8310	DODGE RAM 2500 CREW CAB GAS BASE MODEL	2	4	37,625.00	150,500	6	37,625.00	225,750
E711	05	7460	REAR EMERGENCY LIGHTS	125	4	517.00	2,068	6	517.00	3,102
E711	05	7460	SHOTGUN LOOKS AND RACKS	130	4	607.00	2,428	6	607.00	3,642
E711	05	7460	RADIO CONSOLE	70	4	680.00	2,720	6	680.00	4,080
E711	05	7460	SPARE TIRE	115	4	392.00	1,568	6	392.00	2,352
E711	05	7460	SPARE RIM	120	4	150.00	600	6	150.00	900
E720	05	8270	FLIR MARINE UNIT FOR BOAT	50	1	7,700.00	7,700	0	0.00	0

Equipment Schedule

Date: 1/5/16 2:32 PM

Budget Period: 2015-2017 Biennium (FY16-17)

Budget Account: 4463 WILDLIFE - LAW ENFORCEMENT

Version: L01 LEGISLATIVELY APPROVED

Schedule: EQUIPMENT

DU	Catg GL	Equipment Type	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Obligated	Unobligated
E710	05	8270 UNINTERRUPTABLE POWER SUPPLY (UPS)	1	\$ 15,000.00	\$ 15,000.00	\$ 13,275.00	\$ 1,725.00
E710	05	8270 MOUNTAINTOP REPEATERS W/ DUPLEXERS	2	\$ 19,179.00	\$ 38,358.00	\$ 37,107.18	\$ 1,250.82
E710	05	8270 AEROFLEX 3550R RADIO TEST SET	1	\$ 23,478.00	\$ 23,478.00	\$ 23,478.00	\$ -
E710	05	8270 MOTOROLA APX7500 MOBILE RADIOS	6	\$ 5,421.00	\$ 32,526.00	\$ 34,920.00	\$ (2,394.00)
E710	05	8270 EVINRUDE 225 HP OUTBOARD MOTOR DE225CX	2	\$ 14,660.00	\$ 29,320.00	\$ 29,320.00	\$ -
E710	05	7465 LIGHTBAR REPLACEMENT FOR NV 3557 EX PATROL BOAT	1	\$ 1,836.00	\$ 1,836.00	\$ 1,836.00	\$ -
E710	05	8270 SAFEBOAT COLLAR REPLACEMENT FOR SAFEBOAT	1	\$ 30,499.00	\$ 30,499.00	\$ 30,499.00	\$ -
E710	05	8270 MOTOROLA XTL2500 MOBILE RADIO	1	\$ 3,109.00	\$ 3,109.00	\$ 3,396.75	\$ (287.75)
E711	05	7460 RAM BOX CARGO MANAGEMENT SYSTEM	4	\$ 1,100.00	\$ 4,400.00	\$ 4,400.00	\$ -
E711	05	7460 GRAPHICS FOR LAW ENFORCEMENT VEHICLES	4	\$ 450.00	\$ 1,800.00	\$ 1,800.00	\$ -
E711	05	7460 HEADLIGHT WIG WAGS	4	\$ 54.00	\$ 216.00	\$ 216.00	\$ -
E711	05	7460 WHELEN/MOTOROLA SIREN	4	\$ 640.00	\$ 2,560.00	\$ 2,851.20	\$ (291.20)
E711	05	7460 SPOTLIGHTS	4	\$ 364.00	\$ 1,456.00	\$ 1,456.00	\$ -
E711	05	7465 AUXILIARY GAS TANK	4	\$ 1,890.00	\$ 7,560.00	\$ 7,560.00	\$ -
E711	05	7460 SPARE TIRE MOUNT	4	\$ 303.00	\$ 1,212.00	\$ 1,212.00	\$ -
E711	05	7460 WINDSHIELD EMERGENCY LIGHTS	4	\$ 446.00	\$ 1,784.00	\$ 1,784.00	\$ -
E711	05	7465 BRUSH GUARD WITH EMERGENCY LIGHTS - DODGE	4	\$ 1,292.00	\$ 5,168.00	\$ 5,168.00	\$ -
E711	05	8310 FORD F-250 CREW CAB SHORT BED DIESEL	1	\$ 39,605.00	\$ 39,605.00	\$ 39,605.00	\$ -
E711	05	8310 DODGE RAM 2500 CREW CAB GAS BASE MODEL	4	\$ 37,625.00	\$ 150,500.00	\$ 120,020.00	\$ 30,480.00
E711	05	7460 REAR EMERGENCY LIGHTS	4	\$ 517.00	\$ 2,068.00	\$ 2,068.00	\$ -
E711	05	7460 SHOTGUN LOCKS AND RACKS	4	\$ 607.00	\$ 2,428.00	\$ 2,428.00	\$ -
E711	05	7460 RADIO CONSOLE	4	\$ 680.00	\$ 2,720.00	\$ 2,720.00	\$ -
E711	05	7460 SPARE TIRE	4	\$ 392.00	\$ 1,568.00	\$ 1,568.00	\$ -
E711	05	7460 SPARE RIM	4	\$ 150.00	\$ 600.00	\$ 600.00	\$ -
E720	05	8270 FLIR MARINE UNIT FOR BOAT	1	\$ 7,700.00	\$ 7,700.00	\$ 7,700.00	\$ -
					\$ 407,471.00	\$ 376,988.13	\$ 30,482.87

4 patrol vehicles were BOE approved at \$37,625 for a total of \$150,500 by purchasing the 4 BOE approved vehicles for only \$30,005 each a cost saving of \$30,480 would allow 1 more vehicle to be purchased at \$30,005

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 2016 GMC Sierra ¾ ton; Full-Size; Extended Cab; Short Bed (6.5')		
Dealer Name:	Reno Buick GMC Cadillac Isuzu		
Delivery Location:	900 Kietzke Lane, Reno, NV		
Vehicle Colors:	Exterior: Quick Silver Metallic (GAN)	Interior: Jet Black/Dark Ash	xx Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 24,912	\$ 24,912
SPECIFY OPTIONS: (description)	1	(\$5064)	\$ 5,064
Four wheel drive (4x4)	1	\$ 2,090	
Integrated trailer brake control	1	\$ 242	
Trailer tow package (Z82)	1	\$ 247	
Extra cost colors (GAN)	1	\$ 389	
Extra steel wheel	1	\$ 238	
Sierra fleet convenience package (PCR)	1	\$ 349	
Deep tinted glass (not front side glass)	1	\$ 176	
110-volt AC power outlet	1	\$ 119	
Tire, Spare, full size	1	\$ 323	
Tires; all-terrain blackwall (QXT)	1	\$ 189	
Auxiliary battery	1	\$ 129	
Heavy duty alternator	1	\$ 132	
Radio; AM/FM Stereo, CD (IO4) Bluetooth	1	\$ 229	
Engine block heater (K05)	1	\$80	

Under body shield	1	\$ 132	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$ 0	\$ 0
Total purchase price with options			\$ 29,976
DMV Title and DRS Fee's	1	\$28.25	\$ 28.25
GRAND TOTAL:			\$30,004.25

Registered Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Pkwy, Suite 120 Reno, NV 89511
Legal Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Pkwy, Suite 120 Reno, NV 89511
County Vehicle Based In:	Churchill
Name & Phone of Person to contact when vehicle is ready for delivery:	Mike McCusker (office) 775-688-1884 (cell) 775-240-2370

STANDARD PAGE/COST MATRIX ~ FLEET

(Use separate page for each package)

Reno Buick GMC Cadillac Isuzu Commercial Trucks

Specify State's Vehicle Item Number: 2.15		
MSRP \$36,740		
TRUCK: 3/4 Ton; Full Size; Extended Cab; Short Bed (6.5')		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2016 GMC Sierra 3/4Ton Ext Cab TC25753	\$24,912.00	\$25,199.00
State vehicle miles per gallon (MPG): Estimate: Not Rated		
State manufactures warranty: Bumper to Bumper 3yr/36K miles — PowerTrain 5 yr / 100K miles		
Specify engine size and emission rating: 6.0L EB5 FlexFuel V8 (360 HP) Fed Emissions		
Includes Minimum Standard Equipment Listed: ____ Yes __X__ No If no, state exceptions:		
(Refer to page 6 of bid)		
AM/FM Stereo radio that has a 4.2' diag. color screen with USB and Aux. jack ports.		
(State lists C/D player as required minimum standard equipment)		
Standard features: Locking differential, towhaul with Cruise Grade & Powertrain braking, External engine cooler		
Power windows and door locks, Driver information center, 6 gauge instrument cluster, HID headlamps		
Aux. transmission cooler, Adjustable cargo bed tie-downs, and Front & Rear Chrome Bumpers, 6 speaker stereo		
Exterior Color: List available colors: No Charge unless noted:		
Summit White (GAZ)	Onyx Black (GBA)	Cardinal Red (G7C)
Extra Cost Colors \$399.00		
Iridium Metallic (G1K) Quick Silver Metallic (GAM) L. Grey Metallic (G1C) Mahogany Metallic (G1F)		
Seats, Cloth: List available colors:		
Jet Black/Dark Ash Cloth Seats (H2R)		
Jet Black/Dark Ash Vinyl Seats (H2Q)		
GVWR 9,500 lbs		Wheelbase 144.2
(When Applicable)		(When Applicable)

OPTION PACKAGE PAGE - FLEET

(Use separate page for each package)

Reno Buick GMC Cadillac Isuzu Commercial Trucks

Specify State's Vehicle Item Number: 2.15

TRUCK: 3/4 Ton; Full Size; Extended Cab; Short Bed

Option Package Name/Code: Sierra Fleet Convenience Pkg. (PCR)

\$349

List Equipment Features Below:

Heated Pwr Adjustable Mirrors (DL8), Remote Keyless Entry (AQQ) remote locking tailgate(A91)

N/a w/DF2 Mirror (use DPN)

Option Package Name/Code: Up-Level 40/20/40 Seat and Stern upgrade Pkg.

\$589.00

List Equipment Features Below:

power driver's seat adjuster with driver's and passenger's reclining backs, fold down center arm rest with stor.

driver & passenger's outboard head restraints, storage pockets, 7" diag color touch screen stereo with

Android and Apple Play capability with Bluetooth. (only available with cloth dark ash seats (H2R)

ITEMIZED OPTION PAGE - FLEET

(Use separate page for each package)

Reno Buick GMC Cadillac Isuzu Commercial Trucks

Specify State's Vehicle Item Number: 2.15

TRUCK: 3/4 Ton: Full Size; Extended Cab; Short Bed

ABS Brake System	Included	
Air Conditioning	Included	
Cruise Control	Included	
CNG 6.0 V8 (n/a bed delete)	\$8,560	
Diesel (Duramax B20 V8 397HP)	\$7,388	incl Allison 1000 6 speed
Exhaust Brake (K40) for diesel engine	Included with diesel engine	
Electronic T-case shift	\$189	requires 4X4
Engine Block Heater (K05)	\$80	
Trailer Tow Package (ZB2)	\$247	N/A with bed delete
Deep tinted glass (not front side glass)	\$176	
Heavy Duty Alternator (150 amp)	Included	
Heavy Duty Alternator 220 AMP	\$132.00	incl. w/ snow plow prep
Heavy Duty Alternator Dual (diesel)	\$365.00	
Auxiliary Battery	\$129.00	N/A with Diesel or CNG
4 Wheel Drive (4X4)	\$2,090	
Integrated Trailer Brake Control (Req ZL2 tow)	\$242	
Keyless Entry w/FOB (must have power door locks)	See PCR pkg above	
Limited Slip Differential (eaton type)	Included	
110-Volt AC Power Outlet	\$119	
Paint, Metallic	see above	
Power Mirrors	See PCR pkg above	
Power Windows	Included	
Power Door Locks	Included	
Rear Under Seat Storage	\$222.00	
Power Seats (AG1) Requires (AZ3) & Cloth seats	see seat pkg above	
Radio: AM/FM Stereo (103) USB & Aux port	Included	
Radio: AM/FM Stereo, CD (104) Bluetooth	\$229	7" Color touch screen, Android
Roof light prep switch and wiring (in headliner)	\$28	incl w/ snow plow prep
Rear Vision Camera (UVC) N/A with Cab Chassis	\$196	
Snow plow prep pkt 4X4 only	\$368.00	call for details
Seats, Vinyl Colors Ebony w/Dark Ash	No Charge	
Under Body Shield (skid plates????)	\$132	incl w/ snow plow prep
High idle switch	\$189.00	
Tire, Spare, Full Size spare	\$323	
Roof Marker Lamps (smoked amber)	\$53	
5th wheel, goose neck, camper wiring	\$34	
Trailer Tow Mirrors N/A with PCR	\$62	
Uptider Switches (4) 30 amp circuits	\$123	
Fire and Rescue package (incl Work smtl)	\$3,551	

with 2 tier interior lighting, HD Springs and Alternator and additional wiring for emergency lighting)		
Bedliner (Factory Spray in) (CGK)	\$453	
Tires: All Terrain Blackwall (QXT)	\$189	
Maintenance 2 Years or 24K miles(dealer) (R9Y)	\$88	\$129.00 for Diesel

PLEASE NOTE BELOW!!!

PLEASE NOTE !!!

Tow packages (with service bodies), Flip tops, Overhead racks, closed beds, flat beds, liftgates, cranes, generators, compressors all available to be added to state bid listing. JUST ASK!

Delivery charge for other than Reno or Las Vegas (i \$350. flat Driven



**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: January 11, 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

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Public Safety, Nevada Highway Patrol, requests approval to purchase two new vehicles in FY 2016 in the amount of \$68,760.50.

Additional Information:

The department seeks approval to purchase two new replacement vehicles as part of their law enforcement vehicle inventory replenishment program. The vehicle purchase was legislatively approved for FY16 in the agency's 2015-17 biennial budget.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
DEPARTMENT PUBLIC SAFETY – NEVADA HIGHWAY PATROL	2	\$68,760.50
Total:	2	\$68,760.50

Brian Sandoval
Governor

Nevada Department of
Public Safety

James M. Wright
Deputy

Colonel Dennis S. Osborn
Chief

Nevada Highway Patrol

555 Wright Way
Carson City, Nevada 89711-0525
Telephone (775) 687-8300 • Fax (775) 684-4879

Memorandum

DATE: January 5, 2016

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

THROUGH: Susan Hohn, Budget Analyst 3
Department of Public Safety, Director's Office

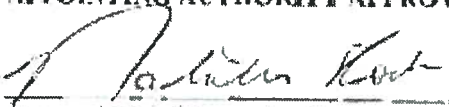
FROM: Johnny R. McQuin, Administrative Services Officer 3 *JRM*

SUBJECT: Board of Examiners Request for Vehicle Purchase Approval

The Department of Public Safety (DPS) Nevada Highway Patrol division (NHP) is requesting approval from the Board of Examiners (BOE) to purchase two vehicles from Budget Account 4713, Category 34, Crash Fund in the amount of \$68,702.00. This category is funded from insurance recoveries. The cash balance forward from Fiscal Year 2015 for this purpose was \$14,140 and \$59,341.41 has been received thus far in Fiscal Year 2016, totaling \$73,481.41 to fund these replacements.

DPS is requesting this item be placed on the February 9th, 2016 Board of Examiners' agenda.

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

Agency Name: Nevada Highway Patrol		Budget Account #: 4713
Contact Name: John McGuin, ASD III		Telephone Number: 775-684-4893
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>2</u>		Amount of the request: \$68,760.50 \$68,760.50
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.: Ford Police Interceptor Utility Vehicles		
Mission of the requested vehicle(s): Law enforcement patrol vehicles.		
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the decision unit number: Base = \$72,496; Work Program G33151 = \$14,140; Total \$86,636. 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. No. Section not applicable as these are law enforcement vehicles.		
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: Ford, 2015 Odometer Reading: 58230 Type of Vehicle: Police Interceptor Utility Vehicle #2 Model Year: Ford, 2015 Odometer Reading: 52630 Type of Vehicle: Police Interceptor Utility 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. No - Vehicles were totaled in collisions on 7/7/15 during a police pursuit. If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A
APPOINTING AUTHORITY APPROVAL: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Agency Appointing Authority </div> <div style="text-align: center;"> Captain Title </div> <div style="text-align: center;"> 01/05/16 Date </div> </div>		
BOARD OF EXAMINERS' APPROVAL: <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase <div style="display: flex; justify-content: space-between;"> <div>Board of Examiners</div> <div>Date</div> </div>		

Revised 7/13/10

Vehicle Order Information Form
Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	1.2, SUV, 4DR, 5-6 Passenger 2016 Ford Police Interceptor Utility		
Dealer Name:	Jones West Ford		
Delivery Location:	357 Hammill Lane, Reno, Nevada 89511		
Vehicle Colors:	Exterior: Blue Jean Metallic N-1	Interior: Black	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
2016 Ford Utility Police Interceptor AWD (KBA)	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City, LV delivery)	2	\$ 25,532.00	\$ 51,064.00
SPECIFY OPTIONS: (description) Continued on page 2			\$ 17,638.00
#17A-AUX A/C	2	\$ 569.00	page 7 quote
#86P FRONT HEADLIGHT HOUSING	2	\$ 117.00	page 4
#153 LICENSE PLATE BRACKET	2	N/C	page 5
#43D DARK CAR FEATURE	2	\$ 19.00	page 5
#17T DOME LAMP	2	\$ 48.00	page 5
#51V DUAL SPOT LIGHTS LED	2	\$ 620.00	page 5
#86T RR TAIL LIGHT HOUSING	2	\$ 57.00	page 4
#76R REVERSE SENSING (must add with rear view camera)	2	\$ 256.00	Page 7
#61S REMAPPABLE SWITCHES ON STEERING	2	\$ 145.00	Page 6
#55B BLIND SPOT MONITORING (REQ 21b)	2	\$ 508.00	page 7
#60R NOISE SUPPRESSION BONDS	2	\$ 93.00	page 7
DELIVERY COST: (If other than Reno\Carson\ Las Vegas)			
Total purchase price with options			\$ 68,702.00
DMV Title and DRS Fee's	2	\$29.25	58.50
GRAND TOTAL:			\$68,760.50

Vehicle Order Information Form

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	Ford Police Interceptor Utility (2016)		
Dealer Name:	Jones West Ford		
Delivery Location:	357 Hammill Lane, Reno, Nevada 89511		
Vehicle Colors:	Exterior: Blue Jean Metallic N-1	Interior:	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
SPECIFY OPTIONS: (description) Continued from page 1			\$ 4,864.00
#55D SCUFF GUARDS	2	\$ 84.00	page 7
#593 PERIMETER ANTI THEFT ALARM	2	\$ 113.00	page 7
#549 MIRRORS HEATED SIDEVIEW	2	\$ 57.00	page 7
#595 REMOTE KEYLESS ENTRY	2	\$ 243.00	page 7
#53M SYNC	2	\$ 276.00	page 6
#16C - 1 ST AND 2 ND ROW CARPET	2	\$ 117.00	page 6
#88F SECOND ROW CLOTH SEATS	2	\$ 57.00	page 6
#85R REAR CONSOLE PLATE	2	\$ 32.00	page 6
#99T/44C ECOBOOST ENGINE	2	\$ 3,073.00	page 4
#63L REAR QUARTER WINDOW SIDE MARKER LIGHTS	2	\$ 536.00	page 5
#63B SIDE MARKER LED SIDE MIRRORS	2	\$ 271.00	page 5
#60A PRE-WIRING GRILL LED REQ FOR 63B	2	\$ 48.00	Page 5
TINT DRIVER AND PASSENGER WINDOWS	2	\$ 80.00	JWF quote
INSTALL EMERGENCY EQUIPMENT (SIERRA ELECTRONICS (SE)	2	\$ 1,400	Page 12
Page 2 Options			\$ 12,774.00

Registered Owner:	Agency Name & Address: Nevada Highway Patrol 555 Wright Way Carson City, Nevada 89711
Legal Owner:	Agency Name & Address: Nevada Highway Patrol 555 Wright Way Carson City, Nevada 89711
County Vehicle Based In:	Washoe
Name & Phone of Person to contact when vehicle is ready for delivery:	Denny J. Gortari Phone 775-684-4825

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: January 7, 2016

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

From: Debi Reynolds, Budget Analyst 
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND
FAMILY SERVICES**

Agenda Item Write-up:


Pursuant to NRS 334.010, the Department of Health and Human Services, Division of Child and Family Services, requests approval to purchase three new vehicles in FY 2016 in the amount of \$81,358.

Additional Information:

The department seeks approval to purchase three new vehicles that will be used for the Summit View Youth Correctional Center. The vehicle purchases are legislatively approved in the 2015-17 Biennium's budget for purchase during FY 2016.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: 
ACTION ITEM: _____



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

DATE: January 7, 2015

TO: Debi Reynolds, Budget Analyst IV
Department of Administration, Budget Division

FROM: David Anderson, Administrative Services Officer
Division of Child and Family Services

SUBJECT: State Vehicle Purchase

The Division of Child and Family Services is seeking approval from the State Board of Examiners pursuant to NRS 334.010 to purchase two Transit vans and one sedan for youth transportation needs at the Summit View Youth Facility as approved by the Legislature during the 78th (2015) session, Joint Subcommittee on Human Services budget closing for the Division of Child and Family Services budget account 3148. And also as revised and approved by the Legislature during the December Interim Finance Committee meeting via work program C34311.

The requested revisions in the work program stem from a variety of reasons, but most notably the follow three reasons:

1. They reflect the difference in cost between the set rates reflected in the Nevada Executive Budget System (NEBS) during budget building and the rates provided by the mandatory use contracts/vendors through the Nevada State Purchasing Division at the time of purchase.
2. It is assumed that with the vast variety of potential options per each vehicle, the limited inventory available by the vendors at any given time and the fact that the Nevada Executive Budget System (NEBS) reflects specific pricing without consideration for options, it is nearly impossible to quote a specific vehicle for the purposes of budget building and later purchase that exact vehicle after budgets are approved at the exact rate/cost approved.
3. Without faulting any one party, a simple error occurred during the 78th Legislative session and was later corrected through the above mentioned work program. Simply put, two sedans, one truck (maintenance) and one passenger van was requested in the budget during session. The agency actually needs one sedan, one truck (maintenance) and two passenger vans. Being that the passenger vans will primarily be used to transport groups of youth, the need for two vans in lieu of two sedans seems reasonable.

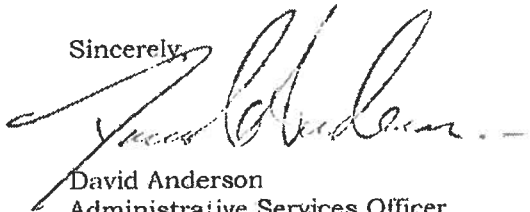
Please note that this request is only for two Transit vans and one sedan. The fourth vehicle, the maintenance truck, has already been properly requested, purchased, delivered and paid for. Therefore it is not being requested for a second time.

DU	Cat	GL	Equipment Type	Qty	Attached Quote
E248	05	8360	VEHICLE-FLEET-LV-1.2 SEDAN: INTERMEDIATE, 4 DOOR; 5-6 PASSENGERS	2	62,747.25
E248	05	8310	VEHICLE-FLEET-LV-4.2 2WD PASSENGER VAN:12 PASS	1	18,669.25

Thank you in advance for your consideration of this request.

If you have any questions, please call me at (702) 486-7099.

