

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18306**

Agency Name: **ATTORNEY GENERAL'S OFFICE**
Agency Code: **030**
Appropriation Unit: **1040-25**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **LAW OFFICES OF CHRIS HALSOR**
Contractor Name: **LAW OFFICES OF CHRIS HALSOR**
Address: **CHRISTOPHER HALSOR
607 10TH STREET STE 102
GOLDEN, CO 80401-1053**
City/State/Zip: **GOLDEN, CO 80401-1053**
Contact/Phone: **CHRIS HALSOR 303-547-0470**
Vendor No.: **T27040349**
NV Business ID: **NV20161694977**

To what State Fiscal Year(s) will the contract be charged? **2017-2018**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2017**

Contract term: **271 days**

4. Type of contract: **Contract**

Contract description: **Attorney**

5. Purpose of contract:

This is a new contract to provide training to prosecutors to assist in evaluating and prosecuting DUI and DUI related vehicular homicide cases and provide data and reports relating to those cases for future training needs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,818.00**

Payment for services will be made at the rate of \$9,535.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Traffic Safety Resource Prosecutor (TSRP) position is designed to improve the ability of Nevada's prosecutors to effectively evaluate and prosecute DUI and DUI-related vehicular homicide cases, thereby reducing the incidence of driving under the influence and highway fatalities within Nevada. The TSRP will provide intense and specialized DUI prosecution training statewide to better hold impaired driving perpetrators accountable.

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

We do not have ongoing funding for a full time employee in this agency for this position. Additionally, the Traffic Safety Prosecutor trainer needs to be specialized in DUI prosecution.

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?

14 years experience prosecuting DUI cases.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	12/02/2016 12:21:52 PM
Division Approval	cschon1	12/02/2016 12:22:04 PM
Department Approval	cschon1	12/02/2016 12:22:08 PM
Contract Manager Approval	Iramire7	12/02/2016 13:40:29 PM
Budget Analyst Approval	dstoddar	12/05/2016 09:14:25 AM
BOE Agenda Approval	lfree1	12/09/2016 10:14:41 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: **16992** Amendment Number: **2**
 Agency Name: **DEPARTMENT OF TAXATION** Legal Entity Name: **DVS Technologies, LLC**
 Agency Code: **130** Contractor Name: **DVS Technologies, LLC**
 Appropriation Unit: **2361-04** Address: **150 N DURANGO DRIVE SUITE 250**
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89145**
 If "No" please explain: **Not Applicable** Contact/Phone: **Russ Goeckner 702-938-8000**
 Vendor No.: **T27037866**
 NV Business ID: **NV20131102313**

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

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

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

Agency Reference #: 61015

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 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2019**
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **Hosted Call Center**

5. Purpose of contract:
This is the second amendment to the original contract, which provides hosted call center services to the Nevada Department of Taxation. This amendment increases the maximum amount from \$133,688 to \$188,688 due to an increased volume of calls and clarifies certain language.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$88,000.00	\$88,000.00	\$88,000.00	Yes - Action
a. Amendment 1:	\$45,688.00	\$133,688.00	\$133,688.00	Yes - Info
2. Amount of current amendment (#2):	\$55,000.00	\$55,000.00	\$100,688.00	Yes - Action
3. New maximum contract amount:	\$188,688.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
 The 2009 Legislature funded the Taxation Call Center in recognition of the department's inability to satisfactorily address taxpayer service needs, particularly related to timely response to their calls and correspondence. The Call Center has enabled the department to successfully address these areas and meet taxpayer service needs.

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 expertise or resources to develop and maintain the technology and software provided by a hosted call center provider. Other state agencies are unable to provide hosted call center services, including the ability to track call center statistics, generate a variety of reports, provide regular updates to the caller on his placement in the queue, provide agent/supervisor connectivity, provide automated caller distribution, and record calls and maintain copies for 90 days.

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?

DVS Technologies, LLC was the only vendor to submit a bid.

d. Last bid date: 06/10/2015 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:

Nevada Corporation

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhunnewe	12/05/2016 11:01:26 AM
Division Approval	rgimlin	12/05/2016 15:24:36 PM
Department Approval	rgimlin	12/05/2016 15:24:39 PM
Contract Manager Approval	rgimlin	12/05/2016 15:24:45 PM
Budget Analyst Approval	dstoddar	12/06/2016 16:56:29 PM
BOE Agenda Approval	lfree1	12/09/2016 10:05:21 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: **15026** Amendment Number: **2**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **INTERNATIONAL BUSINESSS MCHNS**

Agency Code: **180** Contractor Name: **INTERNATIONAL BUSINESSS MCHNS**

Appropriation Unit: **1385-26** Address: **CORP DBA IBM CORPORATION**

Is budget authority available?: **Yes** City/State/Zip: **ATLANTA, GA 30353-4151**

If "No" please explain: **Not Applicable** Contact/Phone: **Jelita Holmesly 714/270-3437**

Vendor No.: **PUR0000395E**

NV Business ID: **NV20031004664**

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	100.00 % User Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/21/2013**

Anticipated BOE meeting date **01/2017**

Retroactive? **Yes**

If "Yes", please explain

Due to concerns regarding a new Master Lease Agreement that was presented to the State along with the order for the equipment upgrade, and the challenges in negotiating the new agreement in a short time, the deadline to have the lease agreement in place by December was delayed. IBM Finance agreed to use the existing Master Lease Agreement on 11/29/16, for the addition of the upgrade equipment. Additionally, December approval was required to guarantee the State's pricing at a lower cost.

3. Previously Approved Termination Date: **03/31/2018**

Contract term: **4 years and 162 days**

4. Type of contract: **Contract**

Contract description: **Mainframe Storage**

5. Purpose of contract:

This is the second amendment to the original Master Lease Agreement No. 6403000 providing IBM Mainframe Storage Equipment required to upgrade/replace existing storage that cannot perform parallel access volumes or encryption of data at rest. This amendment is for a capacity upgrade to the DS8870 disk subsystem and increases the maximum amount from \$1,348,708.73 to \$1,438,771.33.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$605,747.84	\$605,747.84	\$605,747.84	Yes - Action
a. Amendment 1:	\$742,960.89	\$1,348,708.73	\$1,348,708.73	Yes - Action
2. Amount of current amendment (#2):	\$90,062.60	\$90,062.49	\$90,062.49	Yes - Action
3. New maximum contract amount:	\$1,438,771.33			

II. JUSTIFICATION

7. What conditions require that this work be done?

The current equipment will not fulfill the requirements of the IRS audit of Health and Human Services which requires that all data leaving the State IBM mainframe via Wide Area Network (WAN) or Local Area Network (LAN) be encrypted by October 1, 2013, a deadline established by Obama Healthcare for data at rest to be stored.

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

Lack of expertise.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 130806B1

Approval Date: 12/06/2016

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

WSCA contract terms have been competitively bid and the operating lease terms are better than the contract WSCA prices, the competitive bid is not necessary.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2013 to current, Enterprise IT Services, satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	12/06/2016 15:05:14 PM
Division Approval	amarangi	12/06/2016 15:05:19 PM
Department Approval	amarangi	12/06/2016 15:05:29 PM
Contract Manager Approval	amarangi	12/06/2016 15:28:23 PM
DoIT Approval	csweeney	12/09/2016 14:11:51 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: CONV5718	Amendment Number: 7
Agency Name: DEPARTMENT OF EDUCATION	Legal Entity Name: Special Education Data Service
Agency Code: 300	Contractor Name: Special Education Data Services & Inform Systems
Appropriation Unit: 2715-14	Address: 5425 Liberty Road
Is budget authority available?: Yes	City/State/Zip: Dallas, OR 97338
If "No" please explain: Not Applicable	Contact/Phone: Bruce Bull 503589966021
	Vendor No.: T32000794
	NV Business ID: NV20101847462

To what State Fiscal Year(s) will the contract be charged? **2008-2019**

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 **05/13/2008**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2017**

Contract term: **10 years and 265 days**

4. Type of contract: **Contract**

Contract description: **Computer Related Services**

5. Purpose of contract:

This is the seventh amendment to the original contract which provides for enhancements for content and technical data consulting to the department on integrating special education data collections into student level collection into BigHorn and maintenance and support of the original Nevada Special Education Accountability and Reporting System. This amendment extends the termination date from January 31, 2017 to January 31, 2019 and increases the maximum amount from \$1,231,760 to \$1,358,760 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:	\$571,972.00	\$571,972.00	\$571,972.00	Yes - Action
a. Amendment 1:	\$181,788.00	\$753,760.00	\$753,760.00	Yes - Action
b. Amendment 2:	\$250,000.00	\$821,972.00	\$821,972.00	Yes - Action
c. Amendment 3:	\$0.00	\$571,972.00	\$571,972.00	No
d. Amendment 4:	\$0.00	\$571,972.00	\$571,972.00	No
e. Amendment 5:	\$0.00	\$571,972.00	\$571,972.00	No
f. Amendment 6:	\$228,000.00	\$799,972.00	\$799,972.00	Yes - Action
2. Amount of current amendment (#7):	\$127,000.00	\$127,000.00	\$127,000.00	Yes - Action
3. New maximum contract amount:	\$1,358,760.00			

and/or the termination date of
the original contract has
changed to:

01/31/2019

II. JUSTIFICATION

7. What conditions require that this work be done?

The current data collection methods for acquiring these federally required data are inefficient and result in data that does not meet desired levels of validity and reliability.