Sincerely,



David Anderson
Administrative Services Officer
Division of Child and Family Services

CC: Ellen Crecelius, Deputy Director, DHHS
Priscilla Colegrove, ASO IV, DCFS

**State of Nevada
Equipment Schedule**

1/7/16 1:36 PM

Budget Period: 2015-2017 Biennium (FY16-17)
 Budget Account: 3148 HHS-DCFS - JUVENILE CORRECTIONAL FACILITY
 Version: L01 LEGISLATIVELY APPROVED
 Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
E225	05	8241	OFFICE FURNITURE-SECRETARIAL *** ENTIRE UNIT ***	15	1	1,990.00	1,990	0	1,990.00	0
E225	26	7771	SOFTWARE-MICROSOFT OFFICE SUITE PRO	20	1	330.00	330	0	330.00	0
E225	26	8371	HARDWARE-PRINTER LOCAL INK JET COLOR MED DUTY	25	1	92.00	92	0	92.00	0
E225	26	8371	HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	10	1	1,258.00	1,258	0	1,258.00	0
E248	05	8360	VEHICLE-FLEET-LV-1.2 SEDAN: INTERMEDIATE, 4 DOOR; 5-6 PASSENGERS	5	2	17,948.00	35,896	0	18,486.00	0
E248	05	8310	VEHICLE-FLEET-LV-2.16 2WD TRUCK 3/4T;EXT CAB;LONG BED	10	1	24,129.00	24,129	0	24,853.00	0
E248	05	8310	VEHICLE-FLEET-LV-4.2 2WD PASSENGER VAN:12 PASS	15	1	22,484.00	22,484	0	23,159.00	0
E248	05	8331	PHONES	25	1	28,213.00	28,213	0	0.00	0
E248	26	8331	FIBER STUDY	30	1	1,100.00	1,100	0	0.00	0
E248	26	8331	FIBER REPLACEMENT	35	1	10,000.00	10,000	0	0.00	0
E248	26	8331	COMPUTER EQUIPMENT - ONE TIME	20	1	51,580.00	51,580	0	0.00	0

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

Agency Name: DHHS - CHILD & FAMILY SVCS		Budget Account #: 3148	
Contact Name: DAVID ANDERSON, ASO II		Telephone Number: (702) 486-7099	
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: 3		Amount of the request: 81,416.50	
Is the requested vehicle(s) new or used: NEW			
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:			
ONE (1) 2016 FORD FUSION SEDAN - TWO (2) 2016 FORD TRANSIT 350 VANS (YOUTH TRANSPORTATION)			
Mission of the requested vehicle(s):			
All three vehicles will support the needs of teh Summit View Youth Center being re-opened as a State-Operated facility effective SFY2016. The sedan is primarily for single youth transport and staff use and the vans are primarily for transportation of groups of youth.			
Were funds legislatively approved for the request?		If yes, please provide the decision unit number:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BA 3148-E248 and work program C34311	
		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 checked="" type="checkbox"/> 3 Addition(s) <input 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.)		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.	
Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:			
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.	
Please attach an additional sheet if necessary			
APPOINTING AUTHORITY APPROVAL:			
[Signature] Agency Appointing Authority		[Signature] Title	
		Date 1/7/16	
BOARD OF EXAMINERS' APPROVAL:			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> 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.:	2016 FORD TRANSIT 350 WAGON (Med roof x2c)		
Dealer Name:	JONES - WEST FORD, RENO, NV (Bill Fletcher) 775-824-3007		
Delivery Location:	5730 RANGELD. LV, NV 89115		
Vehicle Colors:	Exterior: White Y2	Interior: GREY	<input checked="" type="radio"/> Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	\$ 29,033.00	\$ 58,066.00
SPECIFY OPTIONS: (description)			\$ 4,652.00
Running Boards	2	\$ 392.00	
Rear View Camera	2	\$ 214.00	
Reverse Sensing System	2	\$ 252.00	
A/c High Capacity	2	\$ 734.00	
Privacy Glass (rear window & rear side windows)	2	\$ 575.00	
All Weather Floor Mats	2	\$ 52.00	
Back Up Alarm	2	\$ 107.00	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$ 0
Total purchase price with options			\$ 62,718.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 62,747.25

Registered Owner:	Agency Name & Address: DCFS SUMMIT VIEW YOUTH CENTER 5730 Range Rd. Las Vegas, NV 89115
Legal Owner:	Agency Name & Address: DCFS SUMMIT VIEW YOUTH CENTER 5730 RANGE RD. Las Vegas, NV 89115
County Vehicle Based In:	CLARK
Name & Phone of Person to contact when vehicle is ready for delivery:	Michael L Fletcher 702-668-4755

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.:	2016 FORD FUSION (P06)		
Dealer Name:	12, SEDAN, Intermediate, 1/DR 5PASS, PVID (Bill Fletcher)		
Delivery Location:	JONES WEST FORD, RENO, NV		
Vehicle Colors:	Exterior: White YZ	Interior: Deep Impact J4 Blue	Cloth Black Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)		\$ 18,640	\$ 18,640
SPECIFY OPTIONS: (description)			\$
SE		\$ INCL	
PL		\$ INCL	
PW		\$ INCL	
PM		\$ INCL	
A/C		\$ INCL	
Tilt		\$ INCL	
CRUISE		\$ INCL	
Keyless Entry		\$ INCL	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options		18,640	\$
DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 18669.25

Registered Owner:	Agency Name & Address: SUMMIT VIEW YOUTH CENTER- 5730 RANG RD.
Legal Owner:	Agency Name & Address: DCFS SUMMIT VIEW YOUTH CENTER- LHS RDAS, NV 89115
County Vehicle Based In:	CLARK
Name & Phone of Person to contact when vehicle is ready for delivery:	Michael L Fletcher 702-668-4755



**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: January 12, 2016

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

From: Andrea McCalla, Budget Analyst
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, 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:

Donald Coffin was employed by the Nevada Department of Corrections as a Correctional Officer from May 1990 through July 2015, 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

REVIEWED: _____

ACTION ITEM: _____

Brian Sandoval
Governor



Patrick Cates
Director

Lisa Sherych
Interim 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

January 11, 2016

MEMORANDUM

To: Andrea McCalla

From: Annette Morfin, Purchasing Officer

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 one (1) person who AlliedBarton wants to hire.

This person recently left state service and are within the two (2) year window.

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

RECEIVED

JAN 11 2016

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Authorization to Contract with a Former Employee

Former Employee Name:	<u>Donald Coffin</u>
Former Employee ID number:	<u>10242</u>
Former Job Title:	<u>Correctional Officer</u>
Former Employing Agency:	<u>Nevada Department of Corrections</u>
Former Class and Grade:	<u>Grade 33 Step 10</u>
Employment Dates:	<u>5/1990-7/2015</u>
Contracting Agency:	<u>AlliedBarton Security Services</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.	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:

 1-10-2016
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: January 5, 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 TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with a former Staff I Associate Engineer on the Design Build team for the NEON Design Build contract awarded to Atkins North America, Inc.

Additional Information:

Johnny Alhwayek's engineering experience and knowledge of NDOT design policies and criteria will be a great asset to the Design Build team, as well as in the best interest of the state. At NDOT, Mr. Alhwayek was not involved in any of the design, consultant procurement, or negotiations related to project NEON.

Statutory Authority:

NRS 333.705


REVIEWED: _____
ACTION ITEM: _____



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

MEMORANDUM

December 30, 2015

To: State of Nevada Board of Examiners
From: Rudy Malfabon, Director 
Subject: Authorization to Contract with a Former Employee

SUMMARY

Pursuant to the State Administrative Manual Section 0323, the Department of Transportation requests authority to contract with a former employee, Johnny Alhwayek. Mr. Alhwayek is employed by Atkins North America, Inc. (Atkins), a team member of the successful NEON Design Build contract. Atkins is proposing to use him on their engineering team for this project.

BACKGROUND

The Design Build team of Kiewit Infrastructure West and Atkins was selected as offering the best value proposal for the NEON project. This project is the largest contract ever executed by NDOT. Mr. Alhwayek worked at NDOT from October 2010, to November 2015, most recently as a Staff I Associate Engineer. Mr. Alhwayek's engineering experience and knowledge of NDOT design policies and criteria will be a great asset to the Design Build team, as well as in the best interest of the state. At NDOT, Mr. Alhwayek was not involved in any of the design, consultant procurement, or negotiations related to project NEON.

RECOMMENDATION

We respectfully request your consideration for approval for Atkins to use Mr. Alhwayek as a team member for this project.

RECEIVED

JAN 04 2016

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Authorization to Contract with a Former Employee

Former Employee Name:	<u>Johnny Alhwayek</u>
Former Employee ID number:	<u>43403</u>
Former Job Title:	<u>Staff I Associate Engineer</u>
Former Employing Agency:	<u>NDOT</u>
Former Class and Grade:	<u>Staff I Associate Engineer, Grade 35</u>
Employment Dates:	<u>10/18/2010 to 11/21/15</u>
Contracting Agency:	<u>Atkins North America, Inc.</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 Professional Engineering design services necessary to construct project NEON, which includes but not limited to roadways, bridges, traffic control, safety features, and drainage
b. Document former job description.	Participate in design work involving the calculation of horizontal and vertical curves and related design elements; calculate contract plan quantities for earthwork, striping, guardrail, traffic control and other items; prepare construction plans
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?	Mr. Alhwayek has been hired due to his engineering education, and his knowledge and experience with NDOT design standards, policies, and procedures. No, there is no contract clause.
d. Explain why existing State employees within your agency cannot perform this function.	Due to the size and schedule of project NEON, NDOT does not have the resources to provide adequate staff in house.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so,	There is no relationship between the individual overseeing the contract and the former employee.

explain the relationship and why this would not affect independence and why this would not violate <u>NAC 284.750.</u>	
f. List contractor's hourly rate.	
g. List the range of comparable State employee rates.	
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?	
i. Document justification for hiring contractor.	Project NEON is an extremely large project that NDOT does not have the internal resources to design. The Design Builder was selected through a comprehensive selection process to provide the best value proposal to the State of Nevada.

Comments:

 **DEPUTY DIRECTOR**

 Contracting Agency Head's Signature and Date



Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor



James R. Wells, CPA
State Budget Director

Janet Murphy
Deputy State Budget Director

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Budget Division

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

Date: January 11, 2016

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

From: Susan Brown, Budget Analyst
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF EDUCATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 2, the Department of Education requests authority to continue to contract with Robert Pawley, a former Department of Education, Administrative Services Officer, through a temporary service, to provide technical assistance and training on state and federal grants managed by the Department through March 1, 2016 and on an intermittent basis from March 1, 2016 through September 1, 2016 to assist with the allocation and payment models for the Distributive School Account, Class Size Reduction, Full Day Kindergarten and state grants management.

Additional Information:

These models are highly technical and result in the allocation of over \$2.6 billion in school funding. This position is also responsible for collecting, analyzing and preparing reports on these and other state programs and financial reporting on federal grants. Due to an unexpected leave of absence of the Administrative Services Officer position that oversees the fiscal aspects of the Department this individual will also assist in the day to day fiscal oversight of the Department. With the approval of the Board of Examiners in November 2015, the Department has employed Mr. Pawley through a temporary employment agency to act as the Interim ASO III until the position is filled.

The person selected to fill the ASO III position is scheduled to start work on January 18, 2016. In order to provide for a smooth transition, we are asking for continued authority for Mr. Pawley to provide training to the incumbent on technical projects/issues specific to the Department until March 2016. This would include training on the submission of the federal indirect costs report. This report is complex and must be completed correctly as it provides for the calculation of funds to support the Department's fiscal and other support services.

Statutory Authority:

NRS 333.705(2)

REVIEWED: 

ACTION ITEM: _____

BRIAN SANDOVAL
Governor

STATE OF NEVADA

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

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



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

MEMORANDUM

January 6, 2016

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

Through: Susan Brown, Budget Analyst 5

From: Steve Canavero, Ph.D. Superintendent of Public Instruction
Nevada Department of Education

Re: Request to Continue a Contract with a Former Employee

The Department of Education is requesting to continue a contract with a former employee, Robert Pawley, who retired from State service on June 2, 2015. The contract was approved by the Board of Examiners at its November 2015 meeting. Through the approval, the Board requested quarterly updates on the continued need for the contract.

This contract is requested to be continued through the 2016-2017 Interim to assist the Department in two ways: 1) It will provide a means for the Department to access expertise in topics relating to *The Nevada Plan* for School Finance, including the Distributive School Account (DSA). Legislation approved through the 2015 Session made multiple changes to the DSA that will require input from expert consultants on the potential impact to the State General Fund and the school districts. 2) It will continue a means of support to its Department Support team, which provides budgetary and fiscal services. Mr. Pawley has served as the Interim ASO III since the unexpected leave of absence of the prior ASO III.

Expertise Relating to *The Nevada Plan* for School Finance

Senate Bill 508 (Chapter 536, *Statutes of Nevada*, 2015), provides methods to modernize *The Nevada Plan* for school finance. This measure requires the Department to develop a plan for weighted funding for certain identified student populations, including special education, English Learners, and students of high poverty. In addition, it requires a review and update of the DSA

equity allocation model and to make the model available via the Internet. Finally, it makes changes to enrollment counts, including hold harmless provisions. There are few persons in the State that fully understand The Nevada Plan; Mr. Pawley is one of them. Having the ability to receive consultation from Mr. Pawley on the impact of the changes to the school funding model on the State General Fund and school districts would be invaluable. Consultation would be requested periodically throughout the remainder of the 2016-2017 Interim.

Acting ASO III for Department Support Services and Training to the Incumbent

On October 25, 2015, notice was received that the ASO III that previously supervised the Department Support Team would be out on an unexpected leave of absence until December and then would retire from State service. Since approval by the Board of Examiners in November 2015, the Department has contracted with Mr. Pawley to act as the Interim ASO III until the position is filled. The person selected to fill the position is scheduled to start work on January 18, 2016. In order to provide for a smooth transition, we are asking for continued authority for Mr. Pawley to provide training to the incumbent on technical projects/issues specific to the Department. This would include training on the submission of the federal indirect costs report. This report is complex and must be completed correctly as it provides for the calculation of funds to support the Department's fiscal and other support services. It is anticipated that training would be completed no later than the end of March 2015.

Mr. Pawley's Specialized Knowledge

Mr. Pawley; he has specialized knowledge across all areas of school finance, including:

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

James Wells, Director
January 6, 2016
Page 3

Contract with Mr. Pawley

Mr. Pawley would continue to be paid through a state approved temporary employment agency. The total hourly cost of the contract would be comparable to the hourly salary Mr. Pawley previously received as the Administrative Services Officer III for the Department.

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

Enc.

cc: Mindy Martini, Deputy Superintendent, Business and Support Services
Adrienne Monroe, ASO III – District Support
Robert Pawley, Consultant, Nevada Department of Education
Andrea McCalla, ASO III – Department Support (January 18, 2016)

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: January 8, 2016

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

From: Melanie Young, Budget Analyst
Budget Division

my

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.

ATTORNEY GENERAL

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Office of the Attorney General requests approval to pay \$68,443.49 from the State Claims Account, for a 2015 rent invoice that was not paid during that fiscal year.

Additional Information:

The Attorney General Administrative budget account reverted sufficient general funds from which the claim was appropriated.

Statutory Authority:

NRS 353.097

REVIEWED: 

ACTION ITEM: _____

STALE CLAIM REQUEST

To: Melanie Young

Date: 12/15/2015

Department of Administration, Budget Division

From: ATTORNEY GENERAL'S OFFICE

RECEIVED

DEC 17 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Subject: Stale Claim for State Fiscal Year - 15

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: STATE OF NEVADA BUILDING AND GROUNDS

Vendor/Employee Number: _____

Invoice/Term Date: FY15 4TH QTR

Invoice Number: JV 082 BCBG 18230

Invoice/Claim Amount: \$68,443.49

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
1030	101	04	68443.49
Total			68443.49

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
1030	101	04	68443.49
Total			68443.49

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

Funds were not available until after money transfer was received. Please see explanation on spreadsheet.

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

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY

Approval for payment from

Fund 401 B/A 4888
Melanie 1/8/16
Budget Analyst Date

Clerk of the Board

Date

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

FY15 Stale Claims

	Budget	FY15 Reverted Amount	Vendor	Stale Claim Amount	Reverted Balance
	1030	\$ 26,177.60	BECKER C	\$ 1,856.23	\$ 24,261.37
			ELITE	\$ 320.00	\$ 23,941.37
*	WPC34381	\$ 137,513.00			\$ 161,454.37
			B&G	\$ 68,443.49	\$ 93,010.88
Total amount of reversion after stale claims are paid					\$ 93,010.88

* Due to an error in the closing docs this money was not reverted as it should have been in FY15. This was corrected on WP34381 and the money was transferred via JV 030 AG000003939 to the General Fund.

For Budget Division Use Only	
Reviewed by:	JG 1/14/16
Reviewed by:	SB 1/14/16
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Employment, Training & Rehabilitation, Employment Security Division 500 East Third Street, Suite 200 Carson City, Nevada 89713 Brandon Taylor (775) 684-3901 phone (775) 684-3848 fax				
Remarks:	This lease represents a 12-months extension of the existing lease using pre-negotiated rates and terms from the previous lease agreement.				
Exceptions/Special notes:	Utilities and janitorial to be paid by Tenant.				
2. Name of Landlord (Lessor):	Segalove-Priven Associates				
3. Address of Landlord:	16560 Park Lane Circle Los Angeles, California 90049				
4. Property contact:	Alan Priven phone (310) 471-1202 fax: (424) 293-2508 email: alan@priven.com or alanpriven@roadrunner.com				
5. Address of Lease property:	3405 South Maryland Parkway Las Vegas, Nevada 89109				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 20,910				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$29,274.00	12	\$351,288.00	February 1, 2016 - January 1, 2017	\$1.40
c. Total Lease Consideration:	12		\$351,288.00		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	Month to month upon expiration
f. Term:	One (1) year				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant				
i. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$2.05 - \$2.60 Las Vegas / Henderson				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	4770				
6. Purpose of the lease:	To house the DETR office				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other				
a. Estimated Moving Expenses:	\$0.00		Furnishings:	\$0.00	
			Data/Phones:	\$0.00	

RECEIVED

JAN 05 2016

GOVERNOR'S FINANCE 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

Renee J. Olson 01.05.16
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20121356790</u>	Exp:	<u>6/30/2016</u>	68
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input checked="" type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Office?				
g. State of Nevada Vendor number:	<u>T81024026</u>			

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

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

[Signature]
Authorized Signature
Public Works Division

1-5-16
Date

ht
For Board of Examiners ☒ YES ☐ NO

PN
2/29/15

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

**STATEWIDE LEASE INFORMATION
FIRST AMENDMENT**

1. Agency:	Department of Transportation 123 West Nye Lane, Suite 102 Carson City, Nevada 89706 John Angel 775.687.3376 fax: 775.888.3380 jangel@dot.state.nv.us				
Remarks:	This lease amendment adds an additional 394 usable square feet, at the current square footage rates, to accomodate additional staff and equipment.				
Exceptions/Special notes:					
2. Name of Landlord (Lessor):	The Shanendoah Co., Business Trust dba: Nye Lane Properties				
3. Address of Landlord:	3490 South Hampton Drive Reno, Nevada 89509				
4. Property contact:	Mallard Investment Management 3490 South Hampton Drive Reno, Nevada 89509 Paul Deane 775.786.9315 fax: 775.786.0984 pd1989@yahoo.com				
5. Address of Lease property:	123 West Nye Lane, Suite 102 and 105 Carson City, Nevada 89706				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 5,219				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$5,219.00	1	\$5,219.00	March 1, 2016 - March 31, 2016	\$1.00
3%	\$5,375.57	12	\$64,506.84	April 1, 2016 - March 31, 2017	\$1.03
3%	\$5,536.84	12	\$66,442.08	April 1, 2017 - March 31, 2018	\$1.06
3%	\$5,702.94	12	\$68,435.28	April 1, 2018 - March 31, 2019	\$1.09
c. Total Lease Consideration:		37	\$204,603.20		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 90 Renewal terms: One identical term				
e. Holdover notice:	# of Days required 30 Holdover terms: 5%/90				
f. Term:	Remainder of existing lease terms				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	\$1.68 - \$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:	4660				
6. Purpose of the lease:	To house the Transportation crews 907 and 911				
7. This lease constitutes:	<input type="checkbox"/> An extension of an existing lease <input checked="" type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> 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

 12-17-15
Authorized Agency Signature Date

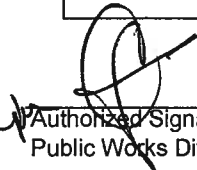
For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20011000618</u> ✓	Exp: <u>6/31/16</u> ✓	39
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
f. Office?			
g. State of Nevada Vendor number:	<u>T27011156</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

 12.22.15
Authorized Signature Date
Public Works Division

//
For Board of Examiners ☒ YES ☐ NO

VN
12/29/15

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

STATEWIDE LEASE INFORMATION

1. Agency:	The Department of Transportation, Construction Crew 908 ✓ 1951 Idaho Street Elko, Nevada 89801 Sandy Spencer (775) 777-2714; sspencer@dot.state.nv.us				
Remarks:	This lease will extend the lease terms by 12 months to house the NDOT Crew #908 on their temporary assignment in Wells.				
Exceptions/Special notes:	Minimum janitorial will remain in effect to be paid by Tenant.				
2. Name of Landlord (Lessor):	Wells Propane Inc. ✓				
3. Address of Landlord:	P.O. Box 485 338 Easy Street Wells, Nevada 89835				
4. Property contact:	Mike Eriksen, President (775) 752-3421; Fax: (775) 752-3124 Cell: (775) 753-2853 mike@wellspropane.net				
5. Address of Lease property:	899 Humboldt Avenue Wells, Nevada 89835				
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 2,160 ✓				
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Increase %	\$1,650.00 ✓	12	\$19,800.00	March 1, 2016 - February 28, 2017 ✓	\$0.76 ✓
c. Total Lease Consideration:		12	\$19,800.00		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		90	Renewal terms:	One identical term
e. Holdover notice:	# of Days required		30	Holdover terms:	5%/90
f. Term:	One (1) year				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input type="checkbox"/> Landlord <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other (see special notes)				
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
k. Comparable Market Rate:	Not Applicable				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	4660				
6. Purpose of the lease:	To house the NDOT Crew #908				
7. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities (requires a remark) <input type="checkbox"/> A relocation (requires a remark) <input type="checkbox"/> A new location (requires a remark) <input type="checkbox"/> Remodeling only <input type="checkbox"/> 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

Ludy Malgou 12-17-15
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19791007122</u>	Exp:	<u>7/31/2016</u>	13
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input checked="" type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Office?				
g. State of Nevada Vendor number:	<u>PUR0004133</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

ht
Authorized Signature
Public Works Division

12-22-15
Date

ht
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: **17318**Agency Name: **STATE ENERGY OFFICE**Agency Code: **011**Appropriation Unit: **4869-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Lucid Design Group, Inc.**Contractor Name: **Lucid Design Group, Inc.**Address: **304 12th Street, Suite 3C**City/State/Zip: **Oakland, CA 94607**Contact/Phone: **Kadri Jugandi 415 699/0310**Vendor No.: **T32003862**NV Business ID: **T22026537**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 % Renewable Energy Tax Abatement Program**Agency Reference #: **RFP #2092**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2019**Contract term: **3 years and 334 days**4. Type of contract: **Contract**Contract description: **Software Services**

5. Purpose of contract:

This is a new contract to provide an energy management information application used to assist with the identification and reduction of State of Nevada energy and water consumption.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$717,970.00**

Payment for services will be made at the rate of \$0.00 per semi-annual payments with different rates.

Other basis for payment: Contract Year 1: \$222,970.00 per year; Contract Year 2: \$165,000.00 per year; Contract Year 3: \$165,000.00 per year; Contract Year 4: \$165,000.00 per year. Payments will be made semi-annually in advance of services being rendered.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State is procuring a tool to achieve the goals set forth in NRS 701.215 to reduce energy consumption.

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

The State has neither the resources nor the expertise to perform these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

ADM Associates
Eccentex Corporation
CA Technologies

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #2092, 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: 08/31/2015 Anticipated re-bid date: 06/01/2019

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	smarten1	12/09/2015 15:19:51 PM
Division Approval	smarten1	12/09/2015 15:19:56 PM
Department Approval	smarten1	12/09/2015 15:20:01 PM
Contract Manager Approval	smarten1	12/09/2015 15:20:04 PM
DoIT Approval	bbohm	12/22/2015 06:35:25 AM
Budget Analyst Approval	hfield	12/23/2015 08:03:28 AM
BOE Agenda Approval	sewart	12/23/2015 09:29:39 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 CONTRACT1. Contract Number: **16075**Amendment
Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity
Name: **BECKER GALLAGHER LEGAL
PUBLISHING, INC.**Agency Code: **030**Contractor Name: **BECKER GALLAGHER LEGAL
PUBLISHING, INC.**Appropriation Unit: **1030-04**Address: **8790 GOVERNORS HILL DR**Is budget authority
available?: **Yes**City/State/Zip **CINCINNATI, OH 45249**

If "No" please explain: Not Applicable

Contact/Phone: null513/677-5044

Vendor No.:

NV Business ID: NV20101495766

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.

X	General Funds	53.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	47.00 % AG Cost Allocation

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **07/01/2014**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **07/01/2016**

Termination Date:

Contract term: **2 years and 1 day**4. Type of contract: **Contract**Contract description: **Publishing Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing services to format and file legal proceedings in the Supreme Court of the United States. This amendment increases the maximum amount from \$20,000 to \$65,000 due to 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	\$0.00	\$20,000.00	Yes - Info
4. Amount of current amendment (#1):	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Action
5. New maximum contract amount:	\$65,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Formatting and file pleadings in the Supreme Court of the United States

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

The complexity of the work that needs to be done requires more expertise than employees in our agency are qualified to perform.

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):

Cockle Printing
Becker Gallagher
Counsel Press

b. Solicitation Waiver: **Not Applicable**

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

This is an extension of the original contract (#13443) that expired. The Attorney General's Office has had a successful experience in the past.
Contract #13443 states that Becker Gallagher and Cockle Printing both submitted proposals. It was determined that a contract would be awarded to each vendor with the same terms and conditions. Becker Gallagher has been performing these services under contract with our office since 2012. (This information was left off of Contract#16075 but has been added to this amendment.)

d. Last bid date: 04/16/2012 Anticipated re-bid date: 04/16/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Office of the Attorney General has used this vendor since 07/01/2012 and has had a successful experience.

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

No If "Yes", please provide details of the litigation 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	mradu	01/05/2016 14:54:47 PM
Division Approval	mradu	01/05/2016 14:54:52 PM
Department Approval	chowle	01/06/2016 08:51:35 AM
Contract Manager Approval	lgallow1	01/11/2016 11:18:58 AM
Budget Analyst Approval	myoun3	01/11/2016 12:25:09 PM
BOE Agenda Approval	lfree1	01/11/2016 15:18:07 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: **10619**Amendment
Number: **4**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity
Name: **APPRISS, INC.**Agency Code: **030**Contractor Name: **APPRISS, INC.**Appropriation Unit: **1042-20**Address: **10401 LINN STATION RD
STE 200**Is budget authority
available?: **Yes**City/State/Zip: **LOUISVILLE, KY 40223**

If "No" please explain: Not Applicable

Contact/Phone: **KEVIN HUNT 800.816.0491**Vendor No.: **T32000907**NV Business ID: **NV20071670784**To what State Fiscal Year(s) will the contract be charged? **2010-2017**

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 % STOP Grant and participating agencies**Agency Reference #: **RFP #1846**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **04/01/2010**
Examiner's approval?

Anticipated BOE meeting date 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2017**
Termination Date:Contract term: **7 years and 92 days**4. Type of contract: **Contract**Contract description: **Victim Info System**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides ongoing victim notification in the Statewide Automated Victim Information and Notification Program in Nevada (NV SAVIN). This amendment increases the maximum amount from \$1,048,800 to \$1,243,256 to continue providing victim notification services as outlined in NRS 178.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$490,100.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$181,000.00	\$181,000.00	\$181,000.00	Yes - Action
c. Amendment 3:	\$377,700.00	\$377,700.00	\$377,700.00	Yes - Action
4. Amount of current amendment (#4):	\$194,456.00	\$194,456.00	\$194,456.00	Yes - Action
5. New maximum contract amount:	\$1,243,256.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

No state agencies or employees have the equipment or the experience to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: 01/02/2010 Anticipated re-bid date: 01/02/2013

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. Contractor entered into a contract with the Department of Public Safety, June 2009 and has been satisfied with their services. Contractor is currently in contract with the Office of the Attorney General since 2010.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mradu	12/11/2015 13:48:44 PM
Division Approval	clesli1	12/11/2015 13:54:20 PM
Department Approval	clesli1	12/11/2015 14:02:50 PM
Contract Manager Approval	Iramire7	12/11/2015 14:40:03 PM
Budget Analyst Approval	myoun3	01/08/2016 10:46:07 AM



Purchasing Use Only:

Approval #:

124

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:		Office of the Attorney General	
	Contact Name(s) and Titles:		Joelle Gutman, Domestic Violence Ombudsman : Elizabeth Greb, Mgmt Analyst IV	
	Telephone Number(s):		JG (775) 684-1223 : EG (775) 684-1148	
Email Address(s):		jgutman@ag.nv.gov : egreb@ag.nv.gov		

2	Contractor Information:			
	Contractor:		Appriss, Inc.	
	Contact Name:		Karen Williams	
	Address:		10401 Linn Station Rd, #200	
	Phone Number:		(502) 815-5712	
Email Address:		kwilliams@appriss.com		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:		NO PRIOR OAG-APPRISS CONTRACT RELATIONSHIP		
	CETS #:		N/A		
	Contract “not to exceed amount”:		\$ N/A		
	Contract term:		Start date:	End date:	
N/A		mm/dd/yy	N/A	mm/dd/yy	N/A

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:		1846	
	Quote, solicitation # if applicable:		N/A	
	Waiver, provide number:		N/A	
Other:		N/A		

5	Current contract information:				
	CETS #: 10619				
	Initial contract “not to exceed amount”:		\$490,100.00		
	Contract term:		Start date:	End date:	
14Months		mm/dd/yy	4/1/2010	mm/dd/yy	6/30/2011

6	Amendment information – List all previously approved amendments: 2/28/2011			
	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	<i>Extends termination date.</i>	<i>N/A</i>	<i>6/30/2012</i>

6a	Approved amendment information: 5/8/2012			
	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	2	<i>Adds system improvements, extends termination date and increases “not to exceed” amount.</i>	<i>To \$671,100.00</i>	<i>6/30/2013</i>

6b	Approved amendment information: 5/14/2013			
	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	3	<i>With the approval of State Purchasing, extends termination date and increases “not to exceed” amount.</i>	<i>To \$1,048,800.00</i>	<i>6/30/2017</i>

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
	4	<i>Increases “not to exceed “ amount.</i>	<i>To \$1,243,256.00</i>	<i>N/A</i>

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):			
	<i>Vendor Appriss provides the technical interface, operations and maintenance of Nevada’s (Crime) Victim Information Notification Everyday (VINE) statewide system. This is an ongoing automatic, electronic notification system to provide registrants status information on prisoners incarcerated throughout Nevada law enforcement prison & jail facilities per NRS 178.4715. The technological requirements to maintain Nevada’s VINE system are such that it has taken over a million dollars and four and a half years to fully implement the system. It would be physically difficult and prohibitively expensive to recreate the system with a new vendor. Appriss is a leader in this field and the program is significantly vested in proprietary intellectual property unique to Appriss.</i>			

9	What are the potential consequences to the State if the contract extension request is denied?			
	<i>Nevada would lose its current VINE capabilities. There are funding mechanisms in place to maintain the current system, but there are no financial resources available to completely recreate this automated system. There is also the public safety and rights compliance aspects raised in NRS 178.4715. Losing the statewide VINE would place this burden back upon individual jurisdictions that were having difficulty in meeting this requirement before the development and implementation of the Nevada VINE system.</i>			

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years, and attest that all statements are true and correct.


Signature of Agency Representative Initiating Request

ELIZABETH GROSS
Print Name of Agency Representative Initiating Request

1/7/16
Date

Martha Radu, CFO
Signature of Agency Head Authorizing Request

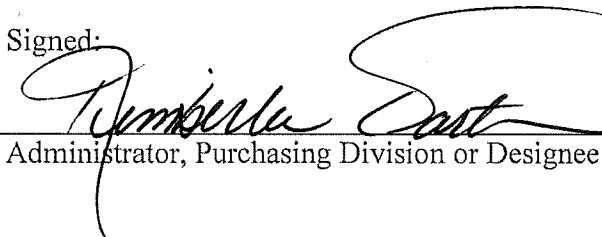
MARTHA RADU
Print Name of Agency Head Authorizing Request

1/7/16
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

1/7/16
Date

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: **17371**Agency Name: **DTCA - DIVISION OF TOURISM**Agency Code: **101**Appropriation Unit: **1522-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TIFFANY EAST PR**Contractor Name: **TIFFANY EAST PR**Address: **4135 PLATEAU RD**City/State/Zip: **RENO, NV 89519**Contact/Phone: **TIFFANY EAST 775-329-7276**Vendor No.: **TBD**NV Business ID: **NV20151093123**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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2016**Contract term: **334 days**4. Type of contract: **Contract**Contract description: **Gov Con Event Plan**

5. Purpose of contract:

This is a new contract to provide event planning services for the 2016 Global Tourism Summit to be held in Reno. The vendor will provide logistics and promotion for both the summit as well as a pre-conference familiarization tour for international buyers and Nevada suppliers. Services will include: working with the Division to develop and execute an event plan; acting as liaison with the venue and all subcontractors on event logistics; managing event sponsorship; managing speaker logistics; managing exhibitor onsite presence; and managing onsite ground transportation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$61,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Division of Tourism is the host for the annual Global Tourism Summit.

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

This contract will provide event planning services which is a service that cannot be done by State Employees.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

LAS VEGAS SHOW MANAGEMENT
CREATIVE RENO
TIFFANY EAST PR
JGS GROUP
PREFERRED EVENTS
STRATIQ EVENTS
GOLDEN CATALYST

b. Solicitation Waiver: **Not Applicable**

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

Because the conference is being held in Reno, Nevada the agency wanted a company located in Reno (surrounding areas). This vendor was the only qualified vendor who was located in Northern Nevada.

d. Last bid date: 07/28/2015 Anticipated re-bid date: 09/28/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is 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	01/04/2016 15:39:46 PM
Division Approval	amathies	01/04/2016 15:39:48 PM
Department Approval	amathies	01/04/2016 15:39:50 PM
Contract Manager Approval	amathies	01/04/2016 15:39:52 PM
Budget Analyst Approval	myoun3	01/05/2016 10:00:59 AM
BOE Agenda Approval	lfree1	01/05/2016 11:25:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16286**Amendment
Number: **3**Agency Name: **OFFICE OF VETERANS SERVICES**Legal Entity
Name: **Dietitians On Demand**Agency Code: **240**Contractor Name: **Dietitians On Demand**Appropriation Unit: **2561-04**Address: **2706 Enterprise Parkway**Is budget authority
available?: **Yes**City/State/Zip **Henrico, VA 23294**

If "No" please explain: Not Applicable

Contact/Phone: **Ryan Davis 804-545-9162**

Vendor No.:

NV Business ID: **NV20141782069**To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/CLark County

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **12/04/2014**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **12/31/2016**Contract term: **2 years and 28 days**4. Type of contract: **Contract**Contract description: **Registered Dietitian**

5. Purpose of contract:

This is the third amendment to the original contract, which provides registered dietician services. This amendment increases the maximum amount from \$99,000 to \$211,720 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	\$0.00	\$49,999.00	Yes - Info
a. Amendment 1:	\$50,000.00	\$50,000.00	\$99,999.00	Yes - Action
b. Amendment 2:	\$0.00	\$50,000.00	\$0.00	No
4. Amount of current amendment (#3):	\$111,721.00	\$111,721.00	\$111,721.00	Yes - Action
5. New maximum contract amount:	\$211,720.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Home is required to have a Registered Dietitian employed or on contract to establish and review proper diets and restrictions for residents. The State employee in this position left on August 1, 2014 and the Home has not been able to hire another employee full-time. The Home has found a dietitian to work on contract through this agency until a new employee can be hired.

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

No State employees are available to perform this 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 only agency or organization that could find a dietitian to agree to a temporary assignment with the Veterans Home. State processes have not provided candidates for this position, and the Home MUST have a dietitian in place per CMS Guidelines.

d. Last bid date: 12/04/2014 Anticipated re-bid date: 12/04/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	01/04/2016 11:48:50 AM
Division Approval	agarland	01/04/2016 11:48:53 AM
Department Approval	agarland	01/04/2016 11:48:56 AM
Contract Manager Approval	agarland	01/04/2016 11:49:01 AM
Budget Analyst Approval	dreynol2	01/07/2016 11:15:32 AM
BOE Agenda Approval	nhovden	01/08/2016 10:10:16 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: **16594** Amendment Number: **1**

Agency Name: **OFFICE OF VETERANS SERVICES** Legal Entity Name: **Medicaid Services of Clark County, LLC**

Agency Code: **240** Contractor Name: **Medicaid Services of Clark County, LLC**

Appropriation Unit: **2561-04** Address: **7501 Gran Paradiso Drive**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89131**

If "No" please explain: Not Applicable Contact/Phone: **Bonnie Gallagher 702-324-1177**

Vendor No.: **T27036980**

NV Business ID: **NV20071346290**

To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/Clark County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/30/2015**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **04/30/2017**

Termination Date:

Contract term: **2 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Medicaid Services**

5. Purpose of contract:

This is the first amendment to the original contract, which provides Medicaid application assistance services. This amendment increases the maximum amount from \$49,999 to \$86,849 due to the increasing need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,999.00	\$0.00	\$49,999.00	Yes - Info
4. Amount of current amendment (#1):	\$36,850.00	\$36,850.00	\$36,850.00	Yes - Action
5. New maximum contract amount:	\$86,849.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Work load for processing Medicaid applications by the Home has grown to the point where current staff cannot handle the volume. Vendor to assist in this process selected by RFP.

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

Not enough State employees available to handle these tasks.

9. Were quotes or proposals solicited?

Yes

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

No

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor chosen scored the highest by evaluation committee for RFP NSVH009.

d. Last bid date: 03/09/2015 Anticipated re-bid date: 03/01/2019

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	12/22/2015 09:58:59 AM
Division Approval	agarland	12/22/2015 09:59:02 AM
Department Approval	agarland	12/22/2015 09:59:04 AM
Contract Manager Approval	agarland	12/22/2015 09:59:07 AM
Budget Analyst Approval	dreynol2	01/07/2016 10:15:19 AM
BOE Agenda Approval	nhovden	01/12/2016 09:58:49 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **15359**Amendment Number: **1**Agency Name: **OFFICE OF VETERANS SERVICES**Legal Entity Name: **Progressive Industries, Inc.**Agency Code: **240**Contractor Name: **Progressive Industries, Inc.**Appropriation Unit: **2561-04**Address: **2733 N. Pulaski Rd.**Is budget authority available?: **Yes**City/State/Zip: **Chicago, IL 60639**

If "No" please explain: Not Applicable

Contact/Phone: **Neil O'Donnell 773-763-9566**Vendor No.: **T29017362**NV Business ID: **NV20101283070**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	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/Clark County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/05/2014**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **03/31/2016**Contract term: **2 years and 26 days**4. Type of contract: **Contract**Contract description: **Oxygen Tanks**

5. Purpose of contract:

The clerk improperly approved the original contract for \$60,000 to provide small oxygen tank delivery services. This first amendment to that contract increases the maximum amount from \$60,000 to \$75,000 due to an increased need for these services. The amendment is being submitted for approval because the original contract was not approved by the board.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$60,000.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	\$15,000.00	\$15,000.00	\$15,000.00	Exception
5. New maximum contract amount:	\$75,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Respiratory therapy services are required by Federal and State laws pertaining to Long Term Care facilities.

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

There are no State Agencies that can provide portable oxygen tanks.

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?

Specific oxygen tank format; lowest price.

d. Last bid date: 02/01/2014

Anticipated re-bid date: 02/01/2016

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contractor has provided oxygen tanks to NSVH for the past 2 years with 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:

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	12/15/2015 10:47:17 AM
Division Approval	agarland	12/15/2015 10:47:21 AM
Department Approval	agarland	12/15/2015 10:47:25 AM
Contract Manager Approval	agarland	12/15/2015 10:47:29 AM
Budget Analyst Approval	sewart	01/07/2016 14:28:51 PM
BOE Agenda Approval	sewart	01/07/2016 14:29:08 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: **17338**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2716-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Caveon, LLC

Contractor Name: **Caveon, LLC**Address: **6905 South 1300 East #468**City/State/Zip: **Midvale, UT 84047**

Contact/Phone: Jamie Mulkey 801-916-2900

Vendor No.: T27038238

NV Business ID: NV20151583273

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.

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 **02/09/2016**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/10/2018**Contract term: **2 years and 2 days**4. Type of contract: **Contract**Contract description: **Test Security**

5. Purpose of contract:

This is a new contract to provide consulting and design services on test integrity and testing security services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$486,225.00**

Other basis for payment: upon receipt of detailed invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 389.616 Adoption and enforcement of plan for test security by Department; contents of plan; annual submission of plan to State Board and Legislative Committee on Education.

1. The Department shall, by regulation or otherwise, adopt and enforce a plan setting forth procedures to ensure the security of examinations that are administered to pupils pursuant to NRS 389.550 and 389.805 and the college and career readiness assessment administered pursuant to NRS 389.807.

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

As the stakes associated with accountability assessments continue to rise, the department seeks outside expertise in a desire to have a security plan that matches the best practices in the industry nationwide.

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):

Public Consulting Group, Inc.
Caveon, LLC
Wested

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #2093, 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: 08/14/2015 Anticipated re-bid date: 03/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	mmarti19	12/18/2015 10:25:26 AM
Division Approval	mmarti19	12/18/2015 10:25:30 AM
Department Approval	mmarti19	12/18/2015 10:25:34 AM
Contract Manager Approval	ablackwe	12/18/2015 10:33:25 AM
Budget Analyst Approval	kperondi	01/06/2016 09:38:14 AM
BOE Agenda Approval	sbrown	01/15/2016 09:15:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **16866**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	WASHOE COUNTY
Agency Code:	403	Contractor Name:	WASHOE COUNTY
Appropriation Unit:	3158-24	Address:	WASHOE COUNTY SOCIAL SERVICES PO BOX 11130
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89520-0027
If "No" please explain:	Not Applicable	Contact/Phone:	null775/785-8600
		Vendor No.:	T40283400A
		NV Business ID:	Government Entity

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 **07/01/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **Yes**

If "Yes", please explain

This agreement is retroactive due to a delay in negotiations with the County.3. Termination Date: **06/30/2019**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Targeted Case Mgmt**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Medicaid and Nevada Check Up targeted case management and other administrative services to children in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,007,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada Medicaid State Plan Chapter 3.0

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

This work is being done by a State agency

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Washoe County has been engaged under contract by DHCFP for several years and service has been satisfactory

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	10/02/2015 11:45:52 AM
Division Approval	bvale1	12/29/2015 15:49:56 PM
Department Approval	ecreceli	12/31/2015 13:25:25 PM
Contract Manager Approval	aree2	01/04/2016 09:33:09 AM
Budget Analyst Approval	dreynol2	01/05/2016 16:28:41 PM
BOE Agenda Approval	nhovden	01/12/2016 09:54:47 AM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

Richard Whitley
Director

Marta Jensen
Acting Administrator

MEMORANDUM

Date: October 2, 2015
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Washoe County Social Services retroactive contract

DHCFP is seeking approval to enter into a retroactive contract with Washoe County Social Services in the amount of \$2,007,000. This contract provides Title XIX and Title XXI targeted case management to children within Washoe County, in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services.

This contract is retroactive due to negotiations on the contract which delayed completing the contract. It also needs to go through Washoe County's Commission meeting.

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: **16410**Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**Agency Code: **403**Appropriation Unit: **3243-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CLARK COUNTY SOCIAL SERVICES**Contractor Name: **CLARK COUNTY SOCIAL SERVICES**Address: **1600 PINTO LN**City/State/Zip: **LAS VEGAS, NV 89106**Contact/Phone: **null702-455-3283**Vendor No.: **T41189000**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 % County provides non-federal share

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 **02/2016**Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.3. Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **County Match**

5. Purpose of contract:

This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,754,638.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support, and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The county match program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the county match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

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

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has been engaged under contract with DHCFP for several years. Service has been satisfactory.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	12/24/2015 09:52:52 AM
Division Approval	bvale1	12/29/2015 15:49:33 PM
Department Approval	ecreceli	12/31/2015 13:30:27 PM
Contract Manager Approval	aree2	01/04/2016 09:33:22 AM
Budget Analyst Approval	dreynol2	01/05/2016 15:06:19 PM
BOE Agenda Approval	nhovden	01/07/2016 13:31:00 PM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

Richard Whitley
Director

Marta Jensen
Acting Administrator

MEMORANDUM

Date: December 24, 2015
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Clark County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2015. The contract requires a retroactive start date to allow the State to collect revenue from Clark County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

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: **11760**Amendment Number: **15**Agency Name: **HEALTH CARE FINANCING & POLICY**Legal Entity Name: **HP Enterprise Services, LLC**Agency Code: **403**Contractor Name: **HP Enterprise Services, LLC**
Address: **9850 Double R Boulevard Suite 102**Appropriation Unit: **3243-28**Is budget authority available?: **Yes**City/State/Zip: **Reno , NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **Pamela Swiz Pascal 208-371-3229**

Vendor No.:

NV Business ID: **NV19961138570**To what State Fiscal Year(s) will the contract be charged? **2011-2019**

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

X	General Funds	10.00 %	Fees	0.00 %
X	Federal Funds	90.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #1824**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/11/2011**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2016**Contract term: **7 years and 357 days**4. Type of contract: **Contract**Contract description: **MMIS Fiscal Agent**

5. Purpose of contract:

This is the fifteenth amendment to the original contract which provides takeover and operations of the Medicaid Management Information System (MMIS) and to serve as fiscal agent to the division. This amendment extends the termination date from June 30, 2016 to January 1, 2019 and increases the maximum amount from \$187,947,076 to \$232,947,076 due to the modernization of the MMIS systems core.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$176,945,854.17	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$11,001,222.00	\$11,001,222.00	\$11,001,222.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
f. Amendment 6:	\$0.00	\$0.00	\$0.00	No
g. Amendment 7:	\$0.00	\$0.00	\$0.00	No
h. Amendment 8:	\$0.00	\$0.00	\$0.00	No
i. Amendment 9:	\$0.00	\$0.00	\$0.00	No

j. Amendment 10:	\$0.00	\$0.00	\$0.00	No
k. Amendment 11:	\$0.00	\$0.00	\$0.00	No
l. Amendment 12:	\$0.00	\$0.00	\$0.00	No
m. Amendment 13:	\$0.00	\$0.00	\$0.00	No
n. Amendment 14:	\$0.00	\$0.00	\$0.00	No
4. Amount of current amendment (#15):	\$45,000,000.00	\$45,000,000.00	\$45,000,000.00	Yes - Action
5. New maximum contract amount:	\$232,947,076.17			
and/or the termination date of the original contract has changed to:	01/01/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal mandates.

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

The State lacks resources and State employees do not possess expertise and specialized knowledge required to takeover the MMIS system and carry out fiscal agent operations.

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 #: 150702

Approval Date: 07/02/2015

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

This vendor received the highest score in the State approved competitive procurement process.

d. Last bid date: 02/09/2010 Anticipated re-bid date: 07/01/2013

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 contractor has been under contract with DHCFF for several years and service has been satisfactory.

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

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

Not Applicable

14. The contractor is 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	aree2	12/24/2015 08:36:07 AM
Division Approval	bvale1	12/29/2015 16:55:11 PM
Department Approval	ecreceli	01/04/2016 13:57:43 PM
Contract Manager Approval	aree2	01/05/2016 08:44:09 AM
DoIT Approval	bbohbm	01/05/2016 15:04:26 PM
Budget Analyst Approval	dreynol2	01/08/2016 13:27:08 PM
BOE Agenda Approval	nhovden	01/12/2016 10:48:41 AM

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

James R. Wells, CPA
Interim Director

Greg Smith
Administrator

Purchasing Use Only:

Approval#: 150702

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 Health and Human Services, Division of Health Care Financing and Policy	
	Contact Name and Title	Phone Number	Email Address
	Laurie Squartsoff, Division Administrator	(775) 684-3681	laurie.squartsoff@dhcfp.nv.gov
	Sandie Ruybalid, Chief of Information Services	(775) 684-3710	sruybalid@dhcfp.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Hewlett Packard Enterprise Services (HPES)
	Contact Name:	Pamela Swiz Pascal, Account Executive
	Address:	9850 Double R Blvd STE 102, Reno, NV 89521
	Telephone Number:	(775) 335-8530
	Email Address:	Pamela.pascal@hp.com

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

1d	Contract Information:			
	Is this a new Contract?	Yes	No	X
	Amendment:	#15		
	CETS:	#1824		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	July 1, 2016	End Date: January 1, 2019

1f	Funding:	
	State Appropriated:	\$4,500,000.00 (10%)
	Federal Funds:	\$40,500,000.00 (90%)
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$45,000,000.00

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <p>In accordance with recent direction from CMS states are encouraged to take a modular approach to replacement of their legacy MMIS systems and replace components rather than a full system at one time. As CMS approval of the replacement approach is required, DHCFP is proposing to replace the claims processing component of legacy Medicaid Management Information System (MMIS). The purchase of a core claims processing solution compatible with systems and tools already in operation will save the State in replacement costs required if the State were to pursue a full system replacement. Proprietary systems and tools that would be difficult or impossible to integrate with a new vendor's core claims processing solution currently support the MMIS provided by HPES. If the State considered implementation of a new vendor's core claims processing, they would have to issue a solicitation for complete system replacement, which is contrary to the direction CMS is encouraging states to go. This may make it more difficult to secure federal funding for the replacement</p> <p>The scope of work includes:</p> <ul style="list-style-type: none"> • Project Management over the new core MMIS solution (i.e. InterChange). • Requirements validation of core MMIS functionality including interfaces between the core and HPES existing peripherals. Establish requirements traceability matrix including mapping Medicaid Enterprise Certification Toolkit (MECT) checklists. • Gap analysis of requirements against existing InterChange functionality. Plan for addressing gaps in InterChange functionality, if any. Work with DHCFP to prioritize identified gaps. • Configuration of the InterChange system to meet Nevada processing and policy requirements. • Development of interfaces to integrate existing tools / systems with the InterChange system. • Testing of configuration and development of the InterChange system. • Deployment of InterChange system. • Maintenance and operations of the InterChange system, other HPES peripheral systems and tools, and Fiscal Agent services. • Support the State in achieving CMS certification of the Nevada MMIS.
3	<p>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</p> <ul style="list-style-type: none"> • HPES is Uniquely Positioned to Maintain Historical Knowledge and Experience of Nevada's Legacy System. Through a competitive procurement, HPES assumed operations of Nevada's 30+ years old legacy mainframe MMIS in December 2011. Due to financial and schedule constraints a budget-neutral takeover was the only viable option. As part of the takeover, additional automated tools were implemented to augment or improve the processing of Nevada Medicaid transactions. Since the takeover, HPES has enhanced the legacy MMIS and added automated tools to bring the State into compliance with State and federal initiatives. The legacy MMIS claims processing functionality is no longer supported by the original developer and has reached the end of its useful life. Technical Resources including personnel and technology to support the legacy solution are becoming difficult to obtain due to retirement and technology obsolescence. Additional enhancements to maintain compliance or improve processing are increasingly cost prohibitive. • HPES Possesses Direct Experience and Strong Understanding of DHCFP Compliance Activities to Date and Remaining System & Business Constraints. The ongoing maintenance of the legacy MMIS, as a result of the takeover, was meant to be a short-term solution until a full replacement could be planned and implemented. Recently, the healthcare industry including Medicaid has experienced significant change.

These changes resulted in several changes to peripheral systems or interim add-ons to the legacy MMIS in order to become compliant with health care industry and federal initiatives including new versions of healthcare transactions and Affordable Care Act. Over the last three years HPES has gained extensive knowledge of the Nevada Medicaid program and how compliance with recent State and federal initiatives has been achieved or is still lacking due to constraints with the legacy solution. HPES implemented a combination of commercial-off-the-shelf (COTS) and proprietary tools for Pharmacy Benefit Management (PBM), Data Warehouse, business intelligence analytical tools, provider web portal and Prior Authorization and Preadmission Screening and Resident Review (PASSR). These tools have allowed Nevada Medicaid to achieve some process efficiency not available solely with the legacy solution.

- HPES Maximizes the Ability for DHCFP to Leverage Technology Investments. HPES' core claims processing solution presents the best solution that allows the State to keep and leverage the time and dollars spent on peripheral tools. These tools are currently provided by HPES and operate to assist the State to provide benefits to Nevada Medicaid recipients. Replacement of the core claims processing solution by another vendor results in the State having to pay for replacement of some or all peripheral systems or tools that are proprietary to HPES and / or will not work with the new solution.