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

State employees do not have the staffing or skill set necessary to enhance NV SEARS.

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 #: 157
Approval Date: 11/01/2016

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

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

10. Does the contract contain any IT components? 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

amccalla

11/21/2016 07:38:02 AM

Division Approval	amccalla	11/21/2016 07:38:04 AM
Department Approval	amccalla	11/21/2016 07:38:07 AM
Contract Manager Approval	ablackwe	11/29/2016 07:43:09 AM
DoIT Approval	bbohm	11/29/2016 08:16:58 AM
Budget Analyst Approval	knielsen	12/13/2016 11:02:48 AM
BOE Agenda Approval	sbrown	12/15/2016 13:57:33 PM



Purchasing Use Only:	
Approval #:	157

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:			
	State Agency:	Nevada Department of Education		
	Contact Name(s) and Titles:	Will Jensen, Director, Office of Special Education,		
	Telephone Number(s):	Will Jensen 775-687-9146		
	Email Address(s):	wjensen@doe.nv.gov		

2	Contractor Information:			
	Contractor:	Special Education Data Services & Information Systems		
	Contact Name:	Bruce Bull		
	Address:	5425 Liberty Road		
	Phone Number:	503-831-0151		
Email Address:	bruce.bull@spedsis.com			

3	Ongoing relationship disclosure – List all previous contract information:			
	Procurement method:			
	CETS #:			
	Contract “not to exceed amount”:			
	Contract term:	Start date: mm/dd/yy		End date: mm/dd/yy

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:	RFP 1674		
	Quote, solicitation # if applicable:			
	Waiver, provide number:			
Other:				

5	Current contract information:			
	CETS #:	CONV5718		
	Initial contract “not to exceed amount”:	\$571,972.00		
	Contract term:	Start date: mm/dd/yy	5/13/08	End date: mm/dd/yy

Amendment information – List all previously approved amendments:				
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	<i>Increase Contract Amount</i>	\$753,760.00	
	2	<i>Increase Contract Amount</i>	\$1,003,760.00	
	3	<i>Increase Contract Term</i>		05/12/12
	4	<i>Increase Contract Term</i>		1/12/13
	5	<i>Increase Contract Term</i>		3/15/13
	6	<i>Increase Contract Amount and Increase Contract Term</i>	\$1,231,760.00	1/31/17

Proposed amendment information:				
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	7	<i>Increase Contract Amount and Increase Contract Term</i>	\$1,358,760.00	1/31/19

8 **What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):**

In 2008, Purchasing completed an RFP for the Nevada Special Education Accountability and Reporting System (NVSEARS). SpedSis was awarded the contract at that time and has since built, implemented and maintained this robust and complex web-base application that securely collects, enters, processes, and reports selected student data and district IDEA required data. The initial cost of building and implementing NVSEARS was \$600,000.00. It is truly in the best interest of the State at this time to continue to utilize SpedSis as the contractor for this system due to the amount of money spent in having the system developed/built along with the fact that this system is currently implemented effectively in all 17 school districts and the state public charter school authority. SpedSis continues to be essential with the implementation and maintenance of the current system. This contract extension is primarily to provide for maintenance of the existing data system along with any potential modifications, enhancements or expansions based on changes in reporting requirements for the NDE.

9 **What are the potential consequences to the State if the contract extension request is denied?**

The time and cost involved in implementing a new special education data system would be extreme in a time where money is already limited. It would likely require 6-12 months for another vendor to become fluent enough with the existing system and code to fully support the day-to-day needs of NV SEARS. This learning curve would be steep for the vendor and put the NDE and districts at risk for not having a functional system in place. The current system is utilized by all 17 school districts in the state and staff in those districts have been trained through many professional development activities over the course of the past eight years and are proficient in using NV SEARS at this time. Potentially having to switch to a new system will impact personnel statewide and highly impact an already limited budget.

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.

Will Jensen

Signature of Agency Representative Initiating Request

Will Jensen

Print Name of Agency Representative Initiating Request

9/19/16
Date

[Signature]

Signature of Agency Head Authorizing Request

Steve Canavero

Print Name of Agency Head Authorizing Request

9.26.16
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:

[Signature]

Administrator, Purchasing Division or Designee

11-1-2016
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16917	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: MYERS AND STAUFFER, LC
Agency Code: 403	Contractor Name: MYERS AND STAUFFER, LC
Appropriation Unit: 3158-04	Address: 4400 Cox Road, Suite 110
Is budget authority available?: Yes	City/State/Zip: Glen Allen, VA 23060
If "No" please explain: Not Applicable	Contact/Phone: 804-270-2200
	Vendor No.: T81098965
	NV Business ID: NV20001070243

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 %	County Funds

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 **12/2016**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **09/30/2019**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **CPE County Audits**

5. Purpose of contract:

This is the first amendment to the original contract which provides reviews of the cost allocation plans and cost reports submitted by governmental entities that provide services such as targeted case management, school based services and administrative services. This amendment increases the maximum amount from \$548,453 to \$1,305,453 to add reviews of cost reports for fire districts in 20 counties.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$584,453.00	\$584,453.00	\$584,453.00	Yes - Action
2. Amount of current amendment (#1):	\$721,000.00	\$721,000.00	\$721,000.00	Yes - Action
3. New maximum contract amount:	\$1,305,453.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Necessity to ensure accuracy in certified public expenditure (CPE) reimbursement to the counties for targeted case management, school based services, and administrative services among others.

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

DHCFP does not have the resources to conduct these reviews annually.

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

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

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor 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 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	10/18/2016 14:16:06 PM
Division Approval	mlewi7	11/28/2016 11:43:11 AM
Department Approval	ecreceli	11/29/2016 08:47:44 AM
Contract Manager Approval	aree2	11/29/2016 11:14:23 AM
Budget Analyst Approval	laaron	12/02/2016 14:54:03 PM
BOE Agenda Approval	nhovden	12/14/2016 13:46:02 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18298**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: XCEL MAINTENANCE SERVICES INC
Agency Code: 406	Contractor Name: XCEL MAINTENANCE SERVICES INC
Appropriation Unit: 3161-07	Address: 8920 COLORFUL PINES AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89143-4403
If "No" please explain: Not Applicable	Contact/Phone: Kathia Winchell 702/355-3895
	Vendor No.: T81103343
	NV Business ID: NV20021426879

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

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

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

Agency Reference #: **RFP 3275/C 15859**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2017**

Anticipated BOE meeting date **01/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide janitorial services for the West Charleston campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$408,492.00**

Payment for services will be made at the rate of \$0.00 per month

Other basis for payment: \$7,985.00 per month first year; \$7,985.00 per month second year; \$8,225.00 per month third year; \$8,225.00 per month fourth year; 5% in contingency for unexpected needs.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 331.080 authorizes expenditures for maintenance and repair for the health and well being of staff, clients, families, and visitors. It is necessary to have janitorial services to keep the buildings clean and germ free.