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

If the State were to release an RFP the small number of system vendors that can potentially provide a core MMIS solution is limited. The MMIS industry is made up of four (4) main solution vendors – HPES, Xerox, Molina, and CNSI. Although other vendors may demonstrate interest in the procurement, these vendors do not have a CMS certified core MMIS solution in the market today. HPES' knowledge of the peripheral tools may also deter vendors from responding to the RFP resulting in limited competition or a failed procurement.

The State can save significant money and time by going directly to the current Fiscal Agent, HPES, whose core MMIS solution provides the best and quickest route to completing the State's original MMIS replacement vision and goals. The State's decision to replace only the legacy MMIS component with the HPES InterChange core MMIS solution and retain existing tools and peripheral systems allows DHCFP to leverage existing resources implemented and paid for by the State since 2011.

4

Competitively procuring a different core MMIS solution poses risks to successful integration with existing tools and peripheral systems. These risks include interruption in services to providers and recipients, difficulty in passing data between systems, and costly upgrades of existing tools and peripheral systems. Implementing another vendor's core solution may require several tools and peripheral systems' replacement resulting in a longer schedule and higher cost. The more systems and tools that have to be upgraded or replaced to meet program needs adds time to the schedule and requires additional cost.

Replacing the full system and Fiscal Agent services will cost the State \$100 to \$150 million based on similar procurement awards in other states. Limiting the project to only replacing the core MMIS component reduces the cost range to about half of the full-replacement cost. The limited scope of the MMIS replacement to just the core MMIS reduces the risk of replacing all components of the MMIS at once and allows the State to continue to use components and tools that effectively support the Nevada Medicaid program.

	Were alternative services or commodities evaluated? Check One.	Yes:	X	No:	
	a. If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.				
	<p>DHCFP used a structured approach to complete the MMIS alternatives analysis conducted in February 2014, and reevaluated the chosen alternative in March 2015. The alternatives analysis process began with market research of available replacement options including scope, schedule, and budget related to each option. The analysis assessed viable alternatives for the Division's decision-makers to consider when selecting an approach to replace Nevada's MMIS. Information about each alternatives analysis exercise is provided below.</p>				
5	<p><u>MMIS Replacement Alternatives Analysis (February 2014)</u></p>				
	<p>The MMIS alternatives were identified based on information resulting from DHCFP's MITA SS-A project (summer 2013) and input received from structured interviews with DHCFP stakeholders. Additionally, Public Knowledge researched other State Medicaid agencies to identify the types of Medicaid claims processing models in practice or being considered for procurement planning. The four (4) MMIS replacement considered by DHCFP were:</p> <ol style="list-style-type: none"> 1. Design, development and implementation of a new MMIS; 2. A Transfer MMIS solution from another state; 3. Implement a medical claims brokering solution; and 4. Engage in a multi state consortium agreement. 				
	<p>After reviewing the advantages and disadvantages and evaluation criteria for each alternative the consensus among DHCFP stakeholders is that a flexible, configurable, and adaptive solution is critically needed. As such, Alternative #2, the transfer MMIS alternative, received the highest score for the seven criteria factors when compared to all other alternatives.</p>				
	<p><u>MMIS Replacement Alternatives Analysis (March 2015)</u></p>				
	<p>To promote continued alignment with the direction of CMS for modular replacement of MMIS components and concerns with full system replacements, the NEMMo project steering committee consulted with the Nevada Department of Health and Human Services (DHHS) leadership to explore and reconsider replacement alternatives based on new information available to the Division. The replacement alternatives identified by DHCFP in the alternatives analysis exercise conducted in March 2015, consider the following concerns that exist in the MMIS procurement marketplace today:</p>				
	<ol style="list-style-type: none"> 1. MMIS projects started in the past 5 – 10 years have been problematic with delayed schedules, operational failures, and increased costs. 2. The problems with MMIS projects appear to be structural and transcend the usual solutions of better project management, longer schedules, or more funding. There are simply too many states chasing too few resources from a handful of companies. In addition, the business of Medicaid has become increasingly complex with more rapid changes in state and federal legislation. 3. Competitive procurements are driving the cost of MMIS replacement up not down. The current price range for a full replacement MMIS including core MMIS, Pharmacy Benefit Management (PBM), Data Warehouse / Business Intelligence (DW/BI), and supporting system is about \$90 – 150 million depending on the scope of work and requirements. Research of other states' MMIS procurements to support the alternatives analysis revealed a trend of increasing costs. 4. CMS has become increasingly vocal in the last 18 months about withholding support for full replacement of MMIS systems and is encouraging states to pursue incremental replacement of components. 				

5. The majority of the components that make up Nevada's Medicaid Enterprise systems were modernized to reach compliance with CMS mandates during the time period of 2011-2014, however the core claims processing engine and other smaller subsystems remain to be modernized. As such, DHCFP has an opportunity to build on its existing relationships and system investments resulting in less turmoil than a complete replacement.

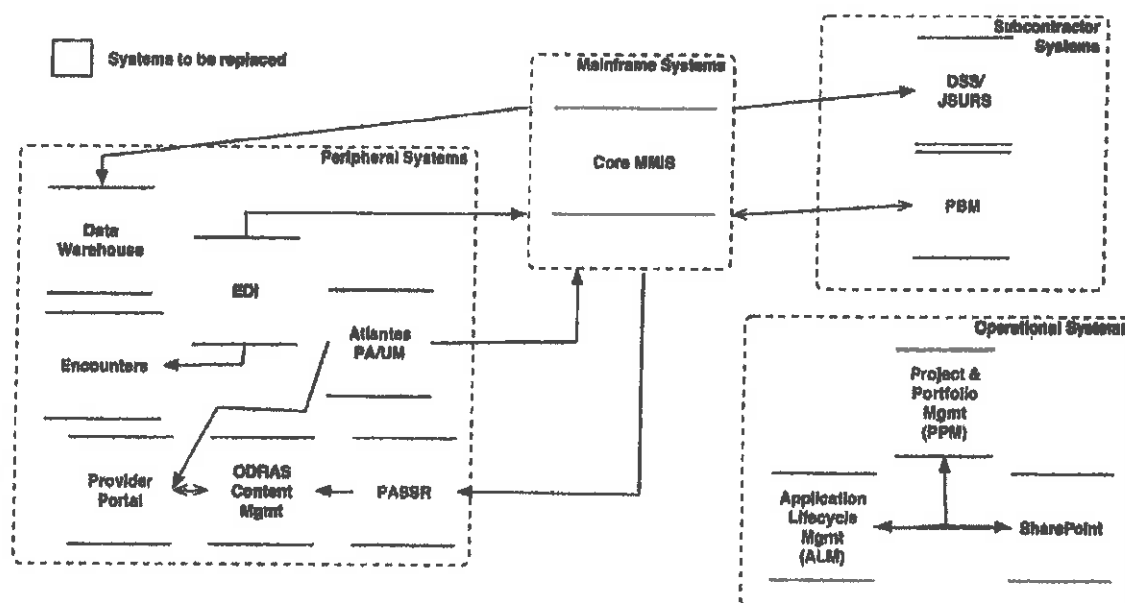
To this end, the two (2) MMIS replacement alternatives considered were:

1. Nevada Enterprise Medicaid Modernization Full MMIS Replacement (selected alternative carried forward from the February 2014 alternatives analysis exercise—'A Transfer MMIS Solution from Another State')
2. Nevada Core MMIS Replacement (a subset of option 1)

Alternative #1: Nevada Enterprise Medicaid Modernization Full MMIS Replacement

The full replacement option consists of three component areas: 1) replacement of Nevada's Medicaid Management Information System (MMIS) and fiscal agent services contract, 2) a data warehouse / business intelligence (DW/BI) solution, and 3) Pharmacy Benefit Management System (PBMS) and all peripheral software and systems. (Figure 1.1 below depicts the scope of the option.) The procurement may result in multiple vendor agreements to satisfy each component area. DHCFP would acquire a transfer MMIS solution from another State and fiscal agent services similar to services currently provided by HPES. This alternative would require customized enhancements to the transfer system based on requirements defined by DHCFP during the requirements review and validation task. When compared to Alternative 2, this alternative appears to be least acceptable from a cost, risk, and schedule perspective.

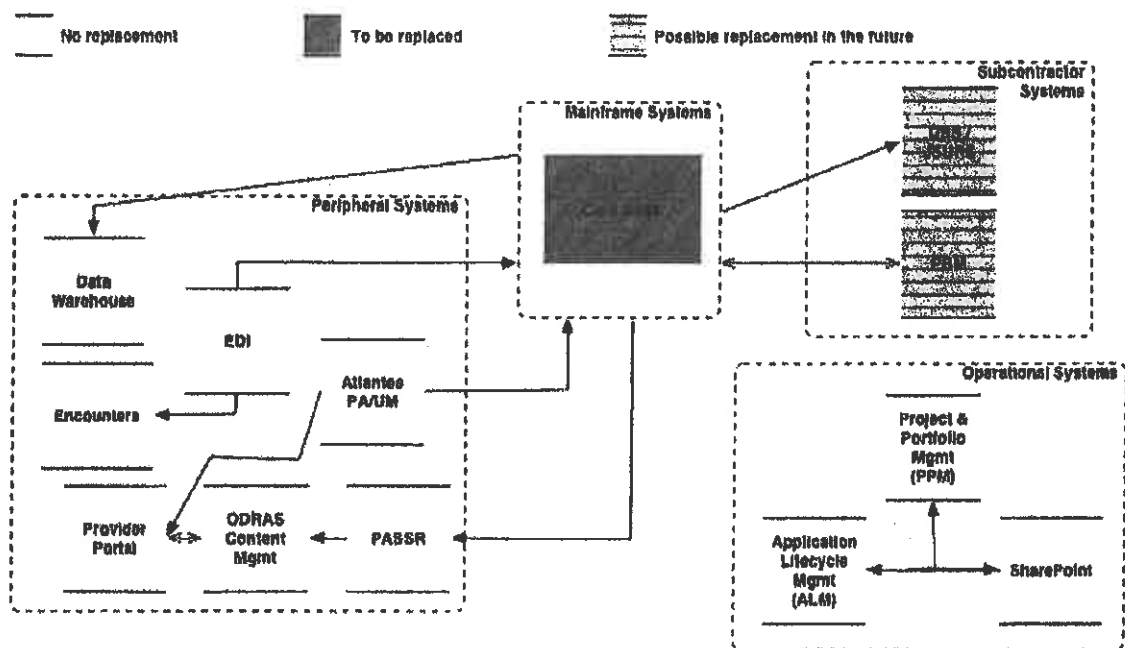
Figure 1.1. Scope of Nevada Enterprise Medicaid Modernization Full MMIS Replacement



Alternative #2: Nevada Core MMIS Replacement (a subset of option 1)

The scope of work for this alternative is a subset of Alternative 1, and would replace Nevada's core claims processing only. (Figure 2.1 below depicts the scope of the option.) Existing components that can be reused such as the peripheral systems (e.g., data warehouse, provider portal) would not be replaced. Many components were replaced in December 2011, or more recently through enhancement projects to achieve compliance with CMS required initiatives. With this scenario, the State can replace additional components as needed, and on an incremental schedule, rather than immediately as part of an all-inclusive implementation. This alternative makes it possible for the Nevada Medicaid program to exercise prudent cost containment strategies during the replacement of the core MMIS. When compared to Alternative 1, the key difference under this alternative is the replacement is limited to just the core MMIS functionality to achieve DHCFF's vision and guiding principles. When compared to Alternative 1, this alternative has the greatest potential for acceptability from a cost and risk perspective, achievability, and value for DHCFF.

Figure 2.1. Scope of Nevada Core MMIS Replacement



After reviewing the advantages and disadvantages and evaluation criteria for each alternative the consensus among DHCFF stakeholders is that Alternative #2, the Nevada Core MMIS Replacement received the highest score for the seven evaluation criteria factors when compared to Alternative #1.

b. *If not, why were alternatives not evaluated?*

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:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description		Type of Procurement (RFP, RFQ, Waiver)	
			\$				
			\$				
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<p>A solicitation waiver provides an opportunity for DHCFP to continue to use tools, systems and a Fiscal Agent to effectively support the Nevada Medicaid program. This may avoid the risks associated with procuring and implementing a core solution that will introduce issues into business and technology processes that currently work correctly.</p> <p>Research conducted with other state Medicaid programs reveals that competitive procurements are driving the cost of MMIS replacements up not down. Based on vendor feedback and State research, the current price range for the design, development and implementation of a replacement core MMIS solution is estimated at about \$60 – \$90 million, depending on vendor interest and extent of customization needed to tailor a vendor's offering to support Nevada's Medicaid program business.</p> <p>A full MMIS system with all peripherals ranges from \$100 - \$150 million. Currently, there are a handful of vendors (four (4) dominant MMIS industry vendors) with similar product offerings, with each vendor offering requiring varying levels of customized enhancements to the core MMIS system. With recent changes in direction at CMS regarding MMIS replacements, DHCFP proposes to bring the core MMIS functionality up to an appropriate level through this process in order to rebid the full MMIS at a later date.</p> <p>The changes at CMS include a preference for incremental replacement of MMIS by components rather than "big bang" approaches, which have proven to be very risky for state operations. These changes have been in the works for some time but became a higher priority in the period between Nevada's first alternatives analysis in February 2014 and its second analysis in March 2015. Hence the decision to bring the remaining component, the core MMIS, up to date, in anticipation of a full replacement, if appropriate, at a future date.</p>

	<p>The potential consequences to the State if the waiver request is denied include but are not limited to the following:</p> <ol style="list-style-type: none"> 1. Increased risk for integration with existing HPES systems and tools. Between 2011 and 2013, DHCFP worked with their current fiscal agent contractor, HPES, to reach compliance with CMS mandates through the implementation of incremental enhancements made to Nevada's MMIS. As such, a competitive procurement resulting in a new fiscal agent contractor would miss a significant opportunity for DHCFP to leverage and continue to build upon: <ul style="list-style-type: none"> o System and infrastructure investments made to date; o HPES' programmatic knowledge of Nevada's Medicaid business and operations; o An improved and stabilized partnership with HPES (since the MMIS fiscal agent services takeover of 2009), including the day-to-day interactions between DHCFP staff and HPES; and o Improvements to DHCFP's contract and vendor management and oversight practices with HPES. <p>This waiver proposes to complete the strategy that was put into place in 2009 -2010 in order to leverage the investment that has already been made to the Medicaid systems.</p> 2. Increased risk to project schedule and cost. MMIS projects started in the past 5 – 10 years have been problematic with delayed schedules, operational failures, and increased costs. A competitive procurement resulting in a new fiscal agent contractor that is unfamiliar with DHCFP's Medicaid program and business processes, internal and external stakeholders, systems, and knowledge of the uniqueness of Nevada's Medicaid program introduces significant risk to DHCFP's project schedule and cost. Additionally, there is a much lower degree of stability and predictability in the offering and approach that a new fiscal agent brings to Nevada Medicaid. 3. Failure to exercise prudent cost containment strategies. At this time, based on the points above and the DHCFP project's guiding principle, to exercise prudent cost containment strategies to meet the needs of the Division, it appears that a competitive procurement is not the most economical use of State and federal funds to replace Nevada's core MMIS.
8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p> <p>DHCFP leadership made an informed decision to seek a solicitation waiver after reviewing the available options for replacing Nevada's MMIS system. The following are key events and activities that led DHCFP leadership to the conclusion that requesting a solicitation waiver for these services is in the State's best interest:</p> <ol style="list-style-type: none"> 1. Documented project guiding principles and the Medicaid enterprise vision for the NEMMo project as established by DHCFP leadership and key stakeholders. 2. Established a project management infrastructure and practices to be used to direct a structured approach to planning activities for the NEMMo project. 3. Conducted best practice research to look at Medicaid claims processing models currently being considered or procured in other states. 4. Conducted a NEMMo vendor fair to gather information about industry vendors both directly and indirectly associated with Medicaid claims processing. 5. Facilitated a structured forum for information exchange between DHCFP and industry vendors to better understand the Medicaid claims processing offerings available on the market today and associated costs.

	<p>6. Obtained information from other States that have recently procured and contracted with other states to understand the trends in project costs and where available, actual costs.</p> <p>7. DHCFP completed a formal Technology Investment Request document to establish and document the Division's business case for a replacement MMIS, which includes detailed project cost estimates.</p> <p>8. DHCFP leadership completed a structured, scored alternatives analysis exercise in February 2014 to compare advantages, disadvantages of MMIS replacement options available to DHCFP and the extent to which they meet the Division's evaluation criteria.</p> <p>9. DHCFP conducted a detailed needs assessment in April – August 2014 to gather and validate MMIS requirements and further refine DHCFP's business needs.</p> <p>10. DHCFP updated their Technology Investment Request document based on additional information resulting from project planning activities.</p> <p>11. DHCFP leadership completed (a second) structured, scored alternatives analysis exercise in March 2015 to compare advantages and disadvantages of MMIS replacement options available to DHCFP and the extent to which they meet the Division's evaluation criteria.</p> <p>12. DHCFP met with DHHS Director's office to convey project progress and decisions made to date by DHCFP leadership with regard to replacing Nevada's core MMIS and solicited input from the Director.</p>
--	--

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

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

Sandie Ruybalid

Agency Representative Initiating Request

Sandie Ruybalid, Chief of Information Services
Print Name of Agency Representative Initiating Request

7/1/2015
Date

Laurie Squartsoff
Signature of Agency Head Authorizing Request

Laurie Squartsoff, Administrator
Print Name of Agency Head Authorizing Request

7/1/2015
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

Aug Smith
Administrator, Purchasing Division or Designee

7.2.15
Date



Purchasing Use Only:	
Approval #:	120

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:	Division of Health Care Financing and Policy		
	Contact Name(s) and Titles:	Sandie Ruybalid, Chief of Information Services		
	Telephone Number(s):	775-684-3710		
	Email Address(s):	sruybalid@dhcfp.nv.gov		

2	Contractor Information:			
	Contractor:	Hewlett Packard Enterprise		
	Contact Name:	Pamela Swiz Pascal		
	Address:	9850 Double R Blvd, STE 102, Reno NV 89521		
	Phone Number:	208-371-3229		
	Email Address:	Pamela.pascal@hpe.com		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	RFP			
	CETS #:	11760			
	Contract “not to exceed amount”:	\$187,947,076.17			
	Contract term:	Start date: mm/dd/yy	01/11/11	End date: mm/dd/yy	06/30/16

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:	1824		
	Quote, solicitation # if applicable:			
	Waiver, provide number:	150702		
	Other:			

5	Current contract information:				
	CETS #:	11760			
	Initial contract “not to exceed amount”:	\$176,945,854.17			
	Contract term:	Start date: mm/dd/yy	01/11/11	End date: mm/dd/yy	06/30/16

Amendment information – List all previously approved amendments:			
Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
6	1	Extend the timeline of the 5010/ICD-10 project only. Increase authority to complete the 5010/ICD-10 project	\$11,001,222.00 none

Proposed amendment information:			
Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
7	15	Extend the term of the contract to accommodate the MMIS modernization approved in the TIR, increase authority to complete the modernization project, and update scope to include modernization	\$45,000,000.00 01/01/19

What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):	
8	The purchase of a core claims processing solution compatible with systems and tools already in operation will save the State in replacement costs required if the State were to pursue a full system replacement. Proprietary systems and tools that would be difficult or impossible to integrate with a new vendor’s core claims processing solution currently support the MMIS provided by HPES. If the State considered implementation of a new vendor’s core claims processing, they would have to issue a solicitation for complete system replacement, which is contrary to the direction CMS is encouraging states to go. This may make it more difficult to secure federal funding for the replacement. A solicitation waiver justification and request form was approved by Purchasing (#150702) on July 2, 2015.

What are the potential consequences to the State if the contract extension request is denied?	
9	<p>1. Increased risk for integration with existing HPES systems and tools. Between 2011 and 2013, DHCFP worked with their current fiscal agent contractor, HPES, to reach compliance with CMS mandates through the implementation of incremental enhancements made to Nevada’s MMIS. As such, a competitive procurement resulting in a new fiscal agent contractor would miss a significant opportunity for DHCFP to leverage and continue to build upon system and infrastructure investments made to date; HPES’ programmatic knowledge of Nevada’s Medicaid business and operations; An improved and stabilized partnership with HPES (since the MMIS fiscal agent services takeover of 2009), including the day-to-day interactions between DHCFP staff and HPES; and Improvements to DHCFP’s contract and vendor management and oversight practices with HPES.</p> <p>2. Increased risk to project schedule and cost. MMIS projects started in the past 5-10 years have been problematic with delayed schedules, operational failures, and increased costs. A competitive procurement resulting in a new fiscal agent contractor that is unfamiliar with DHCFP’s Medicaid program and business processes, internal and external stakeholder systems, and knowledge of the uniqueness of Nevada’s Medicaid program introduces significant risk to DHCFP’s project schedule and cost. Additionally, there is a much lower degree of stability and predictability in the offering and approach that a new fiscal agent brings to Nevada Medicaid.</p>

3. Failure to exercise prudent cost containment strategies. At this time, based on the points above and the DHCFP project's guiding principle, to exercise prudent cost containment is not the most economical use of State and Federal funds to replace Nevada's core MMIS.

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.



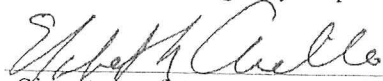
Signature of Agency Representative Initiating Request

Sandie Ruybalid, Chief of Information Services

Print Name of Agency Representative Initiating Request

11/9/2015

Date



Signature of Agency Head Authorizing Request

Elizabeth Aiello, Deputy Administrator for Marta Jensen, Acting Administrator

Print Name of Agency Head Authorizing Request

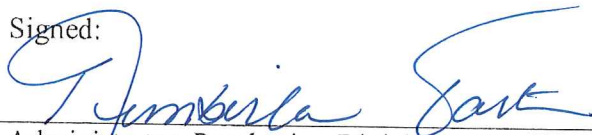
11/9/15

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

11/23/15

Date

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: **17367**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Washoe County
Agency Code:	403	Contractor Name:	Washoe County
Appropriation Unit:	3243-00	Address:	PO BOX 11130
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89520
If "No" please explain:	Not Applicable	Contact/Phone:	null775-328-2769
		Vendor No.:	
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2016-2017		

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % County provides non-federal share

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 02/2016

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.3. Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **Revenue Contract**Contract description: **County Match**

5. Purpose of contract:

This is a new interlocal revenue agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs when the indigent is Medicaid eligible.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,730,430.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support, and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The county match program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the county match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has been engaged under contract with DHCFP for several years. Service has been satisfactory.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	12/30/2015 12:50:11 PM
Division Approval	bvale1	12/30/2015 15:34:12 PM
Department Approval	ecreceli	01/04/2016 14:03:29 PM
Contract Manager Approval	aree2	01/05/2016 08:43:29 AM
Budget Analyst Approval	dreynol2	01/08/2016 10:54:29 AM
BOE Agenda Approval	nhovden	01/12/2016 09:45:17 AM
BOE Final Approval	Pending	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 E. William Street, Suite 101
Carson City, Nevada 89701
(775) 684-3600

Richard Whitley
Director

Marta Jensen
Acting Administrator

MEMORANDUM

Date: December 30, 2015
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Washoe County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2015. The contract requires a retroactive start date to allow the State to collect revenue from Washoe County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

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: **17345**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	CENTRAL RECOVERY TREATMENT, LLC
Agency Code:	406	Contractor Name:	CENTRAL RECOVERY TREATMENT, LLC
Appropriation Unit:	3161-20	Address:	DBA LAS VEGAS RECOVERY CENTER
Is budget authority available?:	Yes		3371 N BUFFALO DR, SUITE 150
If "No" please explain:	Not Applicable	City/State/Zip	LAS VEGAS, NV 89129-6283
		Contact/Phone:	null702/515-1374
		Vendor No.:	T27006781A
		NV Business ID:	NV20031052683

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 %

Agency Reference #: C15285

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 02/2016

Retroactive? **Yes**

If "Yes", please explain

Several months of unexpected and lengthy budget and scope of work negotiations with Central Recovery necessitated the need for a retroactive start date. It was imperative that this program continue to provide services so clients could continue to receive needed treatment and housing.

3. Termination Date: **09/30/2017**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Housing & Treatment**

5. Purpose of contract:

This is a new contract that continues ongoing housing services at an off-site apartment style housing complex to create a community environment and to conduct training in daily living skills and provide outpatient treatment and supervision of adults diagnosed with serious mental illness and substance abuse.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$826,000.00**

Other basis for payment: As invoiced by the vendor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.334, the Division is authorized to contract with other institutions for care of consumers with mental illness and related conditions, such as those with co-occurring disorders (diagnosed with mental health and substance abuse issues) and requiring residential treatment services.

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

Currently the agency does not have the necessary facilities or FTE staff with training, time and expertise to provide these specialized co-occurring disorder treatment 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):

Wellness, Redemption & Rehabilitation Program
Central Recovery Treatment LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3000, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. Only two vendors submitted bids during the RFP process.

d. Last bid date: 08/12/2012 Anticipated re-bid date: 08/12/2016

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	chadwic1	12/30/2015 10:37:38 AM
Division Approval	chadwic1	12/30/2015 10:37:41 AM
Department Approval	ecreceli	12/31/2015 14:11:21 PM
Contract Manager Approval	rfine	01/04/2016 15:35:28 PM
Budget Analyst Approval	nhovden	01/15/2016 10:09:33 AM
BOE Agenda Approval	nhovden	01/15/2016 10:09:36 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

STATE OF NEVADA



CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

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

4150 Technology Way, Suite 300

Carson City, NV 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

December 9, 2015

MEMORANDUM

TO: Katrina Neilsen
*Budget Analyst
Budget Division*

THROUGH: *fw* Mark Winebarger *ad*
*Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: Ellen Richardson-Adams
*Clinical Program Manager III
Southern Nevada Adult Mental Health Services*

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT C15285 (CETS # 17345)

The purpose of this contract is to continue psychiatric housing services for clients of Southern Nevada Adult Mental Health Services who have dual diagnoses. This program assists in providing training in daily living skills and treatment services to adults with serious mental illness and substance abuse.

We therefore request that this contract be accepted with a retroactive start date of October 1, 2015. Several months of unexpected and lengthy budget and scope of work negotiations with Central Recovery has necessitated the need for a retroactive start date. It was imperative that this program continue to provide services so clients could continue to receive needed treatment and housing.

Thank you for your consideration in this matter.

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17344**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	QUALITY MEDICAL IMAGING OF NEVADA, LLC
Agency Code:	406	Contractor Name:	QUALITY MEDICAL IMAGING OF NEVADA, LLC
Appropriation Unit:	3161-08	Address:	LLC
Is budget authority available?:	Yes	City/State/Zip	2490 PROFESSIONAL CT STE 110 LAS VEGAS, NV 89128-0835
If "No" please explain:	Not Applicable	Contact/Phone:	null702-839-1133
		Vendor No.:	T29033321
		NV Business ID:	NV20011052601
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.

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 #: C15286

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 02/2016

Retroactive? **Yes**

If "Yes", please explain

A mathematical computation error required us to rewrite and resend the contract to the vendor for signature delaying its renewal. X-ray services were continued to patients for patient and staff safety and so appropriate levels of medical care to the patients continued uninterrupted.

3. Termination Date: **09/30/2017**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Portable x-ray srvcs**

5. Purpose of contract:

This is a new contract that continues ongoing portable x-ray services for patients who have tested positive to the skin test for tuberculosis and for any patient emergencies or injuries requiring x-ray services while in inpatient or forensic hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Payment for services will be made at the rate of \$75.00 per x-ray

Other basis for payment: additional \$25 for after hours, STAT or dry-run

II. JUSTIFICATION

7. What conditions require that this work be done?

Inpatients and outpatients who have tested positive to PPD skin test and are eligible for placement in a group home facility must have a chest x-ray to show patient is free from tuberculosis/infectious disease prior to treatment or placement. X-rays must also be completed at the Rawson Neal Psychiatric Hospital and Stein Forensic Hospital for any and all patient emergencies and injuries requiring x-ray services.

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

The agency does not have the equipment or personnel with the expertise to perform these services.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

Diagnostic Laboratories & Radiology
Mantro Mobile Imaging
Quality Medical Imaging of Nevada LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3054, 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: 04/13/2013 Anticipated re-bid date: 04/15/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

10/2013 to present with Southern Nevada Adult Mental Health Services. 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)?

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	12/22/2015 11:09:32 AM
Division Approval	rmorse	12/22/2015 11:09:35 AM
Department Approval	ecreceli	12/28/2015 16:09:04 PM
Contract Manager Approval	rfine	12/29/2015 15:20:57 PM
Budget Analyst Approval	nhovden	01/07/2016 15:09:48 PM
BOE Agenda Approval	nhovden	01/07/2016 15:09:52 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

STATE OF NEVADA



CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

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


4150 Technology Way, Suite 300
Carson City, NV 89706
Telephone: (775) 684-4200 • Fax: (775) 684-4211

December 8, 2015

MEMORANDUM

TO: Katrina Neilsen
*Budget Analyst
Budget Division*

THROUGH: ~~for~~ Mark Winebarger *ah*
*Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: Ellen Richardson-Adams 
*Outpatient Administrator
Southern Nevada Adult Mental Health Services*

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT C15286 – (CETS #17344)

The purpose of this contract is to provide ongoing portable x-ray services for patients who have tested positive to the PPD skin test for tuberculosis and for inpatient emergencies and injuries requiring x-ray services.

We therefore request that this contract be accepted with a retroactive start date of October 1, 2015. A mathematical computation error required us to rewrite and resend the contract to the vendor for signature delaying its renewal. X-ray services were continued to patients for patient and staff safety and so appropriate levels of medical care to the patients continued uninterrupted.

Thank you for your consideration in this matter.

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17348**Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3162-08**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS-UNIVERSITY OF NEVADA SCHOOL OF MEDICINE**Contractor Name: **BOARD OF REGENTS-UNIVERSITY OF NEVADA SCHOOL OF MEDICINE**Address: **UNR CONTROLLERS OFFICE
MAIL STOP 0124**City/State/Zip: **RENO, NV 89557-0124**Contact/Phone: **GAIL SMITH 775-784-6003**Vendor No.: **D35000816**NV Business ID: **NV19981273600**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 **07/01/2015**

Anticipated BOE meeting date 02/2016

Retroactive? **Yes**

If "Yes", please explain

Several weeks of ongoing negotiations with the School of Medicine and a staffing shortage at the School of Medicine necessitated the need for a retroactive start date. Due to a shortage of psychiatric staffing it was imperative that 24 hour psychiatric care to the Northern Nevada Adult Mental Health Services Hospital continues uninterrupted.

3. Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Service Contract**

5. Purpose of contract:

This is new contract that continues ongoing psychiatric services outside regular operating hours. This contract provides a valuable training program for residents and enables services such as on-call, Rapid Stabilization Unit, high risk rounds and psychiatric evaluations to be performed on a 24 hour basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$600,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency operates inpatient/outpatient programs requiring the services of psychiatrists. Pursuant to NRS 433.344 and NRS 436.123, when vacancies occur in the medical staff, contract psychiatrist are needed for adequate coverage.

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

Staff psychiatrists typically perform these functions. When vacancies occur, adequate coverage is required by the Joint Commission. In addition, the function provides valuable

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 Division is authorized to contract with other governmental entities for the provision of services.

This contract has no indirect costs.

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:

2005 to present NNAMHS/SNAMHS - Satisfactory

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	12/22/2015 13:44:59 PM
Division Approval	alaw1	12/22/2015 13:45:02 PM
Department Approval	ecreceli	12/31/2015 13:43:56 PM
Contract Manager Approval	shoughta	01/04/2016 15:58:33 PM
Budget Analyst Approval	nhovden	01/12/2016 10:39:30 AM
BOE Agenda Approval	nhovden	01/12/2016 10:39:35 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

STATE OF NEVADA



CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

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

4150 Technology Way, Suite 300
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Telephone: (775) 684-4200 · Fax: (775) 684-4211

December 18, 2015

MEMORANDUM

TO: *Nikki Hovden
Budget Analyst
Budget Division*

THROUGH: *for Mark Winebarger ok
Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: *Tom Durante
Interim Agency Director
Northern Nevada Adult Mental Health Services*

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Board of Regents, UNR, UNSOM Moonlighting, CETS # 17348**

Several weeks of ongoing negotiations with the School of Medicine and a staffing shortage at the School of Medicine, Contract Department, necessitated the need for a retroactive start date. Due to a shortage of psychiatric staffing was imperative that psychiatric residency training and services to the Northern Nevada Adult Mental Health Services Hospital and its consumers continued uninterrupted.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2015.

The agency will strive to allow more time for negotiations and unforeseen delays with future projects.

Thank you for your consideration in this matter.

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14329** Amendment Number: **2**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **PUBLIC CONSULTING GROUP, INC.**

Agency Code: **406** Contractor Name: **PUBLIC CONSULTING GROUP, INC.**

Appropriation Unit: **3168-15** Address: **148 STATE ST**

Is budget authority available?: **Yes** City/State/Zip: **BOSTON, MA 02109**

If "No" please explain: Not Applicable Contact/Phone: **AMY FERRARO 617-426-2026**

Vendor No.: **T32000898**

NV Business ID: **NV20021466314**

To what State Fiscal Year(s) will the contract be charged? **2013-2017**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2013**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2017**

Termination Date:

Contract term: **4 years and 20 days**4. Type of contract: **Contract**Contract description: **Cost Allocation**

5. Purpose of contract:

This is the second amendment to the original contract which provides cost allocation development, maintenance, support and reporting services for the division. This amendment decreases the maximum amount from \$311,250 to \$254,942 due to the reduced need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,900.00	\$0.00	\$49,900.00	Yes - Info
a. Amendment 1:	\$261,350.00	\$261,350.00	\$311,250.00	Yes - Action
4. Amount of current amendment (#2):	-\$56,308.00	-\$56,308.00	-\$56,308.00	Yes - Action
5. New maximum contract amount:	\$254,942.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Centers for Medicare and Medicaid Services' requirements. The Division of Mental Health and Developmental Services requires assistance to maximize federal revenues while complying with all federal regulations. This includes assistance with rate setting, complying with requirements for certified public expenditures, and changing maintenance of the new targeted case management State Plan amendment that affects billing.

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

The work requires individuals with a high level of expertise in federal cost allocation requirements and awareness of best practices for compliance while maximizing federal revenues, and the Division of Mental Health and Developmental Services does not have the level of expertise required. Centers for Medicare & Medicaid Services' requirements are becoming increasingly stringent, and failure to complete this work correctly and within required timeframes could seriously jeopardize federal funding.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor's proposal was rated the highest by the evaluation committee.

d. Last bid date: 03/29/2013 Anticipated re-bid date: 03/01/2017

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:

Provided services to the division from July 01, 2011 to present, vendor has performed satisfactorily.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	12/18/2015 11:16:47 AM
Division Approval	alaw1	12/18/2015 11:16:49 AM
Department Approval	ecreceli	12/28/2015 16:22:52 PM
Contract Manager Approval	rmorse	12/29/2015 15:21:58 PM
Budget Analyst Approval	nhovden	01/07/2016 14:38:25 PM
BOE Agenda Approval	nhovden	01/07/2016 14:38:35 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: **15618** Amendment Number: **2**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **SUNRISE CHILDREN'S FOUNDATION**

Agency Code: **406** Contractor Name: **SUNRISE CHILDREN'S FOUNDATION**

Appropriation Unit: **3222-18** Address: **2795 E DESERT INN RD STE 100**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89121-3635**

If "No" please explain: Not Applicable Contact/Phone: null702/731-8373

Vendor No.: T80978244

NV Business ID: NV19931063050

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 14421

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/12/2014**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2017**Contract term: **3 years and 111 days**4. Type of contract: **Contract**Contract description: **Home Visiting Svcs**

5. Purpose of contract:

This is the second amendment to the original contract which provides evidence-based home visiting services into rural at-risk communities based on the Nurse Family Partnership Model Overview, which targets low income families with pregnant women and children up to two years old, to promote maternal, infant and early childhood health and safety as well as develop strong parent-child relationships. This amendment increases the maximum amount from \$955,695 to \$1,248,276 due to the addition of 25 enrollees in Nye County.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$294,060.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$661,635.00	\$661,635.00	\$661,635.00	Yes - Action
4. Amount of current amendment (#2):	\$292,581.00	\$292,581.00	\$292,581.00	Yes - Action
5. New maximum contract amount:	\$1,248,276.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal Grant mandates the promotion of maternal, infant and early childhood health and safety as well as building up on existing State infrastructure with regard to existing home visiting programs currently being conducted throughout the State

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

The State does not have the resources and expertise to perform this function

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

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

Sunrise Children's Foundation
Healthy Communities Coalition
Head Start of Northeastern Nevada

b. Solicitation Waiver: **Not Applicable**

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

This vendor was not chosen in preference to others. All vendors solicited received a contract.

d. Last bid date: 03/01/2014 Anticipated re-bid date: 03/15/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Nevada DPBH; Nevada Home Visiting; 2012-Present; Satisfactory

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

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

Not Applicable

14. The contractor is 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	chadwic1	12/30/2015 10:42:53 AM
Division Approval	chadwic1	12/30/2015 10:43:00 AM
Department Approval	ecreceli	12/31/2015 14:02:20 PM
Contract Manager Approval	rmorse	01/04/2016 15:30:06 PM
Budget Analyst Approval	knielsen	01/13/2016 17:00:11 PM
BOE Agenda Approval	nhovden	01/14/2016 09:11:17 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **15707**Amendment
Number: **1**Agency Name: **DEPARTMENT OF CORRECTIONS**Legal Entity
Name: **CenturyLink Public Communications, Inc.**Agency Code: **440**Contractor Name: **CenturyLink Public Communications, Inc.**Appropriation Unit: **3708-00**Address: **5454 West 110th Street**Is budget authority
available?: **Yes**City/State/Zip: **Overland Park, KS 66211**

If "No" please explain: Not Applicable

Contact/Phone: **Paul N. Cooper, Gen Mgr & Asst
Secretary 913/345-6002**Vendor No.: **T270119795**NV Business ID: **NV19971285398**To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue Contract

Agency Reference #: **RFP 3073**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **08/01/2014**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **07/31/2018**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Inmate Phone Service**

5. Purpose of contract:

This is the first amendment to the original contract which continues ongoing telephone services for incarcerated offenders. This amendment decreases the maximum amount from \$16,000,000 to \$13,000,000 to comply with the Federal Communications Commission order for rate caps.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$16,000,000.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	-\$3,000,000.00	-\$3,000,000.00	-\$3,000,000.00	Yes - Action
5. New maximum contract amount:	\$13,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department must provide inmates with access to telephones. The Federal Communications Commission implemented rate caps from 74.2% to 64.3% effective March 17, 2016.

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

Historically, the Nevada Department of Corrections (NDOC) has outsourced the inmate telephone services to a vendor with the technical expertise and/or equipment necessary to provide this service. NDOC and other agencies within the State of Nevada do not have the technology to provide the telephone security required by the NDOC Inspector General.

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):

CenturyLink Public Communications, Inc.
Global Tel Link
Securus Technologies, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3073, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/29/2014 Anticipated re-bid date: 12/29/2017

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:

FY11 to current with Nevada Department of Corrections. Service is satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	12/31/2015 09:26:57 AM
Division Approval	dmartine	12/31/2015 09:35:30 AM
Department Approval	jborrowm	01/04/2016 11:22:21 AM
Contract Manager Approval	jhardy	01/04/2016 16:02:32 PM
Budget Analyst Approval	cmurph3	01/11/2016 13:40:56 PM
BOE Agenda Approval	pnicks	01/12/2016 08:38:47 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: **12639** Amendment Number: **4**

Agency Name: **ENVIRONMENTAL PROTECTION** Legal Entity Name: **Windsor Solutions, Inc.**

Agency Code: **709** Contractor Name: **Windsor Solutions, Inc.**

Appropriation Unit: **3187-60** Address: **4386 SW Macadam Ave, Suite 101**

Is budget authority available?: **No** City/State/Zip: **Portland, OR 97239**

If "No" please explain: Pending IFC approval of Work Program Contact/Phone: **Simon Watson 503-675-7833**

Vendor No.: **T27010424**

NV Business ID: **NV201111356993**

To what State Fiscal Year(s) will the contract be charged? **2012-2017**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Water Pollution Permit Fees

Agency Reference #: **RFP #2011 DEP#12-009**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/11/2011**

Anticipated BOE meeting date **01/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2016**Contract term: **5 years and 82 days**4. Type of contract: **Contract**Contract description: **Technical Support**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides technical support for the National Environmental Exchange Network and improvements to the overall stability and user experience of the existing database. This amendment extends the termination date from September 30, 2016 to December 31, 2016 and increases the maximum amount from \$1,012,000 to \$1,376,398 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:	\$300,000.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
b. Amendment 2:	\$175,000.00	\$175,000.00	\$175,000.00	Yes - Action
c. Amendment 3:	\$337,000.00	\$337,000.00	\$337,000.00	Yes - Action
4. Amount of current amendment (#4):	\$364,398.00	\$364,398.00	\$364,398.00	Yes - Action
5. New maximum contract amount:	\$1,376,398.00			
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?

The Exchange network is the means by which States can share data with USEPA and other partners. USEPA has provided grant funds to enable the State to participate. This contract provides technical support to enable on-going development of data exchanges with USEPA.

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

The Division has a limited IT staff and the skills needed are very specialized.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor received the highest score in a competitive procurement process

d. Last bid date: 07/18/2011 Anticipated re-bid date: 05/01/2015

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:

NDEP had a contract with the vendor for the following periods:

3/05 - 01/10
06/06 - 12/07
05/10 - 06/11

The vendor's work was excellent.

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

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

Budget Account Approval

User

randrews

Signature Date

12/08/2015 11:41:53 AM

Division Approval	abasham	12/08/2015 12:00:23 PM
Department Approval	abasham	12/08/2015 12:00:27 PM
Contract Manager Approval	abasham	12/08/2015 12:00:32 PM
DoIT Approval	csweeney	12/14/2015 08:49:17 AM
Budget Analyst Approval	sbarkdul	01/04/2016 08:37:08 AM
BOE Agenda Approval	sewart	01/04/2016 10:19:17 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17303**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3193-09**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Sierra Nevada Journeys**Contractor Name: **Sierra Nevada Journeys**Address: **190 E Liberty St**City/State/Zip: **Reno, NV 89501-2209**Contact/Phone: **Fayth Ross, Dept. Director 775-355-1688**Vendor No.: **T29015313**NV Business ID: **NV2006180775**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 #: **DEP 16-023**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/30/2016**Contract term: **333 days**4. Type of contract: **Contract**Contract description: **Watershed Education**

5. Purpose of contract:

This is a new contract to provide environmental education programs to 2,500 students and 92 educators in Northern Nevada with emphasis on natural resources stewardship and water quality protection. Students will explore their local watersheds, learn about preventing non-point source pollution, erosion control, riparian habitats and conduct water quality monitoring through a combination of indoor classes and outdoor field experiences.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$73,660.00****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):

Southern Nevada Water Authority
Tahoe Fund
Carson Water Subconservancy District

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:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2007- Present - Nevada Division of Environmental Protection, Bureau of Water Quality Planning. Service 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:

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	12/04/2015 08:27:23 AM
Division Approval	ssimpso2	12/18/2015 07:14:59 AM
Department Approval	ssimpso2	12/18/2015 07:15:02 AM
Contract Manager Approval	ssimpso2	12/18/2015 07:15:05 AM
Budget Analyst Approval	sbarkdul	12/22/2015 09:49:03 AM
BOE Agenda Approval	sewart	12/23/2015 07:26:08 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17334**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Agency Code: **709**Appropriation Unit: **3197-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CALIFORNIA NEVADA SECTION, AMERICAN WATER WORKS ASSOC.**Contractor Name: **CALIFORNIA NEVADA SECTION, AMERICAN WATER WORKS ASSOC.**Address: **10435 ASHFORD ST**City/State/Zip: **RANCHO CUCAMONGA, CA 91730-3058**Contact/Phone: **Steven Garner 909/291-2114**Vendor No.: **T80939112**NV Business ID: **NV200001177551**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 %

Agency Reference #: **RFP 16-006 DEP 16-024**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **3 years and 149 days**4. Type of contract: **Contract**Contract description: **Certification Exams**

5. Purpose of contract:

This is a new contract that continues ongoing services to assist the division with proctoring operator certification exams statewide. Operators of certain water systems are required to be certified by state law.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

Payment for services will be made at the rate of \$40.00 per exam

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.875 requires operators of public water systems to be certified to operate the water system and to obtain certification from the NDEP.

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

Exams are administered in numerous locations, concurrently and statewide, three times a year. The Bureau of Safe Drinking Water does not currently have the personnel resources available 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):

b. Solicitation Waiver: **Not Applicable**

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

As per NRS 333.335 - evaluation committee was formed and vendor was chosen per Nevada Purchasing Evaluation Guidelines

d. Last bid date: 05/17/2011 Anticipated re-bid date: 01/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has provided this service to Nevada Division of Environmental Protection, Bureau of Safe Drinking Water from 2006 to current. The service has been satisfactory.

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

16. Not Applicable

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	12/24/2015 09:24:10 AM
Division Approval	abasham	12/28/2015 11:45:01 AM
Department Approval	abasham	12/28/2015 11:45:10 AM
Contract Manager Approval	sneudaue	01/05/2016 07:50:36 AM
Budget Analyst Approval	sbarkdul	01/07/2016 09:48:41 AM
BOE Agenda Approval	sewart	01/11/2016 08:21:16 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15215** Amendment Number: **1**

Legal Entity Name: **QLESS, INC.**

Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Contractor Name: **QLESS, INC.**

Agency Code: **810** Address: **840 E GREEN ST STE 301**

Appropriation Unit: **4735-04** City/State/Zip: **PASADENA, CA 91101-5432**

Is budget authority available?: **Yes** Contact/Phone: **Michael Soderlund 303/549-2953**

If "No" please explain: **Not Applicable** Vendor No.: **T32002667**

NV Business ID: **NV20121310911**

To what State Fiscal Year(s) will the contract be charged? **2014-2019**

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 **01/14/2014**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2018**

Termination Date:

Contract term: **4 years and 352 days**4. Type of contract: **Contract**Contract description: **Customer Queue Syst**

5. Purpose of contract:

This is the first amendment to the original contract which provides a customer queue system for twelve department field offices in the State of Nevada. This amendment increases the maximum amount from \$520,348 to \$807,492 due to the need for additional services required to accommodate our customers and the ongoing costs associated with these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$520,348.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	\$287,144.01	\$287,144.01	\$287,144.01	Yes - Action
5. New maximum contract amount:	\$807,492.01			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department through its main Carson City office and 17 feild offices throughout the state, serves apoproximately 1.8 million customers every year. In order to effectively manage this population flow and deliver services, and reduce wait times to acceptable levels, DMV requires a customer queing system to be in place that will allow us to see our customers in the shortest amount of time, ensure they receive the services they need and make the best use of our staffing resources to complete transactions.

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

The State does not have the staffing capacity, technical expertise or resources to fullfull this work.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3090, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/09/2013 Anticipated re-bid date: 10/09/2018

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?

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	bvezina	01/07/2016 11:06:40 AM
Division Approval	bvezina	01/07/2016 11:06:50 AM
Department Approval	akeillor	01/11/2016 12:03:28 PM
Contract Manager Approval	hazevedo	01/11/2016 12:24:24 PM
DoIT Approval	bbohm	01/14/2016 07:51:08 AM
Budget Analyst Approval	pnicks	01/15/2016 09:27:03 AM
BOE Agenda Approval	pnicks	01/15/2016 09:27:08 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17312**

Agency Name:	DETR - REHABILITATION DIVISION	Legal Entity Name:	PARATRANSIT, INC., DBA DESTINATIONS MOBILITY
Agency Code:	901	Contractor Name:	PARATRANSIT, INC., DBA DESTINATIONS MOBILITY
Appropriation Unit:	3265-09	Address:	2501 FLORIN RD
Is budget authority available?:	Yes	City/State/Zip	SACRAMENTO, CA 95822-4404
If "No" please explain:	Not Applicable	Contact/Phone:	null916/429-2009
		Vendor No.:	T27033032
		NV Business ID:	NV20141713357
To what State Fiscal Year(s) will the contract be charged?	2016-2019		

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

X	General Funds	21.30 %	Fees	0.00 %
X	Federal Funds	78.70 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 2002-19-REHAB

2. Contract start date:

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

Anticipated BOE meeting date 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2018**Contract term: **2 years and 242 days**4. Type of contract: **Contract**Contract description: **N. NV Vehicle Mods**

5. Purpose of contract:

This is a new contract that provides ongoing services of modifying and converting new and used vehicles for Vocational Rehabilitation clients. Modifications/conversions include: structural vehicle modifications; installation of mobility equipment and devices including customized and advanced adaptive driving equipment and controls; installation of high tech driving systems; adjustments to fit required equipment to specific needs; and equipment repair services as needed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$225,000.00**

Other basis for payment: per: Other basis for payment (if above not applicable): Due to the nature and extent of work varying for each vehicle, contractor will be requested to submit cost quotes prior to each vehicle modification.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Rehabilitation Act of 1973 as amended (section 7(30) and 29 U.S.C. 705 (30)), 34 CFR Part 361, The Americans With Disabilities Act as amended, The Workforce Investment Act of 1998 as amended (Section 188), 29 CFR Part 37, Title VI and VII of the Civil Rights Act of 1964 as amended.

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?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3111RA, the selected vendor was deemed qualified as determined by independent evaluation.

d. Last bid date: 05/21/2004 Anticipated re-bid date: 05/21/2018

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 performing satisfactory service since December 2014 for the Department of Employment, Training and Rehabilitation.

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

No If "Yes", please provide details of the litigation 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	vleigh	12/14/2015 15:16:15 PM
Division Approval	shendren	12/17/2015 08:29:19 AM
Department Approval	mcost1	12/18/2015 11:08:00 AM
Contract Manager Approval	kwynands	01/11/2016 09:24:29 AM
Budget Analyst Approval	tgreenam	01/11/2016 09:36:34 AM
BOE Agenda Approval	sbrown	01/15/2016 08:45:12 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17364**

Agency Name:	DETR - EMPLOYMENT SECURITY DIVISION	Legal Entity Name:	BOARD OF REGENTS-SYSTEM ADMINISTRATION
Agency Code:	902	Contractor Name:	BOARD OF REGENTS-SYSTEM ADMINISTRATION
Appropriation Unit:	4770-12	Address:	TREASURERS OFFICE-NSHE 2601 ENTERPRISE RD
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89512
If "No" please explain:	Not Applicable	Contact/Phone:	Lori Brazfield 702/522-7070
		Vendor No.:	D35000809
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2016**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Career Enhancement Program

Agency Reference #: **FY16-CEP-NSHE-Johnson**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2016**Contract term: **149 days**4. Type of contract: **Interlocal Agreement**Contract description: **Nursing Program**

5. Purpose of contract:

This is a new interlocal agreement to provide the required matching funds for the administration of the Robert Wood Johnson Foundation grant awarded to the Nevada System of Higher Education to implement a nurse residency program in Nevada. This initiative will focus on increasing the number of nurses with a baccalaureate degree.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

Other basis for payment: The state will reimburse NSHE, a maximum of \$75,000 for the term of the contract.