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

Southern Nevada Adult Mental Health Services does not have the staff or resources available to provide this after hours 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):

Tormar Cleaning Services
One Heart Janitorial Services
Xcel Maintenance Services

b. Solicitation Waiver: **Not Applicable**

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

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

d. Last bid date: 08/16/2016 Anticipated re-bid date: 08/01/2020

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:

The vendor currently holds several contracts with Buildings and Grounds for janitorial services and has provided excellent service.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	12/05/2016 09:19:48 AM
Division Approval	chadwic1	12/05/2016 09:19:50 AM
Department Approval	ecreceli	12/05/2016 16:00:44 PM
Contract Manager Approval	rfine	12/06/2016 10:32:42 AM
Budget Analyst Approval	laaron	12/07/2016 08:59:13 AM
BOE Agenda Approval	sbrown	12/20/2016 15:38:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17998**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: MAXIMUS HUMAN SERVICES INC
Agency Code: 407	Contractor Name: MAXIMUS HUMAN SERVICES INC
Appropriation Unit: 3238-04	Address: 2755 Pence Loop Southeast
Is budget authority available?: Yes	City/State/Zip: Salem, OR 97302
If "No" please explain: Not Applicable	Contact/Phone: 971-915-5151
	Vendor No.: T32002765
	NV Business ID: NV20091030881

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

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

General Funds	0.00 %	Fees	0.00 %
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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Employer Web Service**

5. Purpose of contract:

This is a new contract providing web hosting and maintenance of the web based electronic system for the Nevada Child Support Employer Services Center. Trouble-shooting services include access to telephone support and in-person support on an as-needed basis.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$125,000.00 per Fiscal Year

Other basis for payment: \$100,000 in annual maintenance not to exceed 350 hours and \$25,000 in web hosting costs.

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal regulations allow the Child Support Enforcement Program to obtain employment verification information on non-custodial parents for the purpose of enforcing child support court orders.

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

State employees do not have the resources nor expertise to provide this service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

To continue to provide maintenance to the current system developed by this vendor.

(Per purchasing, a solicitation waiver is not required for ongoing maintenance and/or support for a system already purchased/installed and in use by the State. See Addl. Info - do not print)

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Previously under contract with DWSS and provided satisfactory services.

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

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

Not Applicable

14. The contractor is 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	tdufresn	07/22/2016 16:18:27 PM
Division Approval	msmit5	11/18/2016 11:47:22 AM
Department Approval	ecreceli	11/21/2016 15:55:34 PM
Contract Manager Approval	sjon23	11/28/2016 15:29:32 PM
Budget Analyst Approval	dstoddar	11/30/2016 12:58:14 PM
BOE Agenda Approval	nhovden	11/30/2016 15:32:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18242**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: PBS LEARNING INSTITUTE, INC.
Agency Code: 409	Contractor Name: PBS LEARNING INSTITUTE, INC.
Appropriation Unit: 3148-04	Address: 639 GRANITE ST STE 112
Is budget authority available?: Yes	City/State/Zip: BRAINTREE, MA 02184-5367
If "No" please explain: Not Applicable	Contact/Phone: Diane McLevedge 781/843-2663
	Vendor No.: T32002603
	NV Business ID: NV20131595617

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Quality Improvement**

5. Purpose of contract:

This is a new contract to provide continuing identification, monitoring and improvement of youth correctional facility conditions and treatment services to incarcerated youth using national standards and outcome measures.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$120,000.00**

Payment for services will be made at the rate of \$10,000.00 per facility per year

II. JUSTIFICATION

7. What conditions require that this work be done?

DCFS Juvenile Services must ensure that youth under our care and custody receive quality care and supervision in a safe and secure manner. PbS for Youth Correction and Detention Facilities is a system for agencies and facilities to identify, monitor and improve conditions and treatment services provided to incarcerated youths using national standards and outcome measures.

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

PbS is a specific, nationally recognized improvement program developed by the Council of Juvenile Correctional Administrators (CJCA). State employees in our agency and other State agencies are not trained in delivering this 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: **Exempt (Per statute)**

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

Per NRS 332.195 - Join a contract of another state's contract. The contract being joined is with the State of New Mexico and expires in June 2017.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes, this vendor was contracted with DCFS from January 2014 through December 2016. 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	dander16	11/09/2016 08:32:43 AM
Division Approval	dkluever	11/29/2016 16:18:46 PM
Department Approval	jkolenut	11/30/2016 15:38:22 PM
Contract Manager Approval	sknigge	11/30/2016 16:07:08 PM
DoIT Approval	bbohm	12/05/2016 06:15:24 AM
Budget Analyst Approval	dstoddar	12/06/2016 10:10:37 AM
BOE Agenda Approval	nhovden	12/14/2016 13:37:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14128	Amendment Number: 2	
	Legal Entity Name: Renown Regional Medical Center	
Agency Name: DEPARTMENT OF CORRECTIONS	Contractor Name: Renown Regional Medical Center	
Agency Code: 440	Address: 1316 Capital Blvd	
Appropriation Unit: 3706-50	City/State/Zip: Reno, NV 89502	
Is budget authority available?: Yes	Contact/Phone: Michele Tarantino, VP Supply Chain Operations 775-982-4748	
If "No" please explain: Not Applicable	Vendor No.: T41975000	
	NV Business ID: NV19851012417	

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2013**

Anticipated BOE meeting date 12/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2017**

Contract term: **8 years and 1 day**

4. Type of contract: **Contract**

Contract description: **HIV/AIDS Services**

5. Purpose of contract:

This is the second amendment to the original contract which continues ongoing on-site specialty health clinics for HIV/AIDS and other infectious diseases to prescribe and provide drugs from a 340B pharmacy for inmates statewide. This amendment extends the termination date from April 30, 2017 to April 30, 2021 and increases the maximum amount from \$5,600,000 to \$17,153,906 due to an increase in inmate population need and the cost of drugs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,600,000.00	\$5,600,000.00	\$5,600,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$5,600,000.00	\$5,600,000.00	No
2. Amount of current amendment (#2):	\$11,553,906.00	\$11,553,906.00	\$11,553,906.00	Yes - Action
3. New maximum contract amount:	\$17,153,906.00			
and/or the termination date of the original contract has changed to:	04/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The on-site specialty health care clinics provide treatment and drugs through a 340B pharmacy program for individuals incarcerated in the department facilities statewide. This program is the primary means of access to life saving drugs and treatment for inmates.

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

Historically the department has outsourced the purchase of life saving drugs to a provider with access to 340B drug pricing in order to reduce treatment and/or drug costs for inmates with infectious diseases.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 130204B

Approval Date: 12/06/2016

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

Renown Regional Medical Center is the only Disproportionate Share Hospital (DSH) in Nevada that can provide this program to the department statewide.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

FY10 with the Nevada Department of Corrections. Service has been verified as satisfactory.

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

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

Not Applicable

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

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	sewart	12/01/2016 09:59:04 AM
Division Approval	sewart	12/01/2016 09:59:07 AM
Department Approval	sewart	12/01/2016 09:59:10 AM
Contract Manager Approval	jhardy	12/08/2016 09:47:21 AM
Budget Analyst Approval	laaron	12/08/2016 11:21:47 AM



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

Purchasing Use Only:

130204

SOLICITATION WAIVER REQUEST FORM

1. a. Identify State agency and the contact person's name, title, telephone number and email address for this request:

Nevada Department of Corrections (NDOC)
Janet Hardy, Contracts Manager, (775) 887-3333, jahardy@doc.nv.gov

- b. Vendor contact information:

Renown Regional Medical Center, Kirk Gillis, VP of Workers' Compensation

- c. Type of waiver requested: Sole or single source Professional Service Exemption

2. Description of work/services to be performed or commodity/good to be purchased:

Renown Regional Medical Center will provide HIV treatment and drugs to inmates within NDOC through their 340B Drug Pricing Program. Generally inmates do not have access to federally funded programs. 340B Drug Pricing Program is available for outpatient drugs to "covered entities" that provide outpatient services to disadvantaged clients. Covered entities include: Federally qualified health centers, disproportionate share hospitals and Ryan White grantees. NDOC inmates previously had access to the 340B Drug Pricing Program with Northern Nevada HOPES (a Ryan White grantee) through a subgrant from the Health Division of the Department of Health and Human Services. DHHS was informed by the federal Health Resources and Services Administration (HRSA) that inmates are prohibited from participating in a 340B Drug Pricing Program from a Ryan White grantee. The Ryan White program specifically prohibits inmates from participating. Nationally, the only model that permits inmate participation in a 340B Drug Pricing Program utilizes a Disproportionate Share Hospital (DSH) as the covered entity. Renown is a DSH.

3. Describe the unique qualification required for the service or good to be purchased:

Renown Regional Medical Center pharmacy is eligible to participate in the 340B Drug Pricing Program because they are a DSH (Disproportionate Share Hospital).

4. Explain why this service or good cannot be competitively bid; if an emergency purchase please justify:

Renown Regional Medical Center and University Medical Center (UMC) in Las Vegas are the only Disproportionate Share Hospitals in Nevada. UMC by their charter cannot provide services outside of Clark County and this program with NDOC is statewide. UMC has indicated that they have no interest in this project. The covered entity not only supplies the drugs, but also must

utilize their own providers and keep their own medical records, so that the patients participating in these clinics are their patients. NDOC reimburses Renown for the drugs and services provided.

5. What are the potential consequences to the State of Nevada if the waiver request is denied and the service or good is competitively bid:

The Department will pay significantly higher drug prices if forced to procure drugs through their normal channels with Cardinal Health and the Minnesota Multisate Contracting Alliance for Pharmaceuticals (MMCAP). In FY10, NDOC paid approximately \$700,000 more for the drugs alone procuring the drugs from Cardinal through MMCAP versus the cost of the clinics providing drugs and services through Renown in FY11 for a similar number of patients.

6. What market research was conducted to substantiate that there is no competition for the service or good? Please include an evaluation of other items considered, and provide documentation.

There has been no change in available service since our last approved waiver Request #100212.

The Department previously utilized the 340B Pharmacy at Northern NV HOPES through a subgrant with the Department of Health and Human Services, Health Division to provide the services and drugs for NDOC inmate patients as part of the Ryan White HIV/AIDS program. Approximately four years ago, DHHS was informed by the federal Health Resources and Services Administration (HRSA) that inmates are prohibited from participating in the 340B drug purchase program from a Ryan White grantee. Inmates are allowed to access the 340B drug pricing program through a Disproportionate Share Hospital if certain requirements are met. Renown is a DSH and they have investigated this process through Office of Pharmacy Affairs and determined that a contract with NDOC for HIV/AIDS inmates utilizing the 340B drug pricing program is permissible.

7. How did your agency determine that the price/cost is fair or reasonable absent a competitive solicitation?

The 340B program is a federal program where providers may purchase prescription medications at significantly reduced prices. The prices in the 340B program are not advertised, so a direct comparison is not available. NDOC uses MMCAP for prescription medication purchases and MMCAP was selected by the State based on a competitive bid. HIV drugs supplied to NDOC inmates by Renown through their 340B Drug Pricing Program cost significantly less than MMCAP procured HIV drugs. In FY10, NDOC paid approximately \$700,000 more for the drugs alone procuring the drugs from Cardinal through MMCAP versus the cost of the clinics providing drugs and services through Renown in FY11 for a similar number of patients.

8. What is the estimated value and length of the contract, amendment or request?

Contract will be for four (4) years at an estimated value of \$5,600,000.00

a. New contract Y N **This new contract waiver request is being initiated before the end of the 4 year approved solicitation waiver request #100212. (See attached memo)**

b. Amendment Y N Amendment No. _____
{provide copy of previous waiver(s)}

Nevada Department of Corrections
Requesting agency


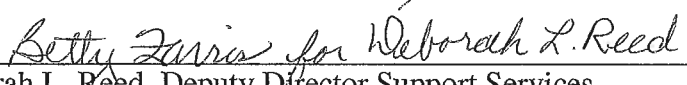
hereby requests approval for

Renown Regional Medical Center
Proposed vendor

to provide the service/good for the amount and term as described above.

By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

X 	2/19/13
Janet L. Hardy, Contracts Manager Agency Representative Initiating Request	Date
X 	2-19-13
Deborah L. Reed, Deputy Director Support Services Agency Head Authorizing Request	Date

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

Signed:

X	
Reviewing Agency/Entity Signature	Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b) and 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.

Approving Authority:

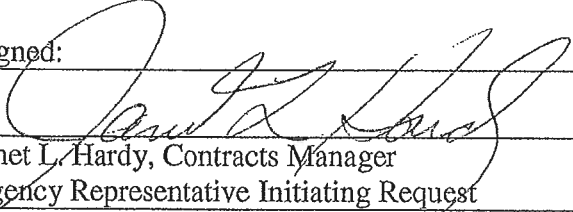
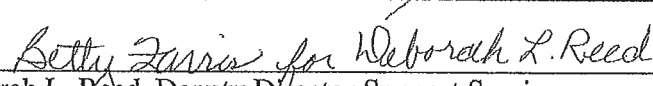
X	
Administrator, Purchasing Division	Date

Nevada Department of Corrections hereby requests approval for Renown Regional Medical Center
Requesting agency Proposed vendor

to provide the service/good for the amount and term as described above.

By signing below I hereby certify that the information provided in this form is true and accurate to the best of my knowledge.

Signed:

X 	2/19/13
Janet L. Hardy, Contracts Manager Agency Representative Initiating Request	Date
X 	2-19-13
Deborah L. Reed, Deputy Director Support Services Agency Head Authorizing Request	Date

In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada, State Purchasing has solicited a review of your request from another agency/entity. The signature below indicates that agency/entity has reviewed the information submitted. This signature does not exempt your agency from any other processes that may be required.

Signed:

X  N/A	
Reviewing Agency/Entity Signature	Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b) and 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.

Approving Authority:

X 	^{AS} 2-27-13
Administrator, Purchasing Division	Date

State of Nevada
Department of Administration

Purchasing Division

515 B. Mussor Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	130204 B

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:	Nevada Department of Corrections (NDOC)	
	Contact Name and Title	Phone Number	Email Address
	Venus Fajota, Chief of Purchasing/Inmate Services	775/887-3234	vfajota@doc.nv.gov
	Janet Hardy, Contracts Manager	775/887-3333	jahardy@doc.nv.gov

Vendor Information:	
Identify Vendor:	Renown Regional Medical Center
Contact Name:	Megan Landon, Contract Director
Address:	1155 Mill Street, Z-7, Reno, NV 89502
Telephone Number:	775/982-5709
Email Address:	mlandon@renown.org

Type of Waiver Requested – Check the appropriate type:	
1e Sole or Single Source:	<input checked="" type="checkbox"/>
Professional Service Exemption:	<input type="checkbox"/>

Contract Information:			
1d Is this a new Contract?	Yes	No	<input checked="" type="checkbox"/>
Amendment:	#2		
CETS:	#14128		

Term:			
1e One (1) Time Purchase:	<input type="checkbox"/>		
Contract:	Start Date:	05/01/2013	End Date:
			04/30/2021

Funding:	
1f State Appropriated:	BA 3706 CAT 50
Federal Funds:	
Grant Funds:	
Other (Explain):	

Total Estimated Value of this Service Contract, Amendment or Purchase:	
1g Original Contract Amount:	\$5,600,000; Amount of 1 st Amendment: \$0.00; Amount of this request: \$11,553,906; new total contract amount: \$17,153,906.

Provide a description of work/services to be performed or commodity/good to be purchased:

2 Renown Regional Medical Center provides HIV treatment and drugs to inmates within NDOC through their 340B Drug Pricing Program. Generally inmates do not have access to federally funded programs. 340B Drug Pricing Program is available for outpatient drugs to "covered entities" that provide outpatient services to disadvantaged clients. Covered entities include: Federally qualified health centers, disproportionate share hospitals and Ryan White grantees. Previous to this contract, NDOC inmates had access to the 340B Drug Pricing Program with Northern Nevada HOPES (a Ryan White grantee) through a subgrant from the Health Division of the Department of Health and Human Services. DHHS was informed by the federal Health Resources and Services Administration (HRSA) that inmates are prohibited from participating in a 340B Drug Pricing Program from a Ryan White grantee. The Ryan White program specifically prohibits inmates from participating. Nationally, the only model that permits inmate participation in a 340B Drug Pricing Program utilizes a Disproportionate Share Hospital (DSH) as the covered entity. Renown is a DSH.

Amendment #1 to Solicitation Waiver #130204 was not sent to State Purchasing for approval because Shannon Berry advised NDOC that an amendment for scope of work only did not need to have an amendment to the existing waiver approved by State Purchasing. Therefore, Amendment #1 was only sent to the Budget Office for approval.

This amendment #2 will extend the contract termination date from 4/30/17 to 4/30/21 and will increase the maximum contract amount from \$5,600,000 to \$17,153,906 due to an increase in inmate population need and the cost of drugs.