Reimbursements will be processed on a monthly basis, upon receipt of an approved Request for Funds form from NSHE.

The maximum amount of this contract shall not exceed \$75,000 for the term of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

In order for Nevada to receive this grant, the Nevada System of Higher Education was required to secure appropriate matching funds from DETR.

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

DETR employees are not qualified to provide the administrative services required for this project.

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

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

Interlocal Agreement with another public entity.

The indirect rates are as follows:

Personnel costs is 15%

All other costs at 4%

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Nevada System of Higher Education has had many contracts with the Department of Employment, Training and Rehabilitation over the past ten years and has performed satisfactorily.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	12/30/2015 10:36:39 AM
Division Approval	rolso1	01/06/2016 13:46:53 PM
Department Approval	mcost1	01/06/2016 14:41:06 PM
Contract Manager Approval	kwynands	01/11/2016 09:22:02 AM
Budget Analyst Approval	tgreenam	01/11/2016 09:24:54 AM
BOE Agenda Approval	sbrown	01/15/2016 09:04:42 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17372**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Inyo Networks
Agency Code:	MSA	Contractor Name:	Inyo Networks
Appropriation Unit:	9999 - All Categories	Address:	1101 Nimitz Avenue, Suite 215
Is budget authority available?:	Yes	City/State/Zip	Vallejo, CA 94592
If "No" please explain:	Not Applicable	Contact/Phone:	Nick Keeler 707-551-8202
		Vendor No.:	T27037233
		NV Business ID:	NV20111159342

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 % Various

Agency Reference #: RFQ 3167 tb

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 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **02/29/2020**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Telecommunications**

5. Purpose of contract:

This is a new contract that continues ongoing telecommunication services, including voice and data transport systems for state agencies in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

State employees need access to local telephone services in order to do their jobs.

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

Telecommunications are a regulated service and must be provided by a company certified by the Nevada Public Utilities Commission.

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):

Cox
AT&T
Inyo Networks

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFQ 3167, and in accordance with NRS 333, this contractor was one of four selected as the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/27/2014 Anticipated re-bid date: 10/26/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

In 2004 contractor was engaged under contract by Enterprise Information Technology Services. The quality of service was satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sberry	01/05/2016 08:10:10 AM
Division Approval	sberry	01/05/2016 08:12:18 AM
Department Approval	sberry	01/05/2016 08:12:21 AM
Contract Manager Approval	tsmit2	01/05/2016 09:35:41 AM
Budget Analyst Approval	amccalla	01/11/2016 08:54:58 AM
BOE Agenda Approval	lfree1	01/11/2016 13:50:31 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17336**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CASHMAN EQUIPMENT COMPANY**Contractor Name: **CASHMAN EQUIPMENT COMPANY**Address: **3300 SAINT ROSE PARKWAY**City/State/Zip: **HENDERSON, NV 89052-4606**

Contact/Phone: null702-633-4627

Vendor No.: PUR0000249

NV Business ID: NV19601000406

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 **12/29/2015**

Anticipated BOE meeting date 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2016**Contract term: **183 days**4. Type of contract: **Contract**Contract description: **Elec. UPS Repair Svr**

5. Purpose of contract:

This is a new Miscellaneous Services Agreement contract to replace and test a 20HR UPS for the NHP Office in Reno at 357 Hammill Lane.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,108.30****II. JUSTIFICATION**

7. What conditions require that this work be done?

NHP must have a working Uninterruptible Power Supply (UPS)

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

NHP and B&G staff lack the necessary technical knowledge, equipment and trade skill to complete the job.

9. Were quotes or proposals solicited?

Yes

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

No

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

Cashman Equipment
Merit Electric
Mitsubishi Electricb. Solicitation Waiver: **Not Applicable**

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

This was the lowest bid.

d. Last bid date: 07/01/2015 Anticipated re-bid date: 07/01/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Buildings and Grounds since 2003 to present 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	csweeney	12/16/2015 13:13:25 PM
Division Approval	csweeney	12/16/2015 13:13:27 PM
Department Approval	csweeney	12/16/2015 14:02:24 PM
Contract Manager Approval	csweeney	12/16/2015 14:02:28 PM
Budget Analyst Approval	jrodrig9	12/28/2015 19:23:48 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: **14294**Amendment
Number: **1**Agency Name: **STATE PUBLIC WORKS DIVISION**Legal Entity
Name: **HARTMAN, CRAIG A.**Agency Code: **082**Contractor Name: **HARTMAN, CRAIG A.**
Address: **DBA, NEVADA ECLIPSE**Appropriation Unit: **1349-12****567 RAVEN CIRCLE**
CARSON CITY, NV 89701Is budget authority
available?: **Yes**City/State/Zip: **CONTACT/PHONE: null775-882-2908**

If "No" please explain: Not Applicable

Vendor No.: **T80989594**NV Business ID: **NV20101480602**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 %	X	Fees	100.00 % Building and Grounds rental income fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **73571**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **05/07/2013**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **04/30/2017**Contract term: **3 years and 359 days**4. Type of contract: **Contract**Contract description: **Glass Service**

5. Purpose of contract:

This is the first amendment to the original new contract, which provides window tinting, light reduction, heat reduction film, and removal of film for various State buildings and historic preservation properties in the Northern Nevada area, for use upon the written request and approval of a Buildings and Grounds designee. This amendment increases the maximum amount from \$9,500 to \$14,500 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:	\$9,500.00	\$9,500.00	\$9,500.00	No
4. Amount of current amendment (#1):	\$5,000.00	\$5,000.00	\$5,000.00	Yes - Info
5. New maximum contract amount:	\$14,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To help protect State property and historic preservation properties from exposure from the sun.

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

Lack of manpower and expertise.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple window tinting contracts 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: 04/01/2013 Anticipated re-bid date: 04/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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	01/05/2016 12:49:59 PM
Division Approval	csweeney	01/05/2016 12:50:03 PM
Department Approval	csweeney	01/05/2016 12:50:07 PM
Contract Manager Approval	ssands	01/05/2016 13:02:43 PM
Budget Analyst Approval	jrodrig9	01/13/2016 18:13:25 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: **17347**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MCNEIL'S CLEANING SERVICE, INC.**Contractor Name: **MCNEIL'S CLEANING SERVICE, INC.**Address: **PO BOX 40916**City/State/Zip: **RENO, NV 89504-4916**Contact/Phone: **null775-359-4422**Vendor No.: **T81015272**NV Business ID: **NV20061269584**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 % 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 **01/13/2016**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2016**Contract term: **199 days**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new emergency contract that continues ongoing janitorial services for the Stewart Facility located at 5500 Snyder Avenue, Bldg. 107 in Carson City. The previous vendor was terminated due to security issues, therefore this contract is initiated to provide ongoing janitorial services until a new Request for Proposal process can be completed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,818.50**

Payment for services will be made at the rate of \$0.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide a safe, clean and healthy work environment for state employees and the public. Upkeep of the buildings is vital to the integrity of the buildings.

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):

F.A.A.D. Janitorial
Enterprise Janitorial
McNeil's Cleaning

b. Solicitation Waiver: **Not Applicable**

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

This was the lowest bidder.

d. Last bid date: 12/11/2015 Anticipated re-bid date: 03/31/2016

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:

2006 to present with B&G 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	csweeney	01/05/2016 12:48:02 PM
Division Approval	csweeney	01/05/2016 12:48:05 PM
Department Approval	csweeney	01/05/2016 12:48:09 PM
Contract Manager Approval	ssands	01/05/2016 12:59:43 PM
Budget Analyst Approval	jrodrig9	01/13/2016 18:15:05 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: **17309**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SCHNEIDER ELECTRIC**Contractor Name: **SCHNEIDER ELECTRIC**Address: **731 E. PILOT RD**City/State/Zip: **LAS VEGAS , NV 89119**

Contact/Phone: null702-896-8300

Vendor No.: PUR0001005

NV Business ID: NV20071402383

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 & 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 **01/13/2016**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/01/2019**Contract term: **3 years and 323 days**4. Type of contract: **Contract**Contract description: **HVAC REPAIRS**

5. Purpose of contract:

This is a new contract that continues ongoing repairs to HVAC equipment throughout Southern Nevada as needed and at the request of a designated Buildings & Grounds representative.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

HVAC equipment must be maintained, services and repaired on a regular basis to remain in excellent working condition for employees and public safety.

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

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

This is one of multiple contracts for HVAC services on file, per SAM 0338.0 each contractor will be contacted to submit a bid for available jobs.

d. Last bid date: 10/05/2015 Anticipated re-bid date: 10/05/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	01/05/2016 12:49:08 PM
Division Approval	csweeney	01/05/2016 12:49:11 PM
Department Approval	csweeney	01/05/2016 12:49:15 PM
Contract Manager Approval	ssands	01/05/2016 13:01:10 PM
Budget Analyst Approval	jrodrig9	01/13/2016 18:09:13 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: **17329**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WESTERN STATES DOOR CONTROLS, INC.**Contractor Name: **WESTERN STATES DOOR CONTROLS, INC.**Address: **4364 E ALEXANDER RD**City/State/Zip: **LAS VEGAS, NV 89115-2496**Contact/Phone: **null702-876-4400**Vendor No.: **T81002556**NV Business ID: **NV19871035977**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 Rent Income
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 **04/01/2016**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2020**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Door Controls**

5. Purpose of contract:

This is a new contract that continues ongoing repairs of automatic and manual door controls and related hardware for various state buildings in the Las Vegas area, on an as needed basis and at the request and approval of a Buildings and Grounds designee.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Door and door hardware equipment must be maintained, serviced, repaired on a regular basis to remain in excellent working condition for employees and public safety.

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

To provide repairs on door and door hardware is beyond the capability of Buildings and Grounds personnel.

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 Solicitationb. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contracts for door control on file. 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: 11/24/2015 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:

2008 to current in Las Vegas 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	csweeney	12/21/2015 10:48:04 AM
Division Approval	csweeney	12/21/2015 10:48:06 AM
Department Approval	csweeney	12/21/2015 10:48:09 AM
Contract Manager Approval	ssands	12/22/2015 06:36:35 AM
Budget Analyst Approval	jrodrig9	12/28/2015 19:24:06 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: **17328**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **XCEL MAINTENANCE SERVICES, INC.**Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**Address: **8920 COLORFUL PINES AVE.**City/State/Zip: **LAS VEGAS, NV 89143-4403**Contact/Phone: **null702-341-9235**Vendor No.: **T81103343**NV Business ID: **NV20021426879**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 % Building & Grounds Building 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 **12/28/2015**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2016**Contract term: **245 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 office in the Henderson office located at 520 S. Boulder Hwy, due to the continued need for these services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,450.00**

Payment for services will be made at the rate of \$3,050.00 per Monthly

Other basis for payment: semi-annual VCT cleaning: \$450.00 per time; windows: \$395 per time and annual carpet cleaning is \$1,000.00

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 & Grounds does not have the manpower to adequately 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):

Statewide Open Solicitation pursuant to SAM 0338.0

b. Solicitation Waiver: **Not Applicable**

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

This vendor has been cleaning this facility and the original contract expired before this contract could be put in place. This is an emergency contract ,until an RFP can be completed.

d. Last bid date: 12/09/2015 Anticipated re-bid date: 05/01/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Buildings and Grounds, LV from 200 to present 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	csweeney	12/21/2015 10:46:41 AM
Division Approval	csweeney	12/21/2015 10:46:43 AM
Department Approval	csweeney	12/21/2015 10:46:46 AM
Contract Manager Approval	ssands	12/22/2015 06:35:01 AM
Budget Analyst Approval	jrodrig9	12/28/2015 19:24:34 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: **17354**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1535-21**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ETCHEMENDY ENGINEERING, INC.**Contractor Name: **ETCHEMENDY ENGINEERING, INC.**Address: **10597 DOUBLE R BLVD**City/State/Zip: **RENO, NV 89521-8937**Contact/Phone: **null775-853-1131**Vendor No.: **T29033764**NV Business ID: **NV20111683017**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 #: **109952**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/28/2015**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **3 years and 184 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 HVAC renovation project for Building No. 2 at the Reno Northern Nevada Adult Mental Health Services facility at 480 Galletti Way: CIP Project No. 15-M19; SPWD Contract No. 109952.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,500.00**

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	12/21/2015 16:09:15 PM
Division Approval	dgrimm	12/21/2015 16:09:17 PM
Department Approval	dgrimm	12/21/2015 16:09:20 PM
Contract Manager Approval	dgrimm	12/21/2015 16:10:14 PM
Budget Analyst Approval	jrodrig9	12/28/2015 19:27:10 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: **17353**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	TJ KROB CONSULTING ENGINEERS, INC.
Agency Code:	082	Contractor Name:	TJ KROB CONSULTING ENGINEERS, INC.
Appropriation Unit:	1565-70	Address:	DBA, TJK CONSULTING ENGINEERS 5459 S DURANGO DR STE 100
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89113
If "No" please explain:	Not Applicable	Contact/Phone:	null702/871-3621
		Vendor No.:	T80972581
		NV Business ID:	NV19861003493

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 #: 109867

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/28/2015**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **3 years and 184 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 door locks at the Florence McClure Women's Correctional Center: CIP Project No. 15-M07; SPWD Contract No. 109867.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,710.00**

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 Applicableb. 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	12/21/2015 15:41:43 PM
Division Approval	dgrimm	12/21/2015 15:41:45 PM
Department Approval	dgrimm	12/21/2015 15:48:49 PM
Contract Manager Approval	dgrimm	12/21/2015 16:10:34 PM
Budget Analyst Approval	jrodrig9	12/28/2015 19:23:31 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: **17339**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: DG KOCH ASSOCIATES LLC
Agency Code: 082	Contractor Name: DG KOCH ASSOCIATES LLC
Appropriation Unit: 1591-25	Address: 2000 S JONES BLVD STE 110
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146
If "No" please explain: Not Applicable	Contact/Phone: null702/221-5160
	Vendor No.: T29026336
	NV Business ID: NV20061487757

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 #: 109879

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 12/2015

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **3 years and 194 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 HVAC systems replacement for the Department of Wildlife, CIP Project No. 15-M37; Contract No. 109879.

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 Applicableb. 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	12/16/2015 15:24:44 PM
Division Approval	dgrimm	12/16/2015 15:24:47 PM
Department Approval	dgrimm	12/16/2015 15:24:50 PM
Contract Manager Approval	dgrimm	12/16/2015 16:10:07 PM
Budget Analyst Approval	tgreenam	12/18/2015 10:10:58 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17340**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**
 Agency Code: **082**
 Appropriation Unit: **All Budget Accounts - Category 07**
 Is budget authority available?: **No**

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 2561, expenditure category 07, building maintenance.

Legal Entity Name: **CURTAIN WALL DESIGN & CONSULTING INC**
 Contractor Name: **CURTAIN WALL DESIGN & CONSULTING INC**
 Address: **8070 PARK LN STE 400**
 City/State/Zip: **DALLAS, TX 75231-6415**
 Contact/Phone: **null702/222-9349**

Vendor No.: **T29032419**
 NV Business ID: **NV20051436120**

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 % Agency CIP

Agency Reference #: **109905**

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 **12/2015**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **3 years and 194 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 sealing building envelope at the Nevada State Veterans Home, CIP Project No. 16-A011; SPWD Contract No. 109905.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2016 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	12/16/2015 15:55:30 PM
Division Approval	dgrimm	12/16/2015 15:55:33 PM
Department Approval	dgrimm	12/16/2015 16:03:46 PM
Contract Manager Approval	dgrimm	12/16/2015 16:09:30 PM
Budget Analyst Approval	tgreenam	12/18/2015 09:50:18 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17396**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **No**

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 Account 3650, expenditure category 07, building maintenance.

Legal Entity Name: **GARY GUY WILSON Architects**Contractor Name: **GARY GUY WILSON Architects**Address: **4945 W PATRICK LN**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **775-534-7888**Vendor No.: **T81107521**NV Business ID: **NV19741002629**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 #: **109962**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/15/2016**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **4 years and 167 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 doors and windows replacement at Henderson Armory: CIP Project No. 16-A015; SPWD Contract No. 109962.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: Monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2016 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?

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	01/13/2016 15:36:16 PM
Division Approval	dgrimm	01/13/2016 15:36:18 PM
Department Approval	dgrimm	01/13/2016 15:36:20 PM
Contract Manager Approval	dgrimm	01/13/2016 16:13:21 PM
Budget Analyst Approval	jrodrig9	01/14/2016 15:45:32 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: **17356**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**
 Agency Code: **082**
 Appropriation Unit: **All Budget Accounts - Category 07**
 Is budget authority available?: **No**

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 budget account 2561, Veteran's Home Account; expenditure category 07, Building Maintenance.

Legal Entity Name: **JBA CONSULTING ENGINEERS, INC.**
 Contractor Name: **JBA CONSULTING ENGINEERS, INC.**
 Address: **5155 W PATRICK LN SUITE 100**
 City/State/Zip: **LAS VEGAS, NV 89118-2828**
 Contact/Phone: **null702-362-9200**

Vendor No.: **T80928382**
 NV Business ID: **NV19661000733**

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 #: **109786**

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: **06/30/2020**

Contract term: **4 years and 184 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 and water heater replacement project at the Nevada State Veterans Home in Boulder City: CIP Project No. 16-A016; SPWD Contract No. 109786.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,500.00**

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?

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	12/22/2015 14:41:37 PM
Division Approval	dgrimm	12/22/2015 14:41:39 PM
Department Approval	dgrimm	12/22/2015 14:41:42 PM
Contract Manager Approval	dgrimm	12/22/2015 16:22:52 PM
Budget Analyst Approval	jrodrig9	12/29/2015 12:56:35 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: **17392**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**
 Agency Code: **082**
 Appropriation Unit: **All Budget Accounts - Category 10**
 Is budget authority available?: **No**

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 Account 3650, expenditure category 10, Federal funds.

Legal Entity Name: **PUGSLEY SIMPSON COULTER ARCHITECTS**
 Contractor Name: **PUGSLEY SIMPSON COULTER ARCHITECTS**
 Address: **2480 E. TOMPKINS AVE Suite #222**
 City/State/Zip: **LAS VEGAS, NV NV**
 Contact/Phone: **WADE SIMPSON 702-435-1150**

Vendor No.: **T27038348**
 NV Business ID: **NV20031000034**

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 %

Agency Reference #: **109949**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/14/2016**

Anticipated BOE meeting date **02/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **4 years and 168 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 Call For Fire Trainer Building at the Floyd Edsall Training Center Facility in North Las Vegas: CIP Project No. 16-A010; SPWD Contract No. 109949.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,950.00**

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:

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgrimm	01/12/2016 15:30:55 PM
Division Approval	dgrimm	01/12/2016 15:30:58 PM
Department Approval	dgrimm	01/12/2016 16:13:04 PM
Contract Manager Approval	dgrimm	01/12/2016 16:13:08 PM
Budget Analyst Approval	jrodrig9	01/14/2016 08:53:30 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17393**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **All Appropriations**Is budget authority available?: **No**

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 Account 3650, Expenditure category 10, Federal funds.

Legal Entity Name: **Pugsley Simpson Coulter Architects**Contractor Name: **Pugsley Simpson Coulter Architects**Address: **2480 E. Tompkins Ave.
Suite 222**City/State/Zip: **Las Vegas, NV 89121**Contact/Phone: **null702-435-1150**Vendor No.: **T27038348**NV Business ID: **NV20031000034**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 %

Agency Reference #: **109948**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/14/2016**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2020**Contract term: **4 years and 168 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 Close Combat Tactical Trainer Pad project at the Floyd Edsall Training Center in North Las Vegas: CIP Project No. 16-A009; SPWD Contract No. 109948.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2016 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	01/12/2016 16:02:22 PM
Division Approval	dgrimm	01/12/2016 16:02:25 PM
Department Approval	dgrimm	01/12/2016 16:02:27 PM
Contract Manager Approval	dgrimm	01/12/2016 16:12:44 PM
Budget Analyst Approval	jrodrig9	01/14/2016 08:52:36 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17193**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Agency Code: **240**Appropriation Unit: **2560-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Utah Department of Veterans and Military Affairs

Contractor Name: **Utah Department of Veterans and Military Affairs**Address: **550 Foothill Drive, Suite 105**City/State/Zip: **Salt Lake City, UT 84113**

Contact/Phone: null801-326-2384

Vendor No.:

NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2016-2017**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/24/2015**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2017**Contract term: **1 year and 188 days**4. Type of contract: **Interlocal Agreement**Contract description: **Veterans Database**

5. Purpose of contract:

This is a new interlocal revenue agreement to allow the department to receive funds to develop a multi-state database containing veterans' benefits information.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,400.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

In order to best serve veterans, a multi-state database containing veterans' benefits information is required. The Nevada Department of Veterans Services will create and implement the Veterans Information System (VIS) database. The Utah Department of Veterans and Military Affairs has agreed to financially contribute toward these efforts.

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

This is a multi-state cooperative effort to create a nationwide database of veterans. This is a revenue interlocal agreement.

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?

Quotes were not solicited as this was a revenue interlocal contract.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is 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	agarland	12/15/2015 10:22:19 AM
Division Approval	agarland	12/15/2015 10:22:22 AM
Department Approval	agarland	12/15/2015 10:22:25 AM
Contract Manager Approval	agarland	12/15/2015 10:22:29 AM
Budget Analyst Approval	dreynol2	12/24/2015 09:26:34 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **13626**Amendment Number: **3**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Legal Entity Name: **Robert F. Nycek**Agency Code: **240**Contractor Name: **Robert F. Nycek**Appropriation Unit: **2561-04**Address: **1309 Morita Dr.**Is budget authority available?: **Yes**City/State/Zip: **Boulder City, NV 89005**

If "No" please explain: Not Applicable

Contact/Phone: **Robert F. Nycek 702-293-1428**Vendor No.: **T27030756**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	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % 25% Private and 25% Federal

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/19/2012**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **07/31/2016**

Termination Date:

Contract term: **4 years and 13 days**4. Type of contract: **Contract**Contract description: **Chaplain**

5. Purpose of contract:

This is the third amendment to the original contract, which continues ongoing chaplain services to the residents of the Nevada State Veterans Home. This amendment increases the maximum amount from \$83,000 to \$105,000 due to an increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,999.00	\$9,999.00	\$9,999.00	No
a. Amendment 1:	\$28,000.00	\$37,999.00	\$37,999.00	Yes - Info
b. Amendment 2:	\$45,001.00	\$45,001.00	\$83,000.00	Yes - Action
4. Amount of current amendment (#3):	\$22,000.00	\$22,000.00	\$22,000.00	Yes - Info
5. New maximum contract amount:	\$105,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Chaplain position provides counselling for the psychosocial needs of the residents.

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 who can 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: **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:

Currently under contract with NSVH. 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:

Other **Contractor is affiliated with a non-profit, religious organization and is therefore qualified for a tax-exempt status. (USC 501(C)).**

15. a. Is 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.

Contractor is affiliated with a non-profit, religious organization and is therefore qualified for a tax-exempt status. (USC 501(C)).

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.

Contractor is affiliated with a non-profit, religious organization and is therefore qualified for a tax-exempt status. (USC 501(C)).

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	12/15/2015 11:37:14 AM
Division Approval	agarland	12/15/2015 11:37:16 AM
Department Approval	agarland	12/15/2015 11:37:18 AM
Contract Manager Approval	agarland	12/15/2015 11:37:20 AM
Budget Analyst Approval	dreynol2	01/12/2016 14:06:21 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: **17207**Agency Name: **DEPARTMENT OF VETERANS SERVICES**Agency Code: **240**Appropriation Unit: **2561-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Z AND Z PODIATRY, LTD**Contractor Name: **Z AND Z PODIATRY, LTD**Address: **9811 CHARLESTON BLVD, 2-859**City/State/Zip: **LAS VEGAS, NV 89117**Contact/Phone: **DR. TODD ZANG, DPM 702-525-7320**Vendor No.: **T32003792**NV Business ID: **NV20071563077**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	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % PRIVATE

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 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2019**Contract term: **3 years and 292 days**4. Type of contract: **Contract**Contract description: **Podiatry Services**

5. Purpose of contract:

This is a new contract to provide podiatry services to the residents of the Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Residents require foot care to ensure proper health and wellness. Timely foot care is essential, especially in the case of diabetics.

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

No state employees are available to perform this 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):

Dr. Lance Eisner, DPM
 Dr. Todd Zang, DPM
 Dr. Sean Reyes, DPM

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the only one who agreed to perform these services on-site at the NSVH.

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	agarland	12/15/2015 11:22:36 AM
Division Approval	agarland	12/15/2015 11:22:40 AM
Department Approval	agarland	12/15/2015 11:22:43 AM
Contract Manager Approval	agarland	12/15/2015 11:22:47 AM
Budget Analyst Approval	dreynol2	01/12/2016 13:54:36 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: **17349**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	LEITNER, DAVID DBA
Agency Code:	300	Contractor Name:	LEITNER, DAVID DBA
Appropriation Unit:	2712-04	Address:	PACIFIC RESEARCH ASSOCIATES 10381 NW ROYAL ROSE CT
Is budget authority available?:	Yes	City/State/Zip	PORTLAND, OR 97229-5268
If "No" please explain:	Not Applicable	Contact/Phone:	David Leitner 503/297-5300
		Vendor No.:	T27019822A
		NV Business ID:	NV20101560126

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 %

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 02/2016

Retroactive? **Yes**

If "Yes", please explain

There was an error in the CETS system and the contract amendment to extend the time period and add the authority did not get posted to the action items agenda for the November 2015 BOE meeting, so the contract expired.