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

Renown Regional Medical Center pharmacy is eligible to participate in the 340B Drug Pricing Program because they are a DSH (Disproportionate Share Hospital).

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

Renown Regional Medical Center and University Medical Center (UMC) in Las Vegas are the only Disproportionate Share Hospitals in Nevada. UMC by their charter cannot provide services outside of Clark County and this program with NDOC is statewide. UMC has indicated that they have no interest in providing this service to NDOC. The covered entity not only supplies the drugs, but also must utilize their own providers and keep their own medical records, so that the patients participating in these clinics are their patients. NDOC reimburses Renown for the drugs and services provided.

5	Were alternative services or commodities evaluated? Check One.		Yes:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					
	There is only one other DSH provider in Nevada which is the University Medical Center (UMC) in Las Vegas and by their charter cannot provide services outside of Clark County and this program with NDOC requires statewide service to all their inmate facilities. UMC also has no interest in contracting with NDOC for this service.					
	b. <i>If not, why were alternatives not evaluated?</i>					

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.				Yes:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>		<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	04/08/14	04/30/17	\$0.00	HIV/AIDS Services		N/A per State Purchasing		
05/01/13	04/30/17	\$5,600,000.00	HIV/AIDS Services		Waiver #130204			

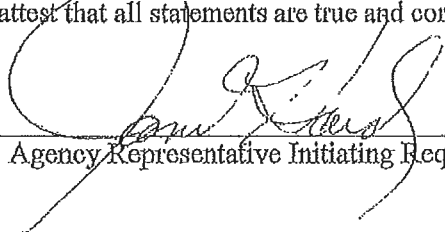
7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
	The Department will pay significantly higher drug prices if the agency procures these services through Cardinal Health/ Minnesota Multistate Contracting Alliance for Pharmaceuticals (MMCAP). In FY10, NDOC paid approximately \$700,000 more for the drugs alone procuring the drugs from Cardinal through MMCAP versus the cost of the clinics providing drugs and services through Renown in FY11 for a similar number of patients.	

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?	
	Previous to this contact, the department utilized the 340B Pharmacy at Northern NV HOPES through a sub-grant with the Department of Health and Human Services, Health Division. They provided the department with drugs for NDOC inmate patients as part of the Ryan White HIV/AIDS program. Approximately over seven (7) years ago, DHHS was informed by the federal Health Resources and Services Administration (HRSA) that inmates are prohibited from participating in the 340B drug purchase program from a Ryan White grantee. Inmates are allowed to access the 340B drug pricing program through a Disproportionate Share Hospital (DSH) if certain requirements are met. Renown is a DSH and they have investigated this process through Office of Pharmacy Affairs and determined that a contract with NDOC for HIV/AIDS and other infectious diseases drug and treatment for inmates to utilize the 340B drug pricing program is permissible.	

--	--

	<p>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></p>	Yes:	<input checked="" type="checkbox"/>	No:	
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>				
9	<p><i>When the contract expires, it is the intent of the Department to enter into a new contract/extend current contract. Participation in a 340B Drug Pricing Program to purchase the much needed lifesaving treatment and drugs associated with HIV and other infectious disease for inmates incarcerated with the department statewide, is an ongoing need and this program is the most cost effective for the state and the department.</i></p>				

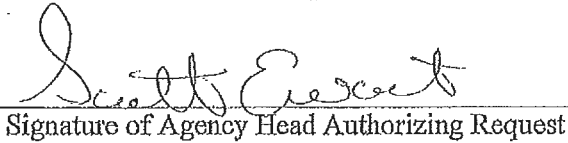
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

Janet Hardy, Contracts Manager
Print Name of Agency Representative Initiating Request

12/5/16
Date



Signature of Agency Head Authorizing Request

12/6/16

Scott Ewart, Chief of Fiscal Services
Print Name of Agency Head Authorizing Request

12/6/16
Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

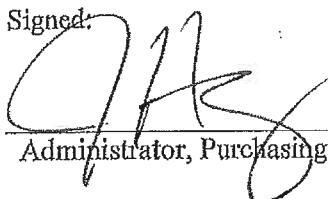
Print Name of Representative Providing Review

Date

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

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

Signed:



Administrator, Purchasing Division or Designee

12-6-2016
Date

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

Patrik Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval #:	1108

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information -- Note: Copy(s) will be sent to only the contact(s) listed below:			
	State Agency:	Nevada Department of Corrections (NDOC)		
	Contact Name(s) and Titles:	Janet Hardy, Contracts Manager		
	Telephone Number(s):	(775) 887-3333		
	Email Address(s):	jahardy@doc.nv.gov		

2	Contractor Information:			
	Contractor:	Renown Regional Medical Center		
	Contact Name:	Megan Landon, Contract Director		
	Address:	1155 Mill Street Z-7, Reno, NV 89502		
	Phone Number:	(775) 982-5709		
	Email Address:	mlandon@renown.org		

3	Ongoing relationship disclosure -- List all previous contract information:				
	Procurement method:	Solicitation Waiver #130204			
	CETS #:	14128			
	Contract "not to exceed amount":	\$5,600,000.00			
	Contract term:	Start date:	05/01/13	End date:	04/30/17
		mm/dd/yy	mm/dd/yy		

4	Procurement method used to award the current contract:	
	RFP, solicitation # if applicable:	
	Quote, solicitation # if applicable:	
	Waiver, provide number:	130204
	Other:	

5	Current contract information:			
	CETS #:	14128		
	Initial contract "not to exceed amount":	\$5,600,000.00		
	Contract term:	Start date:	05/01/13	End date:
		mm/dd/yy	mm/dd/yy	

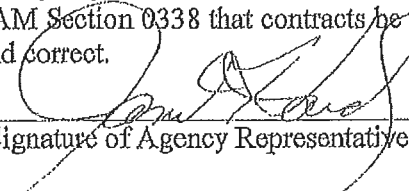
Amendment information – List all previously approved amendments:				
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	Increase services to scope of work	\$0.00	none

Proposed amendment information:				
7	Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	2	Increase contract authority and time	17,153,906.00	04/30/21

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):
	<i>Renown Regional Medical Center continues to be the only Disproportionate Share Hospital (DSEH) in Nevada that will provide the Nevada Department of Corrections with the required life savings drugs and on-site clinics for treatments statewide.</i>

9	What are the potential consequences to the State if the contract extension request is denied?
	The Department will pay significantly higher drug prices if agency procures these services through Cardinal Health/Minnesota Multistate Contracting Alliance for Pharmaceuticals (MMCAP). In FY10, NDOC paid approximately \$700,000 more for the drugs alone procuring the drugs from Cardinal through MNCAP versus the cost of the clinics providing drugs and services through Renown in FY11 for a similar number of patients.

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

Janet Hardy, Contracts Manager

Print Name of Agency Representative Initiating Request

12/5/16
Date


Signature of Agency Head Authorizing Request

Scott Ewart, Chief of Fiscal Services

Print Name of Agency Head Authorizing Request

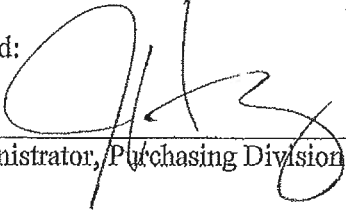
12/6/16
Date

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

12-6-2016

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16616	Amendment Number: 1
Agency Name: COMMISSION ON MINERAL RESOURCE	Legal Entity Name: Environmental Protection Services
Agency Code: 500	Contractor Name: Environmental Protection Services
Appropriation Unit: 4219-39	Address: PO BOX 21025
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89721-1025
If "No" please explain: Not Applicable	Contact/Phone: Brian Breiter 775/220-6687
	Vendor No.: T27022506A
	NV Business ID: NV20151733629

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 %	X	Fees	100.00 % Dangerous Mine Fees and Abandoned Mine Land Securing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 500

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 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Abandoned Mine Lands**

5. Purpose of contract:

This is the first amendment to the original contract which continues ongoing field services of inventory and securing of dangerous conditions resulting from mining practices which took place at mines no longer operating. This amendment extends the termination date from June 30, 2017 to June 30, 2019 and increases the maximum amount from \$120,000 to \$252,000 due to the continued need for these services and increased labor and equipment rates.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$120,000.00	\$120,000.00	\$120,000.00	Yes - Action
2. Amount of current amendment (#1):	\$132,000.00	\$132,000.00	\$132,000.00	Yes - Action
3. New maximum contract amount:	\$252,000.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 513 requires the discovery and securing of dangerous conditions resulting from practices which took place at mine that are no longer operating. This work will ensure the mines remain secure.

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

NDOM employees do not have the time. Employees of other state agencies do not have the knowledge.

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):

Environmental Protection Services
URS Corporation
Hergon Mine Securing Solutions

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3173, 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: 02/25/2015 Anticipated re-bid date: 02/25/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Division of Minerals, beginning in May 2009 to present. Work has been satisfactory.
Department of Wildlife beginning in August 2010 to present. Work has been satisfactory.

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

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

Not Applicable

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

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	dvisher	12/02/2016 13:31:12 PM
Division Approval	dvisher	12/02/2016 13:31:15 PM
Department Approval	dvisher	12/02/2016 13:31:19 PM
Contract Manager Approval	dvisher	12/02/2016 13:31:22 PM

Budget Analyst Approval
BOE Agenda Approval

laaron
cmurph3

12/07/2016 08:29:13 AM
12/09/2016 10:30:08 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 16484	Amendment Number: 2	
Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: EWELL EDUCATIONAL SERVICES, INC.	Contractor Name: EWELL EDUCATIONAL SERVICES, INC.
Agency Code: 550	Address: PO BOX 15924	
Appropriation Unit: 4545-26	City/State/Zip: COLLEGE STATION, TX 77841-5125	
Is budget authority available?: Yes	Contact/Phone: 979/446-0865	
If "No" please explain: Not Applicable	Vendor No.: T27033933A	
	NV Business ID: NV20141454399	

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2014**

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **10/30/2018**

Termination Date:

Contract term: **4 years and 39 days**

4. Type of contract: **Contract**

Contract description: **Pesticide Automation**

5. Purpose of contract:

This is the second amendment to the original contract that developed and maintains a web-based Pesticide Product Registration data system for farm registration and producer certificates. This amendment increases the maximum contract amount from \$212,352.98 to \$252,352.98.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$182,162.24	\$182,162.24	\$182,162.24	Yes - Action
a. Amendment 1:	\$30,190.74	\$212,352.98	\$212,352.98	Yes - Info
2. Amount of current amendment (#2):	\$40,000.00	\$39,999.74	\$70,190.74	Yes - Action
3. New maximum contract amount:	\$252,352.98			

II. JUSTIFICATION

7. What conditions require that this work be done?

The project will streamline and modernize the process of registering and collecting fees for the Pesticide Product Registration program by using a relational database with program and fiscal reporting as well as data mining capabilities. The system will increase efficiency, reduce errors, and will improve the ability to collect fees and issue certificates through a web-based system.

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

The employees of the Department of Agriculture do not have the programing skills to create this web-based data system, nor maintain it.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 141005

Approval Date: 10/14/2014

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

Low cost, web-based and expandable into other divisions within the department.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mston1	12/09/2016 15:06:55 PM
Division Approval	mston1	12/09/2016 15:06:58 PM
Department Approval	mston1	12/09/2016 15:10:24 PM
Contract Manager Approval	mwhitney	12/09/2016 15:21:05 PM
DoIT Approval	bbohm	12/12/2016 07:14:08 AM
Budget Analyst Approval	dstoddar	12/14/2016 08:57:52 AM
BOE Agenda Approval	cmurph3	12/17/2016 15:52:48 PM

State of Nevada
 Department of Administration
 Purchasing Division
 515 E. Musser Street, Suite 300
 Carson City, NV 89701



Brian Sandoval
 Governor
 Patrick Cates
 Director
 Jeffrey Haag
 Administrator

Purchasing Use Only:	
Approval#:	141005 B

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:	Nevada Department of Agriculture		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Debra Crowley	775-353-3602	dcrowley@agri.nv.gov

Vendor Information:		
1b	Identify Vendor:	Ewell Educational Services, Inc.
	Contact Name:	Russell Ewell
	Address:	P.O. Box 15924, College Station, TX 77841
	Telephone Number:	979-446-0865
	Email Address:	info@judgingcard.com

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

Contract Information:			
1d	Is this a new Contract?	Yes	No <input checked="" type="checkbox"/>
	Amendment:	#2	
	CETS:	#16484	

1e	Term:			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	11/2016	End Date:

1f	Funding:	
	State Appropriated:	<input type="checkbox"/>
	Federal Funds:	<input type="checkbox"/>
	Grant Funds:	<input checked="" type="checkbox"/>
	Other (Explain):	<input type="checkbox"/>

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$35,000

Provide a description of work/services to be performed or commodity/good to be purchased:

The Food and Drug Administration (FDA) was mandated under the Food Safety Modernization Act (FSMA), Produce Safety Rule (PSR) to establish science-based, minimum standards for the safe growing, harvesting, packing, and holding of produce on farms to minimize contamination that could cause serious adverse health consequences or death. The final rule (21 CFR) came into effect January 26, 2016. FDA is requesting support from individual states to enforce requirements outlined in the FSMA, PSR mandate. The Nevada Department of Agriculture (NDA) will be serving under a cooperative agreement to oversee the mandated program in Nevada.

2 The NDA was awarded a grant under FDA's Health and Human Services to develop a Nevada Produce Safety Program that will facilitate compliance with the FSMA, PSR. Each state was extended the opportunity to provide support on the mandated program. A primary objective of the grant is to obtain farm inventory data that will allow program staff to identify the following: who will be required to comply with the federal regulations, farm practices as they relate to food safety, a list of crops and quantities produced, etc. A feasible means of obtaining this information would be to develop a farm registration IT system that encompasses the NDA's current Producer's Certificate Program. This program is currently not processed electronically, however does request similar information. Creating a system that merges the information gathering for both the producer certificate and FSMA, PSR programs will lessen the burden on growers in spending excessive time registering with regulatory agencies and in paying fees.

The producer certificate program serves as a traceability mechanism for Nevada produce. Anyone growing and selling produce is required to obtain a producer certificate with NDA which requires a site inspection validating crop varieties and relative quantities grown. The IT program will generate a certificate, collect an annual fee, and obtain farm information that will meet FSMA, PSR compliance and education needs. Ewell is the desired contractor for this project in order to maintain uniformity among NDA IT programs that are currently being utilized by our clients and NDA staff as well as future projects that are on contract to be developed by Ewell; this will facilitate the registration process for Nevada agriculture stakeholders. In addition, the proper application of pesticides is a critical component of farm food safety and having a mechanism for linking the farm registration/producer certificate program to the existing pesticide system, already developed by Ewell, would be beneficial to inspection staff. Inspectors would then be able to verify proper registration and label use of pesticides during produce safety inspections.

With farm compliance dates approaching, obtaining timely farm inventory data is imperative to creating an education and inspection program that will support compliance. To meet the required compliance timelines, the farm registration/producer certificate program must be operable by spring of 2017.

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

3 Ewell is currently the contractor being used for Nevada Pesticide Registrations, Livestock Inspections, Brand Re-Recording, Livestock Assessments, Commercial Feed Registrations, Fertilizer and Anti-Freeze Registrations. Uniformity among NDA IT programs is critical as it streamlines the registration and payment processes for multiple NDA programs. The farm registration/producer certificate program would operate more efficiently for registrants and inspection staff if there is an interface with the Nevada Pesticide Registration system. Further, having the farm registration/producer certificate system developed by the same contractor will minimize confusion to members of the public that participate in multiple programs and utilize current NDA automated registration systems.