3. Termination Date: **11/30/2016**Contract term: **1 year**4. Type of contract: **Contract**Contract description: **Reports & Evaluation**

5. Purpose of contract:

This is a new contract that continues ongoing services to collect the required data for the Federal Comprehensive State Performance Report (CSPR) for applicable Title I and Title III programs as well as evaluate the 21st Century Community Learning Center Programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,300.00**

Other basis for payment: upon receipt of invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

The United States Department of Education (USD OE) requires certain data be provided as part of the Comprehensive School Performance Report, as well as an annual evaluation of 21st Century programs.

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

Due to small staff size assigned to work with Elementary and Secondary Education consultants who handle the programs included on this contract, also handle a minimum of three other programs as well. Due to the workload assigned to Nevada Department of Education staff, there is not enough time to complete these assignments, and no other state agency has the required background knowledge and/or expertise.

9. Were quotes or proposals solicited?

Yes

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

No

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

b. Solicitation Waiver: **Not Applicable**

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

Pacific Research Associates was the only vendor to submit a proposal.

d. Last bid date: 06/01/2012 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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. The quality of service 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 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	mburto1	12/21/2015 09:16:08 AM
Division Approval	mburto1	12/21/2015 09:16:12 AM
Department Approval	mburto1	12/21/2015 09:16:15 AM
Contract Manager Approval	mburto1	12/21/2015 09:16:17 AM
Budget Analyst Approval	kperondi	12/29/2015 11:13:13 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17346**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	NEVADA PIGEON CONTROL
Agency Code:	406	Contractor Name:	NEVADA PIGEON CONTROL
Appropriation Unit:	3161-07	Address:	3657 LINDELL RD # D-120
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89103
If "No" please explain:	Not Applicable	Contact/Phone:	null702/617-1833
		Vendor No.:	T29028302
		NV Business ID:	NV20081221641

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C15218

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/07/2016**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2019**Contract term: **3 years and 359 days**4. Type of contract: **Contract**Contract description: **pigeon control**

5. Purpose of contract:

This is a new contract that continues ongoing pigeon abatement and clean up services to the Southern Nevada Adult Mental Health Services campuses.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Payment for services will be made at the rate of \$556.25 per month

Other basis for payment: additional \$5,300 in contingency for unforeseen, unplanned needs or occurrences

II. JUSTIFICATION

7. What conditions require that this work be done?

The over population of pigeons is a health issue to our clients and staff. The pigeon nesting, breeding and dropping waste in public areas is deemed unacceptable by NRS 555.100 and NRS 555.110

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

The agency does not have staff with the skills, knowledge, education or equipment necessary to safely remove the pigeons and their product.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 Pigeon Control
Orkin Exterminating
Western Exterminating

b. Solicitation Waiver: **Not Applicable**

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

This vendor had the most competitive pricing to meet the needs of the agency.

d. Last bid date: 07/01/2015 Anticipated re-bid date: 07/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has been contracted with Southern Nevada Adult Mental Health Services since 10/2012. They have 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	alaw1	12/21/2015 15:18:48 PM
Division Approval	alaw1	12/21/2015 15:18:50 PM
Department Approval	ecreceli	12/28/2015 16:17:58 PM
Contract Manager Approval	rfine	12/29/2015 15:21:29 PM
Budget Analyst Approval	nhovden	01/07/2016 17:11:01 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: **15395**Amendment
Number: **1**Agency Name: **DHHS - WELFARE AND SUPPORT
SERVICES**Legal Entity
Name: **HUMBOLDT COUNTY**Agency Code: **407**Contractor Name: **HUMBOLDT COUNTY**Appropriation Unit: **3238-10**Address: **SIXTH JUDICIAL DISTRICT COURT
COURTHOUSE PO BOX H**Is budget authority
available?: **Yes**City/State/Zip **LOVELOCK, NV 89419**

If "No" please explain: Not Applicable

Contact/Phone: null775/273-2027

Vendor No.: T40139500A

NV Business ID: Gov't Entity

To what State Fiscal Year(s) will the contract be charged? **2015-2018**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **07/01/2014**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2018**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Hearing Masters**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which continues to provide hearing master and court services for the Child Support Enforcement Program for the purpose of enforcing support obligations owed by non-custodial parents to their children, locating non-custodial parents, establishing paternity, obtaining financial and medical support, and adjusting support orders. This amendment decreases the maximum amount from \$238,781 to \$211,274 and revises the consideration language due to the reorganization of Judicial District Courts.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$238,781.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	-\$27,507.00	-\$27,507.00	-\$27,507.00	Yes - Info
5. New maximum contract amount:	\$211,274.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that DWSS attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

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

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.

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:

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdufresn	10/15/2015 12:58:28 PM
Division Approval	msmit5	12/16/2015 09:26:42 AM
Department Approval	ecreceli	12/18/2015 14:59:17 PM
Contract Manager Approval	sjon23	12/18/2015 16:28:56 PM
Budget Analyst Approval	nhovden	12/23/2015 17:04:23 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: **15393**Amendment
Number: **1**Agency Name: **DHHS - WELFARE AND SUPPORT
SERVICES**Legal Entity
Name: **MINERAL COUNTY**Agency Code: **407**Contractor Name: **MINERAL COUNTY**Appropriation Unit: **3238-10**Address: **FIFTH JUDICIAL DIST**Is budget authority
available?: **Yes****PO BOX 1450**City/State/Zip **HAWTHORNE, NV 89415**

If "No" please explain: Not Applicable

Contact/Phone: null775/945-2446

Vendor No.: T40291300W

NV Business ID: Gov't Entity

To what State Fiscal Year(s) will the contract be charged? **2015-2018**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **07/01/2014**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2018**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Hearing Masters**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement, which provides hearing master and court services for the purpose of enforcing support obligations owed by non-custodial parents to their children, locating non-custodial parents, establishing paternity, obtaining financial and medical support, and adjusting support orders. This amendment decreases the maximum amount from \$170,033 to \$133,059 due to the reorganization of Judicial District Courts.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$170,033.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	-\$36,974.00	-\$36,974.00	-\$36,974.00	Yes - Info
5. New maximum contract amount:	\$133,059.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that DWSS attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

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

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.

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:

Currently under contract with DWSS and providing satisfactory service.

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ewatson	10/09/2015 15:17:16 PM
Division Approval	msmit5	01/06/2016 08:58:04 AM
Department Approval	ecreceli	01/08/2016 14:04:20 PM
Contract Manager Approval	abayouth	01/12/2016 14:12:08 PM
Budget Analyst Approval	nhovden	01/15/2016 10:56:43 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17342**Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3646-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Signal Fire, Inc.**Contractor Name: **Signal Fire, Inc.**Address: **6160 Transverse Dr**City/State/Zip: **Las Vegas, NV 89146-1190**Contact/Phone: **Jaime Gomez 877-577-7495**Vendor No.: **T27035036**NV Business ID: **NV20061578346**To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

X	General Funds	23.40 %	Fees	0.00 %
X	Federal Funds	37.40 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	39.20 % Rental Income

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 **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2020**Contract term: **4 years and 20 days**4. Type of contract: **Contract**Contract description: **Fire Alarm Monitorin**

5. Purpose of contract:

This is a new contract that continues ongoing monthly fire alarm monitoring including removing the existing fire alarm transmitters and furnishing and installing new communicators per the facility condition analysis report.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,040.00**

Payment for services will be made at the rate of \$605.00 per month for 11 buildings for 48 months

II. JUSTIFICATION

7. What conditions require that this work be done?

Fire alarm system on this campus are required by chapter 907.6.5 of the International Building Code (as adopted by the Nevada Fire Marshall) to be monitored by an approved supervising station.

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

According to NRS 477 installers of life safety equipment must hold a Nevada "F" card that is issued by the Nevada State Fire Marshall.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):

Signal Fire
RFI
Siemens Industry

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:

Employment Security Division and Nevada State Fire Marshall with satisfactory performance.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pcolegro	12/29/2015 07:50:09 AM
Division Approval	pcolegro	12/29/2015 07:50:12 AM
Department Approval	ecreceli	12/30/2015 15:21:40 PM
Contract Manager Approval	pcolegro	12/31/2015 11:43:07 AM
Budget Analyst Approval	drey nol2	01/12/2016 13:51:51 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: **17263**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	VIRGEN, INC.
Agency Code:	409	Contractor Name:	VIRGEN, INC.
Appropriation Unit:	3646-20	Address:	151 E Warm Springs Rd
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89119-4101
If "No" please explain:	Not Applicable	Contact/Phone:	null702-616-0624
		Vendor No.:	T27037152
		NV Business ID:	NV19981410217

To what State Fiscal Year(s) will the contract be charged? **2016**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Funds for Healthy Nevada

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 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2016**Contract term: **169 days**4. Type of contract: **Contract**Contract description: **Public Awareness**

5. Purpose of contract:

This is a new contract to provide public awareness of the Children's Mobile Crisis Response Teams across Nevada. This contract will utilize digital/social media and traditional media (radio, print ad, billboards, etc.) to create a campaign that increases general awareness of general children's mental issues and the services provided by the mobile crisis response teams in Reno and Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,850.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Increased public awareness of children's behavioral health challenges to improve Nevada's System of Care. Across Nevada meeting the behavioral health needs of youth has been a problem resulting in children being untreated, harming themselves or others, or being served at higher levels of care.

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

This project requires specialized marketing and advertising expertise with public relations, technological expertise and established relationships within the two diverse communities.

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):

White Rabbit
DP Video Productions, LLC
Virgen, Inc

b. Solicitation Waiver: **Not Applicable**

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

Specialized marketing experience

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DCFS - 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	pcolegro	11/05/2015 12:27:50 PM
Division Approval	pcolegro	11/05/2015 12:27:52 PM
Department Approval	ecreceli	12/31/2015 11:53:07 AM
Contract Manager Approval	pcolegro	01/04/2016 08:06:11 AM
Budget Analyst Approval	dreynol2	01/12/2016 14:23:38 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: **17368**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3738-95**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: The Tiberti Company

Contractor Name: **The Tiberti Company**Address: **DBA Tiberti Fence Company
4975 Rogers Street**City/State/Zip: **Las Vegas, NV 89118-1506**

Contact/Phone: Dan Leavitt 702/382-7070

Vendor No.: PUR0001695

NV Business ID: NV20101472051

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 **01/08/2016**

Anticipated BOE meeting date 03/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2016**Contract term: **173 days**4. Type of contract: **Contract**Contract description: **fencing project**

5. Purpose of contract:

This is a new contract to provide replacement of the existing Sally Port gates and operators at Southern Desert Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,400.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The replacement of the Sally Port gate is a legislatively approved deferred maintenance project. The equipment is worn and unreliable. This gate is the principle access control point for vehicular traffic in and out of the institution. The failing gate severely compromises the safety and security within the institution.

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

The department does not have the required specialized equipment and skills to perform this service. No other State agency offers 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):

A&D Automatic Gate and Access
Elite Gate & Controls
The Tiberti Company dba Tiberti Fence Company

b. Solicitation Waiver: **Not Applicable**

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

Awarded the contract based on the lowest bid 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:

FY16 Department of Corrections. Services have been verified as satisfactory.

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

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

Not Applicable

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

LP

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	01/04/2016 10:29:30 AM
Division Approval	dmartine	01/04/2016 14:24:39 PM
Department Approval	jborrowm	01/04/2016 14:54:41 PM
Contract Manager Approval	jhardy	01/07/2016 09:40:17 AM
Budget Analyst Approval	cmurph3	01/08/2016 11:38:48 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17264**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3759-05**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Sierra Controls, LLC**Contractor Name: **Sierra Controls, LLC**Address: **940 Mallory Way, Suite 1**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **Danny Hunsaker, General Manager
775/883-0443**Vendor No.: **PUR0002695**NV Business ID: **NV20121732336**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 **01/08/2016**

Anticipated BOE meeting date 01/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2016**Contract term: **173 days**4. Type of contract: **Contract**Contract description: **installation Labor**

5. Purpose of contract:

This is a new contract to provide installation and calibration of the monitor and control remote terminal units located at Lovelock Correctional Center used to control the water tank level and sewer flow.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,410.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This contract is to prevent overflow at the waste water treatment plant which can cause the facility to run out of water in their tank. The water tank level controls have stopped working at Lovelock Correctional Center which monitor and record the level of water in the tank. They also record the flow going in and out of the waste water treatment plant. The recording and reporting of the flow is required by the Nevada Division of Environmental Protection. Flow data reporting to the Bureau of Safe Drinking Water is required.

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

Historically the Department has outsourced this service to a vendor with the technical expertise and license to install the necessary radio equipment to communicate between the remote terminal units. NDOC personnel do not have the necessary qualifications to perform this service. No other State agency supports 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):

Ryan Herco Flow Solutions
Istec Corporation
Campbell Scientific
Sierra Controls, LLC

b. Solicitation Waiver: **Not Applicable**

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

State Purchasing determined Sierra Controls to be the 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:

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	dmartine	12/17/2015 11:50:26 AM
Division Approval	dmartine	12/17/2015 11:50:29 AM
Department Approval	jborrowm	12/21/2015 10:22:33 AM
Contract Manager Approval	jhardy	01/07/2016 09:39:36 AM
Budget Analyst Approval	cmurph3	01/08/2016 11:38:37 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **17260**Agency Name: **DPS-DIRECTOR'S OFFICE**Agency Code: **650**Appropriation Unit: **3775-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LIQUIVISION TECHNOLOGY, INC.**Contractor Name: **LIQUIVISION TECHNOLOGY, INC.**Address: **711 MARKET ST**City/State/Zip: **KLAMATH FALLS, OR 97601**

Contact/Phone: null800-229-6959

Vendor No.: T29002303

NV Business ID: NV20111264189

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 % Revenue received from the lead reclamation

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 02/2016

Retroactive? **Yes**

If "Yes", please explain

In an effort to secure competitive bids for the removal and due to the lack of contract personnel within the Department, the new contract had been delayed. However, the service needed to continue for the safety and health of our staff. After extensive research and quotes, the same vendor has been chosen. Therefore, the Department requests a retroactive contract.

3. Termination Date: **06/30/2019**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Lead Reclamation**

5. Purpose of contract:

This is a new revenue contract to provide ongoing lead/brass collection and recycling services for the bullet trap and associated area at the Nevada Department of Public Safety (DPS) Training Division Firing Range in Carson City. The contractor will conduct lead and brass collection on a quarterly, or as needed basis and DPS will receive 85% of the current market value of the materials reclaimed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Based off current market prices at the time of reclamation

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Public Safety and Department of Corrections share the NNCC Firearms range located in Carson City. Lead and brass waste from use of the firearms must be removed and disposed of to maintain the range in a safe and healthy environment for the officers who use it and comply with OSHA standards. The contract is for the reclamation of the DPS side of the shared range only.

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

Lead reclamation services are not offered by State agencies.

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):

Lead Reclamation Services
Liquivision Technology INC
TMC Fring Range Maintenance Experts

b. Solicitation Waiver: **Not Applicable**

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

The vendor is the only vendor willing to perform services in this area.

d. Last bid date: 11/03/2015 Anticipated re-bid date: 03/01/2019

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor was contracted with the Department of Public Safety from July 2012 to June 2015 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	cpalme2	12/21/2015 11:21:27 AM
Division Approval	cpalme2	12/21/2015 11:21:36 AM
Department Approval	jbauer	12/24/2015 10:12:23 AM
Contract Manager Approval	jbauer	12/24/2015 10:12:25 AM
Budget Analyst Approval	jrodrig9	12/30/2015 17:30:07 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: **15819**Amendment
Number: **1**Agency Name: **DEPARTMENT OF WILDLIFE**Legal Entity
Name: **CLS AMERICA, INC.**Agency Code: **702**Contractor Name: **CLS AMERICA, INC.**Appropriation Unit: **5010-15**Address: **1441 MCCORMICK STE 1050**Is budget authority
available?: **Yes**City/State/Zip **LARGO , MD 20774**

If "No" please explain: Not Applicable

Contact/Phone: null301/925-4411

Vendor No.: T29008083

NV Business ID: N/A

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 %

X Federal Funds **50.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **50.00 % HERITAGE WILDLIFE TRUST**

Agency Reference #: 14-90

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **04/01/2014**
Examiner's approval?

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2016**
Termination Date:Contract term: **4 years and 91 days**4. Type of contract: **Contract**Contract description: **SATELLITE TRACKING**

5. Purpose of contract:

This is the first amendment to the original contract, which provides tracking services for big game animals and sage grouse. This amendment extends the termination date from June 30, 2016 to June 30, 2018 and increases the maximum amount from \$19,785.00 to \$36,225.00 due to the continued need for this service, and adds tracking for ravens and eagles.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$19,785.00	\$0.00	\$19,785.00	Yes - Info
4. Amount of current amendment (#1):	\$16,440.00	\$16,440.00	\$16,440.00	Yes - Info
5. New maximum contract amount:	\$36,225.00			
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?

To better understand the habitat use areas, migration routes and movement patterns that big game animals and sage grouse have across the landscape. This information is critical for NDOW and land management agencies to make appropriate population and habitat management decisions that will result in the long-term propagation and conservation of the species in relation to detrimental large-scale projects such as mining, energy development, transportation corridors and urban expansion.

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

he Department has no control over or access to the use of satellites for tracking animal movements.

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?

Satellite transmission services are directly tied to the specific type of transmitter deployed on wildlife animals and the satellite system that it transmits to and from. The satellite system that these collars only communicate to is the ARGOS satellite system. The ARGOS satellite system is solely managed by CLS America, Inc.

d. Last bid date: 05/01/2014 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

14. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

CLS is not doing business in Nevada. It does not meet any of the criteria of NRS 76.100(6). There are no employees or equipment in Nevada at any time.

15. a. Is 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.

CLS is not doing business in Nevada. It does not meet any of the criteria of NRS 76.100(6). There are no employees or equipment in Nevada at any time.

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.

As explained above CLS is not transacting business in the State therefore; not subject to NRS 80.010.

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	12/29/2015 11:54:26 AM
Division Approval	dwendell	12/29/2015 11:54:28 AM
Department Approval	eobrien	12/30/2015 12:02:49 PM
Contract Manager Approval	dwendell	12/30/2015 14:23:46 PM
Budget Analyst Approval	sbarkdul	01/12/2016 07:46:25 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **14805**Amendment Number: **2**Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**Legal Entity Name: **BOARD OF REGENTS-UNR**Agency Code: **709**Contractor Name: **BOARD OF REGENTS-UNR**Appropriation Unit: **3185-04**Address: **UNR CONTROLLERS OFFICE
MAIL STOP 0124**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89557-0025**

If "No" please explain: Not Applicable

Contact/Phone: null775/784-4062

Vendor No.: D35000816

NV Business ID: exempt

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 %	X	Fees	84.00 % Air Quality Management Fees - BA 3184
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	16.00 % Supplemental Environmental Project Funds - BA 3184

Agency Reference #: **DEP 14-010**

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 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2017**Contract term: **4 years and 21 days**4. Type of contract: **Interlocal Agreement**Contract description: **Woodstove Change Out**

5. Purpose of contract:

This is the second amendment to the original contract, which provides for an interlocal agreement to develop, implement and monitor a Wood Stove Change-Out Program for the division's Bureau of Air Quality Planning (BAQP). It is expected that removal and replacement of old non-Environmental Protection Agency (EPA) compliant wood burning stoves with EPA-compliant and certified biofuel stoves will effectively reduce unnecessary emissions of fine particles into the air and result in improved air quality for the region. This amendment increases the maximum amount from \$250,000 to \$299,000 to allow for more stove replacements.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$250,000.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
4. Amount of current amendment (#2):	\$49,000.00	\$49,000.00	\$49,000.00	Yes - Info
5. New maximum contract amount:	\$299,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The US Environmental Protection Agency (EPA) has proposed stricter National Ambient Air Quality Standards (NAAQS) for PM2.5, prompting the need for reduced emissions from woodstoves in the Carson City area.

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

Our agency does not have the manpower required to handle the additional workload. The UNR BEP has already established the framework for this project, as they managed the Washoe County woodstove changeout program, and will simply transfer the program structure, materials and website over to the BAPC/BAQP program.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Indirect Cost Rate 22.64%

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:

They have been contracted by our agency, but there are no vendor ratings recorded.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	12/30/2015 11:16:01 AM
Division Approval	abasham	01/04/2016 08:47:52 AM
Department Approval	abasham	01/04/2016 08:47:57 AM
Contract Manager Approval	cnewto1	01/04/2016 08:53:45 AM
Budget Analyst Approval	sbarkdul	01/05/2016 13:59:50 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: **17049**Amendment
Number: **1**Agency Name: **DCNR - ENVIRONMENTAL
PROTECTION**Legal Entity
Name: **NEVADA RURAL HOUSING
AUTHORITY**Agency Code: **709**Contractor Name: **NEVADA RURAL HOUSING
AUTHORITY**Appropriation Unit: **3185-04**Address: **3695 DESATOYA DR**Is budget authority
available?: **Yes**City/State/Zip **CARSON CITY, NV 89701**

If "No" please explain: Not Applicable

Contact/Phone: **Roy Smith 775/887-1795**Vendor No.: **T80989222**NV Business ID: **exempt**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 % Supplemental Environmental Projects Funds

Agency Reference #: **16-005**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **10/13/2015**
Examiner's approval?Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2017**
Termination Date:Contract term: **1 year and 261 days**4. Type of contract: **Contract**Contract description: **Low Income Woodstove**

5. Purpose of contract:

This is the first amendment to the original contract, which provides for an interlocal agreement to provide for replacement of non EPA-compliant wood stoves in Carson City and Douglas County for low income families. This amendment decreases the maximum amount from \$69,000 to \$20,000 due to the loss of a staff member that administers the program and a loss in funding, causing a decrease in low income woodstoves that can be replaced during the term of the contract.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$69,000.00	\$0.00	\$0.00	Yes - Action
4. Amount of current amendment (#1):	-\$49,000.00	-\$49,000.00	-\$49,000.00	Yes - Info
5. New maximum contract amount:	\$20,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The US Environmental Protection Agency (EPA) has proposed stricter National Ambient Air Quality Standards (NAAQS) for PM2.5, prompting the need for reduced emissions from woodstoves in the Carson City and Douglas County areas.

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

Nevada Rural Housing, through its existing Weatherization Assistance Program, has already established the framework for the project.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. Solicitation Waiver: **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:

Health and Human Services, Division of Welfare & Supportive Services July 2010 - June 2014. Service was satisfactory.

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

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

Not Applicable

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

Other **Nevada Rural Housing Authority is a quasi-governmental agency.**

15. a. Is 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?

No b. If "NO", please explain.

Nevada Rural Housing is exempt from having a State Business License and is therefore not registered 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	ahanso1	12/23/2015 15:45:19 PM
Division Approval	jkinde1	12/30/2015 13:28:31 PM
Department Approval	jkinde1	12/30/2015 13:28:35 PM
Contract Manager Approval	cnewto1	12/30/2015 13:30:46 PM
Budget Analyst Approval	sbarkdul	01/05/2016 13:56:18 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: **17274**

Agency Name:	DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name:	Tahoe Fund
Agency Code:	709	Contractor Name:	Tahoe Fund
Appropriation Unit:	3193-09	Address:	948 Incline Way
Is budget authority available?:	Yes	City/State/Zip	Incline Village , NV 89451
If "No" please explain:	Not Applicable	Contact/Phone:	Diana Dorman 775-298-0035
		Vendor No.:	
		NV Business ID:	NV20121359015
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 #: **DEP 16-018**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/22/2015**

Anticipated BOE meeting date 02/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2016**Contract term: **1 year and 10 days**4. Type of contract: **Contract**Contract description: **Stormwater Education**

5. Purpose of contract:

This is a new contract to develop urban runoff and phosphorus-free fertilizer messaging by collaborating with the Public Utility and General Improvement Districts in the Tahoe Basin to provide the greatest visibility for these messages. Through these partnerships, the messaging will be inserted in billing and informational packets sent out to the 12,000 parcels located within the Nevada Tahoe Conservation District. There will be additional collaboration with hardware stores and landscaping businesses to place phosphorus-free fertilizer messaging in the form of signage.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00****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):

UC Davis
Nevada Tahoe Conservation District
Nevada Division of Forestry

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: 09/14/2015 Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	11/20/2015 12:29:13 PM
Division Approval	ssimpso2	12/18/2015 07:13:42 AM
Department Approval	ssimpso2	12/18/2015 07:13:50 AM
Contract Manager Approval	ssimpso2	12/18/2015 07:13:54 AM
Budget Analyst Approval	sbarkdul	12/22/2015 10:00:16 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: **16785** Amendment Number: **2**

Agency Name: **DETR - EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **WORKFORCE CONNECTIONS**

Agency Code: **902** Contractor Name: **WORKFORCE CONNECTIONS**

Appropriation Unit: **4770-11** Address: **6330 W CHARLESTON BLVD STE 150**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89146-1183**

If "No" please explain: Not Applicable Contact/Phone: null702/638-8750

Vendor No.: T81079028

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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 #: PY15-A-02

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 Applicable3. Previously Approved Termination Date: **06/30/2017**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **WIOA Adult Funds**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement, which continues ongoing employment and training services to Adults in southern Nevada as required by the Workforce Innovation and Opportunity Act (WIOA) of 2014 (Code of Federal Regulations Part 652 et al). This amendment revises Attachment A's budget detail by introducing Attachment AAA and decreasing the maximum amount from \$7,375,010 to \$7,363,530 due to Department of Labor decreasing WIOA fund allocations, necessitating a modification of the consideration.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,375,010.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
4. Amount of current amendment (#2):	-\$11,480.00	-\$11,480.00	-\$11,480.00	Yes - Info
5. New maximum contract amount:	\$7,363,530.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act (WIOA) of 2014.