4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p>
	<p>Uniformity among IT programming is critical to simplifying registration processes for agriculture stakeholders. Farm businesses often must comply with regulations under multiple NDA programs and having systems that function similarly does simplify registration processes. It would be very confusing to the public to have multiple websites to pay for different fees within the same Division. The NDA's mission statement includes providing effective service and education so establishing paperless systems that are easily navigated and similar in function will further promote this objective. In addition, having a farm registration/producer certificate program that can be linked to the pesticide registration program will prove beneficial to inspection staff. This will be accomplished if the same contractor is utilized to create similar platforms with the capability of sharing information. It would be costly to start from scratch to build a new website. Further, there are proprietary rights held by Ewell that do not allow NDA to share the existing database with competitors. This would create issues in linking existing programs developed by Ewell, to a program created by another vendor. Going through two separate vendors and trying to link the different systems at a later date may create future issues, prove ineffective, and may result in additional maintenance costs.</p> <p>The vendor will be payed to develop the program, however they have agreed to accept a percentage of producer certificate registration fees processed through the web based system to offset maintenance costs. In addition, a price comparison was made during the original Ewell contract analysis and it was found that Ewell was more economical. Please see attached comparison.</p>

5	<p>Were alternative services or commodities evaluated? Check One.</p>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>	
	<p>a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i></p>					
	<p>NDA has contacted other states to identify strategies for establishing similar systems intended to be used to gather information for the mandated FSMA-PSR. At this point, all states are in the initial program development stages since the final rules for FSMA, PSR were recently released. As a result, it is difficult to find existing program services that could be evaluated. Further, having the same contractor develop NDA IT programming would create uniformity and streamline NDA registration processes and future maintenance needs.</p>					
	<p>When the original Ewell contract was issued, research and price comparison was completed and provided to State Purchasing, which approved the use of Ewell as a sole source vendor. Information is attached.</p> <p>EITS has approved a TIR request for enhancing the contract in the future, adding more electronic fee services starting as early as July 2017. The TIR is included in Agriculture's 2017-2019 budget.</p>					
<p>b. <i>If not, why were alternatives not evaluated?</i></p>						

6	<p>Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i></p>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
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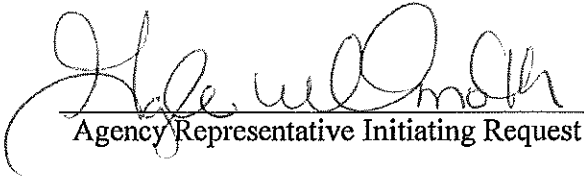
a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>
9/22/2014	10/30/2018	\$212,352.98	Pesticide Product Registration	141005
8/12/14	6/30/2019	\$132,830.63	Online Brand Book	15360
		\$		
		\$		
		\$		

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
7	<p>The initial cost of utilizing a different vendor, creating similar programming that already exists with this vendor, would be significantly more expensive. Data storage would also be more expensive with a different vendor. There would be a significant delay in automating our fee collection ability, as recommended by internal audits, due to the time involved for a new vendor's programming requirements.</p> <p>It would be very confusing to the public to have multiple websites for different fees within the same Division. In addition, it would be costly to start from scratch to build a new website and there are proprietary rights held by Ewell that do not allow us to share the existing database with competitors. When the original contract was issued, a research and price comparison was completed and provided to State Purchasing for consideration of a sole source vendor. This request was approved and information is attached.</p> <p>Farm compliance to the mandated FSMA, PSR will be in effect in the near future and a key priority of the grant award is to provide education before enforcement activities. The education, outreach and regulatory program will all be centered around the information that is gleaned from the farm registration/producer certificate program. This information needs to be compiled by spring of 2017. The grant was awarded at the end of September 2016 creating a short timeline between receiving federal funds and establishing the required system. Any delays in creating the IT program will further delay education activities which will reduce the timeframe available to provide the much needed technical assistance to growers prior to compliance deadlines.</p>

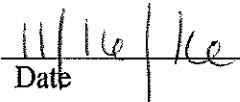
What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?	
8	<p>NDA reached out to other states regarding similar existing systems; however, since this is a new federal requirement, none currently exist. A price comparison was made during the original Ewell contract analysis and it was found that Ewell was more economically feasible. There is a one-time cost of \$35,000, which includes the initial development, testing, implementation, and enhancements. Once the system is implemented the contractor will receive 3% of the revenue processed through the system for post implementation maintenance as well as system modification.</p>

	<p>Will this purchase obligate the State to this vendor for future purchases? <i><u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></i></p>	Yes:	<input checked="" type="checkbox"/>	No:	
9	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>				
	<p><i>Due to unforeseen changes in needs for the Department, including but not limited to, Federal mandates, new fee structures or changes in scope of work, the possibility exists that future engagements may be required with this vendor.</i></p>				

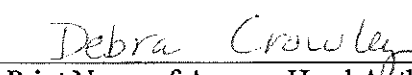
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

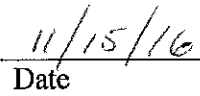

Agency Representative Initiating Request


Print Name of Agency Representative Initiating Request


Date


Signature of Agency Head Authorizing Request


Print Name of Agency Head Authorizing Request


Date

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

Name of agency or entity who provided information or review:

Representative Providing Review


Print Name of Representative Providing Review


Date

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

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

Signed:


Administrator, Purchasing Division or Designee


Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18254**

Agency Name: **DPS-HIGHWAY PATROL**
Agency Code: **651**
Appropriation Unit: **4713-10**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **TASER International**
Contractor Name: **TASER International**
Address: **17800 N. 85th Street**
City/State/Zip: **Scottsdale, AZ 85255**
Contact/Phone: **Alissa McDowell 480-905-2038**
Vendor No.: **PUR0004851**
NV Business ID: **NV20131641254**

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

General Funds	0.00 %	Fees	0.00 %
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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: 12/2016

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2021**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Body Worn Cameras**

5. Purpose of contract:

This is a new contract to provide body worn cameras and in-car video services to the Nevada Highway Patrol to assist officers in the field.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,252,000.00**

Payment for services will be made at the rate of \$1,414.19 per camera

Other basis for payment: \$1,980.36 per docking station, \$15,000.00 for training, \$0.75 in overage per GB.

II. JUSTIFICATION

7. What conditions require that this work be done?

Senate Bill 111, passed by the 78th Nevada Legislative Session, mandated the Department of Public Safety Highway Patrol Division implement body worn cameras for sworn personnel by January 1, 2017

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

There are no employees qualified to do 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?

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmarti8	11/01/2016 16:28:31 PM
Division Approval	jdibasil	11/01/2016 16:31:31 PM
Department Approval	jdibasil	11/01/2016 16:37:45 PM
Contract Manager Approval	kdefe1	11/01/2016 16:37:54 PM
Budget Analyst Approval	Pending	
BOE Agenda Approval	Pending	
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: **18232**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Brian D. Jansen

Contractor Name: **Brian D. Jansen**Address: **3656 East Mockingbird Lane**City/State/Zip: **Camp Verde, AZ 86322**

Contact/Phone: Brian D. Jansen 928-925-8189

Vendor No.:

NV Business ID: NV20161571870

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

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

General Funds	0.00 %	X	Fees	60.00 %	Predator Management
X Federal Funds	40.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 17-26 RFP #3269

2. Contract start date:

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

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2020**Contract term: **3 years and 334 days**4. Type of contract: **Contract**Contract description: **Lion Removal**

5. Purpose of contract:

This is a new contract to provide services for the lethal removal as well as the capture and collar of mountain lions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$480,000.00**

Other basis for payment: Lethal Removal: \$2,000 per lion, \$600 per day and \$1,000 equipment costs. Capture and Collar: \$2,000 capture of uncollared lion; \$2,000 capture of lion with failed GPS/VHF (\$1,500 if aircraft is required) or \$1,000 capture of lion using aircraft and GPS; \$600 per day and \$500 equipment costs.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mountain lion populations must be controlled and monitored.

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

This is highly specialized work and requires an expert in the field.

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):

Canyons West
Currant Creek Outfitters, LLC
Humboldt Wildlife, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3269, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/20/2016 Anticipated re-bid date: 07/20/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	10/27/2016 11:34:42 AM
Division Approval	Igleason	10/27/2016 11:54:58 AM
Department Approval	eobrien	12/07/2016 09:24:30 AM
Contract Manager Approval	dwendell	12/07/2016 10:23:59 AM
Budget Analyst Approval	dstoddar	12/14/2016 09:58:57 AM
BOE Agenda Approval	cmurph3	12/17/2016 15:53:33 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17990	Amendment Number: 1
Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Canyons West Guide Service, LLC
Agency Code: 702	Contractor Name: Canyons West Guide Service, LLC
Appropriation Unit: 4464-12	Address: 827 ASHBURN DR.
Is budget authority available?: Yes	City/State/Zip: SPRING CREEK, NV 89815-5431
If "No" please explain: Not Applicable	Contact/Phone: 775/934-2557
	Vendor No.: T32002822
	NV Business ID: NV20151057902

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

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

Agency Reference #: 17-01

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2016**
 Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2017**
 Contract term: **3 years and 351 days**

4. Type of contract: **Contract**
 Contract description: **Snowstorm Mtns**

5. Purpose of contract:
This is the first amendment to the original contract which provides mountain lion removal, collection of biological samples and a recording of all hunt route locations in the Snowstorm Mountains. This amendment extends the termination date from June 30, 2017 to June 30, 2020, increases the maximum amount from \$24,300 to \$95,000 due to the continued need for these services and updates the Scope of Work.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,300.00	\$24,300.00	\$24,300.00	Yes - Info
2. Amount of current amendment (#1):	\$70,700.00	\$70,700.00	\$95,000.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$95,000.00 06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

To remove mountain lions, collecting biological samples, and recording all hunt routes and important locations on a handheld GPS unit.