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

The Governor's Workforce Investment Board designated the Local Workforce Investment Boards to facilitate the required employment and training services in compliance with WIOA.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Workforce Connections has been under contract with the Department of Employment, Training and Rehabilitation since 1999 and has performed satisfactorily.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	12/14/2015 15:46:55 PM
Division Approval	mcost1	12/18/2015 10:27:03 AM
Department Approval	mcost1	12/18/2015 10:27:06 AM
Contract Manager Approval	kwynands	12/18/2015 12:28:47 PM
Budget Analyst Approval	tgreenam	01/05/2016 11:24:42 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: **16789** Amendment Number: **2**

Legal Entity Name: **WORKFORCE CONNECTIONS**

Agency Name: **DETR - EMPLOYMENT SECURITY DIVISION** Contractor Name: **WORKFORCE CONNECTIONS**

Agency Code: **902** Address: **6330 W CHARLESTON BLVD STE 150**

Appropriation Unit: **4770-11** City/State/Zip: **LAS VEGAS, NV 89146-1183**

Is budget authority available?: **Yes** Contact/Phone: **null702/638-8750**

If "No" please explain: **Not Applicable** Vendor No.: **T81079028**

NV Business ID: **Governmental Entitiy**

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 #: **PY15-DW-02**

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: **06/30/2017**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **WIOA DW Funds**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement, which continues ongoing employment and training services to Dislocated Workers in southern Nevada as required by the Workforce Innovation and Opportunity Act (WIOA) of 2014 (Code of Federal Regulations Part 652 et al). This amendment revises Attachment A's budget detail by introducing Attachment AAA and decreasing the maximum amount from \$4,448,425.00 to \$4,437,868.00 due to Department of Labor decreasing WIOA fund allocations, necessitating a modification of the consideration.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,448,425.00	\$0.00	\$0.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
4. Amount of current amendment (#2):	-\$10,557.00	-\$10,557.00	-\$10,557.00	Yes - Info
5. New maximum contract amount:	\$4,437,868.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

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

The Governor's Workforce Investment Board designated the Local Workforce Investment Boards to facilitate the required employment and training services in compliance with WIOA.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

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

Not Applicable

- b. Solicitation Waiver: **Exempt (Per statute)**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Workforce Connections has been under contract with the Department of Employment, Training and Rehabilitation since 1999 and has performed satisfactorily.

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

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

Not Applicable

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

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	12/14/2015 15:45:45 PM
Division Approval	mcost1	12/18/2015 10:35:38 AM
Department Approval	mcost1	12/18/2015 10:35:42 AM
Contract Manager Approval	kwynands	12/18/2015 12:29:24 PM
Budget Analyst Approval	tgreenam	01/04/2016 14:55:08 PM



**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: January 15, 2016

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

From: Paul Nicks, Budget Analyst
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, 2015 and ending December 31, 2015.

Additional Information:

The department shall deduct and withhold one percent of the contributions collected pursuant to statute to reimburse the department of its expenditures in collecting and distributing the contributions. The department began accepting contributions on December 15, 2014. The last report provided to the November 10, 2015 Board of Examiners was for the period from July through September.

Statutory Authority: NRS 482.480, Subsection 11

REVIEWED: jm
INFO ITEM: _____

Brian Sandoval
Governor



Terri L. Albertson
Director

555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4368
www.dmv.nv.com

January 6, 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, 2015 and ending December 31, 2015.

Sincerely,

Amy McKinney

Chief of Administration
Department of Motor Vehicles
amckinney@dmv.nv.gov
775-684-4501

Department of Motor Vehicles
Complete Streets: Monthly Report FY16
 Report Date: 1/11/15
 Reporting Period: October, 2015

County	July		August		September		October		November		December		Q1		Q2		Year to Date	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$ 822.00	3.10%	\$ 672.00	3.36%	\$ 630.00	3.28%	\$ 754.00	3.13%	\$ 624.00	3.01%	\$ 624.00	2.86%	\$2,524.00	3.24%	\$2,002.00	3.04%	\$4,526.00	3.15%
Clark	\$ 21,186.00	79.78%	\$ 20,550.00	79.26%	\$ 20,174.00	79.73%	\$ 19,282.00	80.11%	\$ 16,586.00	79.80%	\$ 17,106.00	81.01%	\$61,910.00	79.59%	\$52,954.00	80.30%	\$114,864.00	79.92%
Washoe	\$ 4,548.00	17.13%	\$ 4,506.00	17.38%	\$ 4,298.00	16.99%	\$ 4,034.00	16.76%	\$ 3,570.00	17.20%	\$ 3,386.00	16.04%	\$13,352.00	17.17%	\$10,990.00	16.67%	\$24,342.00	16.94%
Total	\$26,556.00	100.00%	\$25,328.00	100.00%	\$25,302.00	100.00%	\$24,070.00	100.00%	\$20,760.00	100.00%	\$21,116.00	100.00%	\$77,786.00	100%	\$65,946.00	100%	\$143,732.00	100%

DMV Commission (1%)																		
County	July		August		September		October		November		December		Q1		Q2		Year to Date	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$8.22	3.10%	\$8.72	3.36%	\$8.30	3.28%	\$7.54	3.13%	\$6.24	3.01%	\$6.24	2.86%	\$25.24	3.24%	\$20.02	3.04%	\$45.26	3.15%
Clark	\$211.86	79.78%	\$205.50	79.26%	\$201.74	79.73%	\$192.82	80.11%	\$165.86	79.80%	\$171.06	81.01%	\$619.10	79.59%	\$529.54	80.30%	\$1,148.64	79.92%
Washoe	\$45.48	17.13%	\$45.06	17.38%	\$42.98	16.99%	\$40.34	16.76%	\$35.70	17.20%	\$33.86	16.04%	\$133.52	17.17%	\$109.90	16.67%	\$243.42	16.94%
Total	\$265.56	100.00%	\$255.28	100.00%	\$253.02	100.00%	\$240.70	100.00%	\$207.80	100.00%	\$211.16	100.00%	\$777.86	100%	\$659.46	100%	\$1,437.32	100%

Distributions																		
County	July		August		September		October		November		December		Q1		Q2		Year to Date	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$813.76	3.10%	\$863.28	3.36%	\$821.70	3.28%	\$746.46	3.13%	\$617.76	3.01%	\$617.76	2.86%	\$2,498.76	3.24%	\$1,981.98	3.04%	\$4,480.74	3.15%
Clark	\$20,974.14	79.78%	\$20,344.50	79.26%	\$19,972.26	79.73%	\$18,088.18	80.11%	\$16,400.34	79.80%	\$16,834.94	81.01%	\$61,290.80	79.59%	\$52,424.46	80.30%	\$113,715.26	79.92%
Washoe	\$4,502.52	17.13%	\$4,460.94	17.38%	\$4,256.02	16.99%	\$3,993.86	16.76%	\$3,534.30	17.20%	\$3,352.14	16.04%	\$13,218.48	17.17%	\$10,980.10	16.67%	\$24,098.58	16.94%
Total	\$26,290.44	100.00%	\$25,668.72	100.00%	\$25,048.98	100.00%	\$23,828.30	100.00%	\$20,552.40	100.00%	\$20,904.84	100.00%	\$77,008.14	100%	\$65,286.54	100%	\$142,294.68	100%

Note:
 1. DMV began accepting contributions on 12/15/14.

Department of Motor Vehicles
Complete Streets Report: Donations
2016

County	July	August	September	October	November	December	Year To Date
Carson City							
Donations	411	436	415	377	312	312	2,263
Registrations	3,309	3,311	3,094	2,895	2,619	2,528	17,756
Percent that Donated	12.42%	13.17%	13.41%	13.02%	11.91%	12.34%	12.74%
Clark							
Donations	10,593	10,275	10,087	9,641	8,283	8,553	57,432
Registrations	73,950	71,395	70,395	65,122	60,231	63,197	404,290
Percent that Donated	14.32%	14.39%	14.33%	14.80%	13.75%	13.53%	14.21%
Washoe							
Donations	2,274	2,253	2,149	2,017	1,785	1,693	12,171
Registrations	21,988	21,519	20,075	18,046	16,024	16,238	113,890
Percent that Donated	10.34%	10.47%	10.70%	11.18%	11.14%	10.43%	10.69%

Notes

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Web and MyDMV Portal only.

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: January 15, 2016
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Budget Analyst
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 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 all funds received through December 2015.

Additional Information:

The three recipients of the funds will continue to provide quarterly reports on how the funds are being utilized.

Statutory Authority: NRS 244.2643, NRS 277A.285 and NRS 403.573

REVIEWED: <u>jm</u>
INFO ITEM: _____



CARSON CITY NEVADA
Consolidated Municipality and State Capital
PUBLIC WORKS

December 8, 2015

RECEIVED

DEC 11 2015

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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. To date, Carson City has not expended any of the funds collected through the program. However, the City is nearing completion of the design for the Downtown Carson Complete Street project. The City will begin construction of the Complete Street project on Carson Street between William and Fifth Streets in early 2016. It is expected that the total amount of available funding collected from the DMV through the Complete Streets Program will be applied toward the construction of this project at that time. City staff believes that this project meets the intent of the program and will be happy to provide quarterly updates going forward.

Carson City is grateful to be a part of this program and City staff believes that 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,

A handwritten signature in dark ink, appearing to read "Patrick Pittenger", is written over a horizontal line.

Patrick Pittenger, AICP, PTP
Transportation Manager
Carson City Public Works



REGIONAL TRANSPORTATION COMMISSION

Metropolitan Planning • Public Transportation & Operations • Engineering & Construction

Metropolitan Planning Organization of Washoe County, Nevada

December 29, 2015

Paul Nicks
State of Nevada
Governor's Finance Office
209 E. Musser Street, Room 200
Carson City, NV 89701-4298

Dear Mr. Nicks:

The Regional Transportation Commission (RTC) of Washoe County has received \$32,137.38 in voluntary contributions for the Complete Streets Program (CSP) as of December 2015. Please see attached general ledger revenue report. To date, the RTC has not expended or budgeted any CSP funds.

As per NRS 277A.285, the RTC is accounting for CSP funds separately and is accumulating them for future complete street project expenditures.

Attached is a copy of the RTC's approved FY16-FY20 Regional Transportation Improvement Plan (RTIP) which contains programmed amounts for several future complete street projects (see page 3). Also, the RTC is currently doing a complete streets study to be completed by April 2016 which will identify additional future complete street improvement projects. The RTC anticipates that CSP funds will be programmed towards an identified complete street project expenditure in either RTC's FY 2018 or FY 2019 annual budget.

As requested, the RTC will keep the Governor's Finance Office updated quarterly. Let me know if you have any additional questions.

Sincerely,

Stephanie Haddock, CGFM
Director of Finance/CFO
Regional Transportation Commission
of Washoe County

Attachments (3)

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)
Fiscal Year 2016 Total									(22,795.74)
PROJECT - LTD Total									(32,137.38)

REGIONAL TRANSPORTATION IMPROVEMENT PROGRAM - FY 2016-2020
WASHOE COUNTY, NEVADA

FUND SOURCE: SURFACE TRANSPORTATION PROGRAM WASHOE COUNTY URBANIZED AREA (STP-LOCAL) (Page 2 of 2)
 FEDERAL-CONGESTION, MAINTENANCE, TRANSIT-PRIORITIZED BY RTC

PROJECT DESCRIPTION	LIMITS	PHASE	PROJECT COSTS (\$000'S)					PROJECT CONTRIBUTIONS (\$000's)			
			FY 16	FY 17	FY 18	FY 19	FY 20	TOTAL	FEDERAL	STATE	LOCAL
Safe Routes to School Program	County-wide	O	\$120	\$120	\$120	\$120	\$120	\$600	\$570	\$0	\$30 ²
Oddie Blvd/Wells Ave Corridor - Phase 1 Multimodal Improvements	US 395 to Pyramid	E			\$1,550	\$1,550	\$4,000	\$7,100	\$6,745	\$0	\$355 ¹
Sun Valley Boulevard Multimodal Improvements		E			\$1,550	\$1,550	\$2,000	\$5,100	\$4,845	\$0	\$255 ¹
Mill Street/Terminal Way Multimodal Improvements		E				\$1,550		\$1,550	\$1,473	\$0	\$78 ¹
Sparks Boulevard Multimodal Improvements		E				\$1,550		\$1,550	\$1,473	\$0	\$78 ¹
		E									
		E									
		E									
Total Project Costs			\$5,970	\$8,020	\$6,720	\$6,820	\$6,620	\$34,150	\$32,443	\$18	\$1,690
STP-Local Balance Forward			\$491	\$1,261	\$83	\$140	\$102				
STP-Local Fund Allocation			\$6,441	\$6,441	\$6,441	\$6,441	\$6,441				
Available STP-Local Funds			\$6,932	\$7,702	\$6,524	\$6,581	\$6,543				
STP-Local Funds Scheduled for Programming			\$5,672	\$7,619	\$6,384	\$6,479	\$6,289				
STP-Local Carryover			\$1,261	\$83	\$140	\$102	\$254				
State Funds Scheduled for Programming			\$18	\$0	\$0	\$0	\$0				
Local Funds Scheduled for Programming			\$281	\$401	\$336	\$341	\$331				

¹ Match is RTC Funding

² Match is Washoe County School District Funding

Phases: E(Engineering/Design); R(Right-of-Way); C(Construction); O(Operations); V(Vehicles/Equipment)

Totals may vary slightly due to rounding

Approval Date 8-21-15

Using this process, the 2015 CSP funds will be allocated for expenditure during 2016 as follows:

1. City of Mesquite "Share the Road" Bike Signage project (\$12,000.00 allocation).

The city of Mesquite will construct "Share the Road" bike signs at the locations shown in **Figure 1**. Construction is anticipated to be complete on or before June 30, 2016.

2. City of Las Vegas Complete Street Improvements projects (\$118,119.66 allocation).

The city of Las Vegas will construct bike lanes, a pedestrian signal, a school flasher and refuge island, crosswalk upgrades/refuge islands, an asphalt pedestrian pathway, and high pedestrian streetlighting level upgrades at the locations described in **Figure 2**. Construction is anticipated to be complete on or before June 30, 2016.

Interlocal contracts between the RTC and the cities of Mesquite and Las Vegas for the above two projects are on track to be executed at the February 11, 2016 RTC board meeting.

Additionally, Las Vegas and Mesquite have committed to working with the RTC to produce an informational video(s) about the two projects, to be funded by the RTC, describing the project benefits, how the projects are funded, and how simple it is for people to contribute to the CSP fund when they register their vehicles with DMV.

We look forward to providing the Quarter 1 2016 update on or before April 1, 2016. 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,



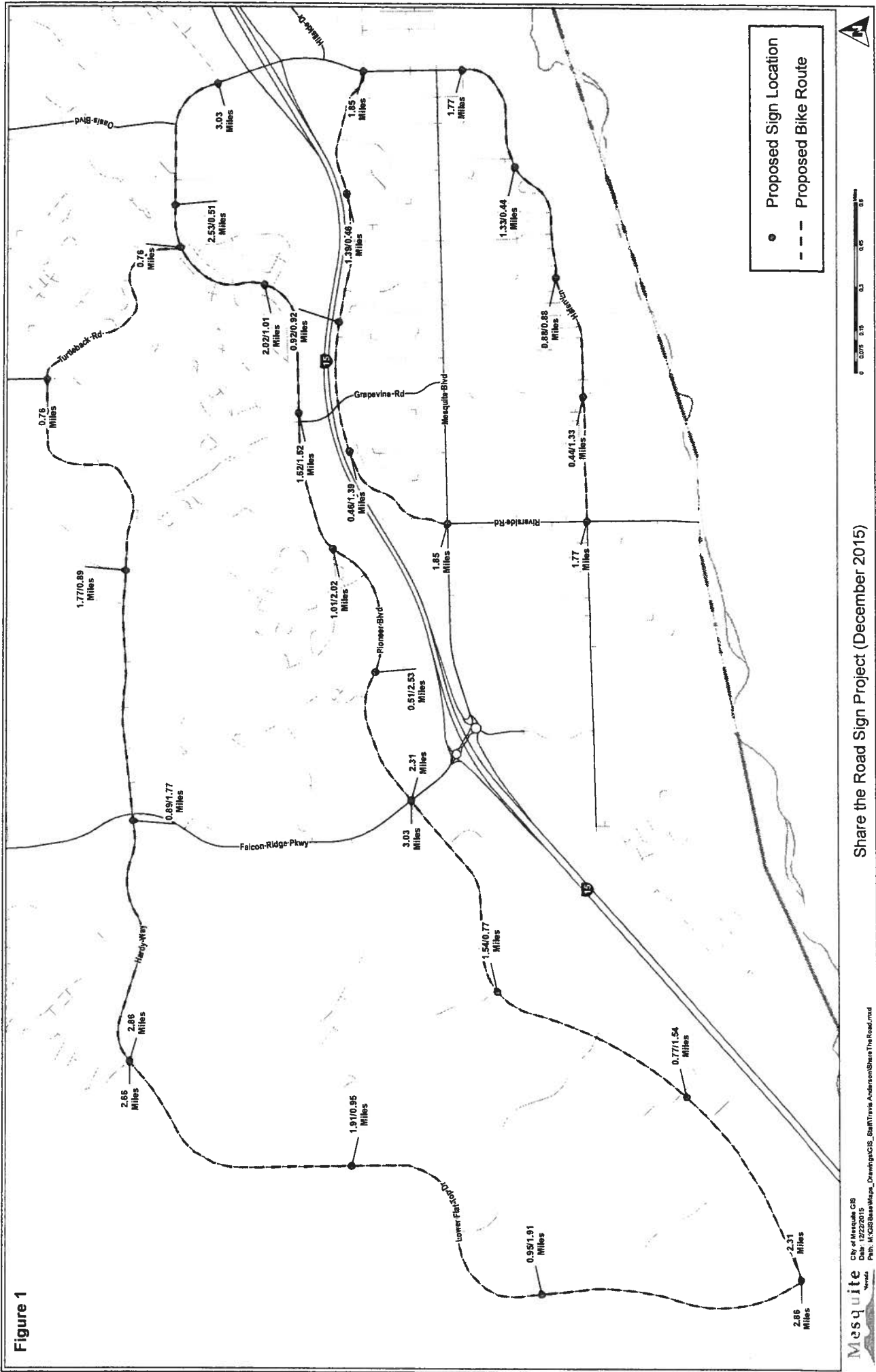
Paul M. (Mike) Hand, P.E.
Director of Engineering Services – Streets & Highways

Attachments

cc: (via e-mail)

Tina Quigley, General Manager
Fred Ohene, Deputy General Manager
Mike Janssen, Deputy Director/Transportation Manager, City of Las Vegas DPW
Travis Anderson, City Engineer, City of Mesquite

Figure 1



Share the Road Sign Project (December 2015)

Figure 2

City of Las Vegas - 2016 Complete Streets Program

No.	Location / Limits	Project Type	Activity
1	Fort Apache Road (Echelon Point Drive to Elkhorn Road)	Bike Lanes	In-House Construction
2	Hualapai Way (Dorell Lane to Grand Teton Drive)	Bike Lanes	In-House Construction
3	Grand Teton Drive (Hualapai Way to Grand Canyon Road)	Bike Lanes	In-House Construction
4	Lake Mead Boulevard (Thomas Ryan Road to CC215)	Bike Lanes	In-House Construction
5	El Camino Avenue (Las Verdes Street to Spanish Oaks Drive)	Bike Lanes	In-House Construction
6	D Street (Harrison to Lake Mead)	Bike Lanes	In-House Construction
7	Odette Lane (Charleston Blvd to Peccole Strada Street)	Bike Lanes	In-House Construction
8	Vegas Drive/Rock Springs Road	Pedestrian Signal	In-House Construction
9	N Mojave Road/E Harris Avenue	School Flasher and Refuge Island	In-House Construction and Contractor Support
10	Cimarron Road (Soaring Gulls to Sugar Bay Street)	Crosswalk Upgrades/Refuge Islands	In-House Construction and Contractor Support
11	Northbound Rancho (Holly Avenue to Coran Lane)	Asphalt Pedestrian Pathway	Contractor Supported
12	Tonopah Drive (Alta Drive to Charleston Blvd)	High Pedestrian Streetlighting Level Upgrade	In-House Construction
13	Golding Avenue (Tonopah Drive to Shadow Lane)	High Pedestrian Streetlighting Level Upgrade	In-House Construction

Total City of Las Vegas Complete Streets Funds: \$ 118,000

Brian Sandoval
Governor



James R. Wells
State Budget Director

Janet Murphy
Deputy State Budget 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: January 7, 2016

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

From: Debi Reynolds, Budget Analyst
Governor's Finance Office

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 VETERANS SERVICES

Agenda Item Write-up:

This disclosure reports a correction to the contract effective date between the Department of Veterans Services and Dietitians On Demand (CETS #16286). The contract effective date posted on the November 10, 2015, Board of Examiners agenda was January 7, 2015; however, the correct effective date is December 4, 2014.

Additional Information:

The error was recognized when an amendment to increase the maximum amount of the contract was needed. The amount in CETS has been corrected to reflect the correct amount included in the contract documents.

Statutory Authority:

None.

REVIEWED: JK

INFO ITEM:

Nikki L. Hovden

From: Jeremiah Duley
Sent: Friday, January 08, 2016 9:36 AM
To: Scott J. Ewart
Cc: Steve Schnelker; Nikki L. Hovden; Debi Reynolds; Janet E. Murphy; Melanie Young; Paul Nicks; Susan Brown
Subject: RE: Modify CETS Effective Date #16286

This is done.

Thanks,

Jeremiah Duley | Information Technology Professional IV

State of Nevada | Department of Administration | Enterprise IT Services

T: (775) 684-7329 | F: (775) 684-5846 | E: jduley@admin.nv.gov

From: Scott J. Ewart
Sent: Friday, January 08, 2016 9:07 AM
To: Jeremiah Duley
Cc: Steve Schnelker; Nikki L. Hovden; Debi Reynolds; Janet E. Murphy; Melanie Young; Paul Nicks; Susan Brown
Subject: Modify CETS Effective Date #16286

Jeremiah,

I have a request to modify a previously approved effective date on CETS contract 16286.

The original contract was approved retroactively to 12/4/14. However, when the contract was entered in CETS, Yes was selected for both: effective upon final approval, and retroactive. The contract was approved on behalf of the COB on 1/7/15, which is the effective date in CETS. The effective date should have been the retroactive date of 12/4/14.

Can you please modify the original contract effective date in CETS to reflect the retroactive date of 12/4/14 and change the effective upon final approval to No? Ideally this should occur at the original contract level and cascade through the three amendments. If that behavior is not the result, the original and the three amendments will each require the manual update.

Please let me know if you have any questions.

Thank you

PLEASE NOTE MY REVISED EMAIL ADDRESS BELOW

Scott J. Ewart | Budget Analyst | Governor's Finance Office
State of Nevada | Budget Division
209 E. Musser Street, Room 200, Carson City, NV 89701-4298
T: (775) 684-0250 | F: (775) 684-0260 | E: sewart@finance.nv.gov

Date: _____

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: **16286**Amendment Number: **3**Agency Name: **OFFICE OF VETERANS SERVICES**Legal Entity Name: **Dietitians On Demand**Agency Code: **240**Contractor Name: **Dietitians On Demand**
Address: **2706 Enterprise Parkway**Appropriation Unit: **2561-04**Is budget authority available?: **Yes**City/State/Zip: **Henrico, VA 23294**If "No" please explain: **Not Applicable**Contact/Phone: **Ryan Davis 804-545-9162**

Vendor No.:

NV Business ID: **NV20141782069**To what State Fiscal Year(s) will the contract be charged? **2015-2017**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Federal and Private funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/07/2015 12/4/14**Anticipated BOE meeting date **02/2016**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2016**Contract term: **1 year and 359 days**4. Type of contract: **Contract**Contract description: **Registered Dietitian**

5. Purpose of contract:

This is the third amendment to the original contract, which continues registered dietician services. This amendment increases the maximum amount from \$99,000 to \$211,720 to cover the costs through the contract period 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	\$0.00	\$49,999.00	Yes - Info
a. Amendment 1:	\$50,000.00	\$50,000.00	\$99,999.00	Yes - Action
b. Amendment 2:	\$0.00	\$50,000.00	\$0.00	No
4. Amount of current amendment (#3):	\$111,721.00	\$111,721.00	\$111,721.00	Yes - Action
5. New maximum contract amount:	\$211,720.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Home is required to have a Registered Dietitian employed or on contract to establish and review proper diets and restrictions for residents. The State employee in this position left on August 1, 2014 and the Home has not been able to hire another employee full-time. The Home has found a dietitian to work on contract through this agency until a new employee can be hired.

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

No State employees are available to perform this 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 only agency or organization that could find a dietitian to agree to a temporary assignment with the Veterans Home. State processes have not provided candidates for this position, and the Home MUST have a dietitian in place per CMS Guidelines.

d. Last bid date: 12/04/2014 Anticipated re-bid date: 12/04/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	01/04/2016 11:48:50 AM
Division Approval	agarland	01/04/2016 11:48:53 AM
Department Approval	agarland	01/04/2016 11:48:56 AM
Contract Manager Approval	agarland	01/04/2016 11:49:01 AM