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

The Department of Wildlife does not have the needed equipment.

9. Were quotes or proposals solicited? Yes

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

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

Humboldt Wildlife
Canyons West Guide Service, LLC
Brian Jansen, Phd.

b. Solicitation Waiver: **Not Applicable**

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

Vendor was chosen due to their qualifications for mountain lion removal.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor worked for NDOW and has satisfactory service.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	12/05/2016 15:23:49 PM
Division Approval	Igleason	12/06/2016 08:08:45 AM
Department Approval	eobrien	12/06/2016 11:12:51 AM
Contract Manager Approval	dwendell	12/07/2016 10:21:21 AM
Budget Analyst Approval	laaron	12/07/2016 12:59:02 PM
BOE Agenda Approval	cmurph3	12/09/2016 10:37:36 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18040** Amendment Number: **1**
 Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **THE HEAD MASTER**
 Agency Code: **702** Contractor Name: **THE HEAD MASTER**
 Appropriation Unit: **4464-22** Address: **10760 SANTA FE ROAD**
 Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89508-8260**
 If "No" please explain: Not Applicable Contact/Phone: Sean Shaye 775/323-9090
 Vendor No.: T29000588
 NV Business ID: NV20031433514

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

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

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

Agency Reference #: 17-07

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2016**
 Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/30/2019**
 Contract term: **3 years and 335 days**

4. Type of contract: **Contract**
 Contract description: **Humboldt Lion Rmvl**

5. Purpose of contract:
This is the first amendment to the original contract which provides lethal removal of mountain lions, collection of biological samples and a record of all hunt routes and important locations in the Spruce and East Humboldt Mountains. This amendment extends the termination date from July 30, 2019 to July 30, 2020, increases the maximum amount from \$24,999 to \$95,000 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:	\$24,999.00	\$24,999.00	\$24,999.00	Yes - Info
2. Amount of current amendment (#1):	\$70,001.00	\$70,001.00	\$95,000.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$95,000.00 07/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?
Predator Management Plan project 32.

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

There are no employees qualified to perform such 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):

Currant Creek Outfitters
The HeadMaster
Canyon's West Guide Service

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen due to their specialized skill in mountain lion removal.

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 Head Master is currently under contract with NDOW and has 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	dwendell	12/05/2016 13:47:49 PM
Division Approval	Igleason	12/05/2016 13:59:00 PM
Department Approval	eobrien	12/05/2016 16:18:26 PM
Contract Manager Approval	dwendell	12/07/2016 10:22:16 AM
Budget Analyst Approval	laaron	12/13/2016 13:37:14 PM
BOE Agenda Approval	cmurph3	12/17/2016 15:42:12 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18277**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4467-14**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **MASON VALLEY CONSERVATION**
Contractor Name: **MASON VALLEY CONSERVATION**
Address: **DISTRICT**
215 W BRIDGE ST 11A
City/State/Zip: **YERINGTON, NV 89447**
Contact/Phone: **Ed Ryan 775-463-2265**
Vendor No.: **T80989201**
NV Business ID: **N/A**

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

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

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

Agency Reference #: **17-28**

2. Contract start date:

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

Anticipated BOE meeting date **01/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2020**

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

4. Type of contract: **Interlocal Agreement**

Contract description: **Mason Valley CD**

5. Purpose of contract:

This is a new interlocal agreement to provide a wide range of wildlife habitat and ecological restoration activities, including noxious and invasive weed treatment and other types of weed/fuel treatment methods, the purchase of seeds, seedlings and other types of restoration materials and supplies, the planting and seeding of shrubs, trees or grasses, erosion control and water quality improvement methods, and the maintenance of treatment areas within the Mason Valley Conservation District.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Habitat degradation within the jurisdiction of Mason Valley Conservation District.

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

Mason Valley Conservation District has the technical knowledge, expertise, and experienced staff to accomplish the habitat improvement projects.

9. Were quotes or proposals solicited? **No**

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This is another governmental agency.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Department of Agriculture has used this vendor and had 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	dwendell	11/09/2016 15:21:47 PM
Division Approval	lgleason	11/10/2016 08:13:38 AM
Department Approval	dwendell	11/17/2016 09:19:10 AM
Contract Manager Approval	dwendell	11/18/2016 09:37:59 AM
Budget Analyst Approval	laaron	11/22/2016 09:29:50 AM
BOE Agenda Approval	cmurph3	11/22/2016 10:27:05 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: **18292**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4467-13**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **SMITH VALLEY CONSERVATION**
Contractor Name: **SMITH VALLEY CONSERVATION DISTRICT**
Address: **215 W BRIDGE ST STE 11A YERINGTON, NV 89447-2554**
City/State/Zip: **YERINGTON, NV 89447-2554**
Contact/Phone: **Ed Ryan 775/463-2265**
Vendor No.: **T81000354**
NV Business ID: **N/A**

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

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

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

Agency Reference #: 17-29

2. Contract start date:

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

Anticipated BOE meeting date 01/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2020**

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

4. Type of contract: **Interlocal Agreement**

Contract description: **Smith Valley CD**

5. Purpose of contract:

This is a new interlocal agreement to provide a wide range of wildlife habitat and ecological restoration activities, including noxious and invasive weed treatment and other types of weed/fuel treatment methods; the purchase of seeds, seedlings and other types of restoration materials and supplies; the planting and seeding of shrubs, trees or grasses, erosion control and water quality improvement methods; and the maintenance of treatment areas within the Smith Valley Conservation District.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Habitat degradation within the jurisdiction of Smith Valley Conservation District.

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

Smith Valley Conservation District has the technical knowledge, expertise, and experienced staff to accomplish the habitat improvement projects.

9. Were quotes or proposals solicited? **No**

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This is another governmental agency.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Governmental Entity

15. Not Applicable

16. Not Applicable

17. Not Applicable

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	11/18/2016 09:40:37 AM
Division Approval	lgleason	11/18/2016 11:11:09 AM
Department Approval	eobrien	11/28/2016 15:17:10 PM
Contract Manager Approval	dwendell	11/29/2016 08:28:47 AM
Budget Analyst Approval	dstoddar	12/09/2016 15:17:23 PM
BOE Agenda Approval	cmurph3	12/13/2016 08:10:13 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **18308**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: Broadbent & Associates
Agency Code: 709	Contractor Name: Broadbent & Associates
Appropriation Unit: 3187-20	Address: 5450 Louie Lane #101
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: Douglas Guerrant 775-322-7969
	Vendor No.: T80989610
	NV Business ID: NV19891031637

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

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

General Funds	0.00 %	X	Fees	50.00 %	Petroleum Fund
X Federal Funds	50.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP #3284**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2017**Anticipated BOE meeting date **01/2017**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/09/2019**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Consulting**

5. Purpose of contract:

This is a new contract to provide consulting services associated with the Leaking Underground Storage Tank Trust Fund.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00**Other basis for payment: **Monthly based on work performed****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the staffing capacity to perform these duties.

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

The State does not have the staffing capacity, technical expertise or resources to fulfill this work.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

**Ninyo & Moore
McGinley & Associates
Stantec Consulting Services**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3284, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/03/2016 Anticipated re-bid date: 11/02/2018

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:

Broadbent & Associates has been contracted through NDEP, Bureau of Corrective Actions on a number of projects and has performed satisfactorily for each project.

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

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

Not Applicable

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

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

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

Yes

18. Agency Field Contract Monitor:

19. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sravenel	12/06/2016 13:15:48 PM
Division Approval	demme	12/06/2016 14:20:00 PM
Department Approval	demme	12/06/2016 14:20:05 PM
Contract Manager Approval	kvalde1	12/06/2016 15:07:21 PM
Budget Analyst Approval	dstoddar	12/07/2016 10:46:22 AM
BOE Agenda Approval	cmurph3	12/07/2016 17:04:39 PM
BOE Final Approval	Pending	